

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493133047240

## Form 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

<b>B</b> Ch	eck if ap	pplicable	Please	C Name of organization	ITAL		D Employer ide	entification number
Address change use IRS NORTH CAROLINA BAPTIST HOSPITAL							56-055278	
– Nai	me char		label or print or	Doing Business As			E Telephone ni	umber
_	tıal retur	,	type. See Specific				(336)716-	3086
_			Instruc-	Number and street (or P O box MEDICAL CENTER BLVD	f mail is not delivered to street addres	ss) Room/suite	G Gross receip	<b>ts</b> \$ 1,543,976,356
_	mınatıo 		tions.					
_	nended r			City or town, state or country, as WINSTON SALEM, NC 27157	nd ZIP + 4			
Арр	plication	pending						
		Γ		ne and address of Principal O	fficer	<b>H(a)</b> Is thu	s a group returr	
				Y LAMBETH CAL CENTER BLVD		affilia	tes?	ΓYes <b>Γ</b> Nο
				ON SALEM, NC 27157		H(h) Are all	affiliates includ	ed?
<b>r</b> Ta	x-exem	npt status	501(c)	) ( 3 ) ◀ (insert no )	1) or	` ,		See instructions )
ı w	eb site	e: ► WWV	V WFUBM	C EDU			p Exemption Nu	
						. ,		
<b>К</b> Тур	e of org	ganization	Corporat	ion trust association other	<b></b>	L Year of Fo	mation 1923 <b>M</b>	State of legal domicile NC
							·	
Pa	rt I	Summ	narv					
			•	e organization's mission or m	ost significant activities			
a.				HEALTH OF OUR REGION,				
Governance					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
፸								
<u>ā</u>	2	Check th	us box 🗀	ıf the organization discontinu	ed its operations or disposed o	f more than 2	5% of its asset	s
5			,		y (Part VI, line 1a)			25
			_				_	23
8					overning body (Part VI, line 1b	,	-	9,038
ACTIVITIES &				nployees (Part V, line 2a)			5 _	
5				olunteers (estimate if necessa			6 _	862
4.		•			rt VIII, line 12, column (C)	•	_	3,780,741
	ь	Net unre	lated busi	iness taxable income from Foi	m 990-T, line 34		<b>7b</b>	1,522,613
						Prio	r Year	Current Year
G)	8						1,411,215	2,771,523
enue	9	-		revenue (Part VIII, line 2g)		902,290,230	923,230,986	
Нэуе	10	Investn	nent incor	me (Part VIII, column (A), lın	es 3, 4, and 7d)		-31,148,461	-42,193,215
_	11		•	art VIII, column (A), lines 5,			18,516,551	3,462,211
	12		venue—a	dd lines 8 through 11 (must e	qual Part VIII, column (A), line	9	391,069,535	887,271,505
	13	12)	and cimils	ar amounts paid (Part IX, colu	mn (A.) lungs 1 – 3.)		120,448	
					, ,,		120,448	113,433
	14		•	or for members (Part IX, colun	,			0
82	15	Salaries	s, other co	ompensation, employee benef	ts (Part IX, column (A), lines 5		426,285,728	447,683,864
Expenses	16a	Profess	ıonal fund	raising fees (Part IX, column	(A), line 11e)			0
Ě	ь	(Total fur	ndraising ex	penses, Part IX, column (D), line 25	0			
ш	17	,	-	(Part IX, column (A), lines 11	<u> </u>		476,928,336	469,539,276
	18			add lines 13–17 (must equal			903,334,512	917,336,573
	19			penses Subtract line 18 from			-12,264,977	-30,065,068
<u>አ</u> ው		venu	- 1033 EV	January Captract file to Holli			ng of Year	End of Year
Net Assets or Fund Balances	20	Totals	seeta (De	rt V June 16 \				
36. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13	20			rt X, line 16)		,	401,648,368	1,296,161,529
₹ <u>₽</u>	21		·	Part X, line 26)			525,575,379	587,608,407
	22			d balances Subtract line 21	from line 20		876,072,989	708,553,122
Pai	rt II		ture Bl					
					d this return, including accompanying f preparer (other than officer) is based			
Plea	1SE	****		correct, and complete becardion o	preparer (state than smeet) is base.	1		er has any knowleage
Sign		1 <b>B</b>	ure of office	er			05-13	
Here		DONN'	VIAMBETU	DDECIDENT				
			or print nam	PRESIDENT ne and title				
					Date	Check If	Preparer's PTIN	(See Gen Inst )
		Preparer's signature	A	libby	s	elf-	Piepaieis PTIN	(see Gen Inst.)
Paid			<u> </u>		$\epsilon$	empolyed 🕨 🦵		
-	arer's	Firm's nan	ne (or yours	DIXON HUGHES PLLC			EIN Þ	
Use (	Only		and ZIP + 4	500 Ridgefield Court				
				Asheville, NC 28806			Phone no 🕨 (8	328) 254-2254
May	the IR	S discuss	this retu	· · · · · · · · · · · · · · · · · · ·	ove? (See instructions)			┌ Yes ┌ No
,					, -		-	

### Part III Statement of Program Service Accomplishments (See the instructions.)

(Code  Other program services (Expenses \$		edule O ) uding grants of	including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
SEE SCHEDULE O FOR COMPLI	ETE DESCRIPTION				
(Code	) (Expenses \$	819,568,105	ıncludıng grants of \$	113,433 ) (Revenue \$	926,362,451 )
Section 501(c)(3) and (4)	) organizations and	d 4947(a)(1) t	rusts are required to re	eport the amount of grants a	
		 le O			┌ Yes ┌ No
			changes in how it con	iducts any program	
		int program se	rvices during the year	which were not listed on	┌ Yes ┌ No
dditional Data Table  Did the organization under the prior Form 990 or 990	rtake any significa )-EZ?		rvices during the year	which were not listed on	 ┌ Yes ┌ No
	Did the organization unde the prior Form 990 or 990 If "Yes," describe these n Did the organization ceas services? If "Yes," describe these c Describe the exempt purp Section 501(c)(3) and (4 others, the total expenses (Code SEE SCHEDULE O FOR COMPLE)	Did the organization undertake any signification the prior Form 990 or 990-EZ?	Did the organization undertake any significant program se the prior Form 990 or 990-EZ?	Did the organization undertake any significant program services during the year the prior Form 990 or 990-EZ?	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

art IV	Chec	klist of	Require	d Sc	hedules
		AIISL OI	IXC quii C	u J	cuuics

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) 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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
6	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a	166		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report	table		
	gaming (gambling) winnings to prize winners?	<u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return	9,038		
b	If at least one is reported in 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 this return.		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	y this		
_	return?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut over, a financial account in a foreign country (such as a bank account, securities account, or other financiac ount)?	•		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Report of Foreign Bank a Financial Accounts.	nd		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$ .	. 5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ion? 5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pro	ohibited <b>5c</b>		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			
7	were not tax deductible?	<u>6b</u>		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or	7a		N o
	more?		<u> </u>	1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was refile Form 8282?	equired to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal		
	benefit contract?	7e		No
f				No
g	· · · · · · ·		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a required?	s 7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization excess business holdings at any time during the	ion, have		
	year?	8	<u> </u>	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	. 9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter			
а	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			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	. Governing I	Body and Man	iagement	

			165	140				
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a 25							
b	Enter the number of voting members that are independent 1b 23							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes					
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Νο				

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  $\,$  NC
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. 

  upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DOUG LISCHKE CONTROLLER MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 (336) 716-3086

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		<b>(C)</b> Position (check all that apply)							<b>(5)</b>	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

#### Part VII Continued

	(B) Average hours per week		tion that a			II			(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Оппсы	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
		-	$\vdash$	$\vdash$	$\vdash$		$\vdash$			
1b Total			<u>.                                    </u>	<u> </u>			<b>&gt;</b>	6,675,910	C	1,013,860

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►25

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

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

\$100,000 of compensation from the organization			
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation	
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	PHYSICIAN/OTHER PROFESSIONAL SERVICES	66,262,114	
AMN HEALTHCARE INC AMN HEALTHCARE CHICAGO, IL 60693	CONTRACT NURSING	3,646,055	
CROSS COUNTRY TRAVCORPS PO BOX D860594 ORLANDO, FL 328860594	CONTRACT NURSING	1,074,484	
FORSYTH COUNTY FINANCE DEPARTMENT WINSTON SALEM, NC 27101	PARAMEDIC SERVICES	711,334	
WFUBMC COMMUNITY PHYSICIANS 3540 CLEMMONS ROAD CLEMMONS, NC 27012	PHYSICIAN SERVICES	688,380	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization			

Statement of Revenue

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a	1		Revenue		312, 313, 01 314
まま	ь		ues					
호호			1b					
°,g	С	Fundraising ev	/ents <b>1c</b>					
Æ	d	Related organ	ızatıons1d					
S, E	e	Government gran	nts (contributions) <b>1e</b>					
ution Tersi	f		tions, gifts, grants, and not included above	2,771,523				
Contributions, gifts, grants and other similar amounts	g		1f ributions included in					
ರಹ	h	lines 1a-1f \$	1,480,964 es 1a-1f)		2,771,523			
	_"_	Total (Add III)	es 1a-11)	· · · · •				
ou.				Business Code				
Ĕ	2a	PATIENT SERVICE	REVENU	621,400	906,921,822	905,016,037	1,905,785	
e Ke	b	COST RECOV &	OTHER	900,099	8,784,682	8,348,279	436,403	
α E	c	DIETARY		722,320	6,094,323		8,394	6,085,929
Ϋ́	d	MEDICAL/LAB SER	RVICE	621,500	1,430,159		1,430,159	
33	e							
E S	f	All other progr	ram service revenue					
Program Serwce Revenue	g		es 2a-2f					
	3	<b>&gt;</b> \$ 923,230,9						
			amounts)	ľ	19,959,056			19,959,056
	4	Income from inve	estment of tax-exempt b	ond proceeds				
	5	Royalties .		(u) Darsonal				
	6a	Gross Rents	(ı) Real 479,402	(II) Personal				
	ь	Less rental	148,656					
		expenses	·					
	c d	Rental income or (loss)	330,746 ome or (loss)		330,746			330,746
		Net Telltal IIIC	onie or (1033) : :	· · · · ·	333,1.13			
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	586,351,489	8,052,435				
	ь	than inventory Less cost or other basis and	650,871,751	5,684,444				
	c	sales expenses Gaın or (loss)	-64,520,262	2,367,991				
	d	Net gain or (lo	ess)		-62,152,271			-62,152,271
	8a		from fundraising cluding					
Other Revenue		of contributior 1c) See Part	ns reported on line IV, line 18 <i>e G if total exceeds</i>					
Ģ		<i>\$15,000</i>	a					
ther	b c		xpensesb (loss) from fundrais					
Ü	9a	Gross income	from gaming e part IV, line 19	<u> </u>				
		Complete Schel exceeds \$15,00	dule G ıf total					
	_		a .					
	b c		xpensesb (loss) from gaming a	activities				
	10a	Gross sales o	finventory, less lowances	<u> </u>				
	ь	Less cost of	a goods sold b					
	С		(loss) from sales of					
		Miscellaneou	is Revenue	Business Code				
	11a	GIFT SHOP, F	PARKING, RE	900,099	3,131,465			3,131,465
	ь							
	с							
		All other reve	nue					
	d e		es 11a-11d					
		. J. WII FING IIII		\$ 3,131,465				
	12		<b>a.</b> Add lines 1h, 2g, 3	3, 4, 5, 6d, 7d,	887,271,505	913,364,316	3,780,741	-32,645,075
		8c, 9c, 10c, and 1	l1e	. ▶				

## Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(6) orgalised in the section 5				).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	113,433	113,433		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,343,661		5,343,661	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	204,946	204,946		
7	Other salaries and wages	368,005,010	328,094,189		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,739,180	8,804,385	2,934,795	
9	Other employee benefits	36,367,119	27,275,339	9,091,780	
10	Payroll taxes	26,023,948	19,517,961	6,505,987	
11	Fees for services (non-employees)				
а	Management				
b	Legal	953,924		953,924	
c	Accounting	203,031		203,031	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	58,820,578	46,830,414	11,990,164	
12	Advertising and promotion	4,624,959	2,477,390	2,147,569	
13	Office expenses	243,525,638	233,708,174	9,817,464	
14	Information technology				
15	Royalties				
16	Occupancy	9,571,128	5,175,053	4,396,075	
17	Travel	247,697	165,616	82,081	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	924,289	597,047	327,242	
20	Interest	13,866,858	13,866,858		
21	Payments to affiliates	1,033,600	774,450	259,150	
22	Depreciation, depletion, and amortization	64,594,837	64,594,837		
23	Insurance	10,134,890	7,640,362	2,494,528	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	BAD DEBT EXPENSE	57,937,501	57,937,501		
b	RECRUITMENT/RELOCATION	2,692,440	1,446,319	1,246,121	
c	MISCELLANEOUS EXPENSE	407,906	343,831	64,075	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	917,336,573	819,568,105	97,768,468	
26	Joint Costs. Check If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet
	Dalalice	SHEEL

			(A) Beginning of year		(B End of	
	1	Cash—non-interest-bearing	29,912,943	1		0,884,345
	2	Savings and temporary cash investments	67,685,169	2	4	9,335,952
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	148,486,301	4	14	4,343,377
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net	3,379,649	7		3,157,093
	8	Inventories for sale or use	11,041,434	8	1	0,383,218
22	9	Prepaid expenses and deferred charges	659,138	9		111,157
Assets	10a	Land, buildings, and equipment cost basis   10a   1,153,865,679				
*	ь	Less accumulated depreciation Complete Part VI of Schedule D		10c	42	4,954,332
	11	Investments—publicly traded securities	582,245,042	11	51	8,124,349
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D		12		
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of Schedule D .		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule  D	120,473,189	15	10	4,867,706
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,401,648,368	16	1,29	6,161,529
	17	Accounts payable and accrued expenses .	40,179,370	17	6	0,688,250
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	342,400,000	20	33	0,700,000
jes	21	Escrow account liability Complete Part IV of Schedule D		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Τij		persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable		24		
	25	Other liabilities Complete Part X of Schedule D	142,996,009	25	19	6,220,157
	26	<b>Total liabilities.</b> Add lines 17 through 25	525,575,379	26	58	7,608,407
ces		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.				
Balance	27	Unrestricted net assets	870,081,525	27	70	3,115,677
	28	Temporarily restricted net assets	3,084,436	28		2,274,927
Fund	29	Permanently restricted net assets	2,907,028	29		3,162,518
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
Net	33	Total net assets or fund balances	876,072,989	33	70	8,553,122
_	34	Total liabilities and net assets/fund balances	1,401,648,368	34	1,29	6,161,529
Pa	rt XI	Financial Statements and Reporting			Ves	No

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133047240

**Employer identification number** 

OMB No 1545-0047

#### t

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

NORT	H CARO	ILINA BAPITSI I	HOSPITAL					56	-055278	7		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please		-				,		
1	$\sqcap$	A church, o	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)(	(A)(i).			
2	Γ	A school d	escribed in <b>Sec</b> l	tion 170(b)(1)(A)(ii). (Attac	h Schedu	ıle E )						
3	굣	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	t ion 170(l	o)(1)(A)(i	i <b>ii).</b> (A ttac	h Schedul	le H)	
4	Г	A medical	research organi	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	Anorganiza	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 17	Section 170(b)(1)(A)(iv). (Complete Part II )									
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ribed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	eral public	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ıty trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ns, membe	rship fees	, and gross	
		receipts fro	om activities re	lated to its exempt functions	—subject	to certair	n exceptio	ns, and (2	) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)			
10				and operated exclusively to								
11		-	•	and operated exclusively fo		, ,			,	•	• •	
			one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h									
		_	ype I <b>b</b>			•	nally Integ	-	'' d	Гтуре	III - Other	
e	Γ	By checkin	g this box, I ce	rtify that the organization is			-		one or moi	re disquali	fied persons	
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (	described	ın sectior	n 509(a)(1) or	
£		section 50		d a written determination fro	m tha IDS	S that it is	a Tuna I	Type II e	r Tuna III	cupportu	a organization	
f		check this		d a written determination fro	ill the IRS	o tilat it is	a Type I,	Type II o	i iype iii	Supportin	ig organization,	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		•	
		following pe										
			•	r indirectly controls, either a		-	th persons	describe	d in (ii)		Yes No	
				ng body of the the supported	_	tion				11g		
			•	erson described in (i) above		h				11g(		
				ty of a person described in ( mation about the organizatio						11g(	<u>''')                                   </u>	
h		Provide tile	: lollowing illion	nation about the organizatio	iis the org	janization	supports					
	(i) N:	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	<b>(v)</b> Did v	ou notify	(vi) I	s the	(vii) A mount of	
		orted	(,	(described on lines 1-9		ation in		inization		ation in	support?	
	Orgar	nization		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))		verning ment?	supp	ort?	In the	US?		
					Yes	No	Yes	No	Yes	No	-	
					162	140	162	140	162	140		
										<u> </u>		
						<del>                                     </del>				<del>                                     </del>		
						<b>-</b>	-	-	-	<del>                                     </del>	-	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

# Software ID: Software Version:

**EIN:** 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec		I			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Cirector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
STEPHEN L ROBERTSON , CHAIRMAN (JUL 08-DEC 08)	1 00	X						0	0	0
WILLIAM C WARDEN JR , CHAIRMAN (JAN 09-JUN 09)	1 00	Х						0	0	0
JOSEPH R OVERBY JR MD , VICE CHAIR (JUL 08-DEC 0	1 00	Х						0	0	0
ARTHUR A GIBEL , VICE CHAIR (JAN 09-JUN 0	1 00	Х						0	0	0
STANLEY RAESCHLEMAN, TRUSTEE	1 00	Х						0	0	0
A WILLIAM BLACKSTOCK J , TRUSTEE	1 00	Х						0	0	0
KATY M BOLES , TRUSTEE	1 00	Х						0	0	0
JERRY N BROOKS , TRUSTEE	1 00	Х						0	0	0
DALE M BROWN , TRUSTEE	1 00	Х						0	0	0
REGINALD D CARTER , TRUSTEE	1 00	Х						0	0	0
ROGER L COTHRAN , TRUSTEE	1 00	Х						0	0	0
LARRY C CRAWFORD , TRUSTEE	1 00	X						0	0	0
LINWOOD L DAVIS , TRUSTEE	1 00	X						0	0	0
BRENDA B DIGGS , TRUSTEE	1 00	Х						0	0	0
ERNEST L EVANS , TRUSTEE	1 00	Х						0	0	0
WILLIAM N HARTSELL, TRUSTEE	1 00	Х						0	0	0
KATHYRN H HAMRICK , TRUSTEE	1 00	X						0	0	0
WILLIAM J IRELAND JR , TRUSTEE	1 00	X						0	0	0
PHILLIP J KIRK JR , TRUSTEE	1 00	X						0	0	0
RON D KESSINGER , TRUSTEE	1 00	Х						0	0	0
KENNETH W LEWIS , TRUSTEE	1 00	X						0	0	0
STEPHEN R LITTLE , TRUSTEE	1 00	Х						0	0	0
H VARNELL MOORE , TRUSTEE	1 00	X						0	0	0
PEDRO L MARTINEZ , TRUSTEE	1 00	X						0	0	0
GERALD H QUINN , TRUSTEE	1 00	Х						0	0	0
RAYMOND C ROY MD PHD , TRUSTEE	1 00	Х						0	0	0
GEORGE E STUBBINS SR , TRUSTEE	1 00	Х						0	0	0
SHEREE B WATSON , TRUSTEE	1 00	Х						0	0	0
R MICHAEL WELLS , TRUSTEE	1 00	Х						0	0	0
JOHN D MCCONNELL MD , CEO WFUBMC/TRUSTEE	40 00	Х		х				311,897	0	452,900

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa								ı		
		Posit t	(C non ( hat a	chec	)				(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
DONNY C LAMBETH , PRESIDENT	40 00			Х				628,450	0	32,052
G DOUGLAS ATKINSON , VP BUSINESS DEVELOPMENT	40 00			х				251,833	0	19,043
LORI BROWN , VP BRENNER'S	40 00			Х				77,540	0	3,545
GERALD T FINLEY, VP OPERATIONS	40 00			Х				261,154	0	20,959
MICHAEL L FREEMAN , VP ASSOC DEAN OF STRATEG	40 00			х				205,551	0	31,881
KAREN HUEY , VP FAC PLAN	40 00			Х				149,286	0	15,561
A PATRICIA JOHNSON , VP OPERATIONS/ CNO	40 00			Х				293,060	0	21,386
PAUL M LORUSSO , VP INFO SERVICES	40 00			х				300,400	0	20,947
ROBERT S PARKER , VP HOME & COMM HEALTH	40 00			х				219,285	0	14,918
NORMAN POTTER , VP OF PRES DEVELOPMENT	40 00			х				241,140	0	68,061
GINA B RAMSEY , VP FINANCIAL SERVICES	40 00			х				389,031	0	25,647
JOANNE C RUHLAND , VP GOVERNMENT RELATIONS	40 00			х				209,195	0	34,591
MAUREEN SINTICH , VP BRENNER'S	40 00			Х				201,257	0	9,622
RONALD SMALL , VP QUALITY OUTCOMES	40 00			х				295,751	0	20,083
STEVEN C SNELGROVE , VP OPERATIONS	40 00			х				336,116	0	24,530
JERRY M WALLACE JR , VP LEGAL AFFAIRS	40 00			х				265,865	0	21,612
WILLIAM G YATES , VP PASTORAL CARE	40 00			х				110,841	0	80,232
CHERYL LOCKE , VP HUMAN RESOURCES	40 00			х				112,749	0	9,357
KARLA SIMMONS , SECRETARY	40 00				Х			50,461	0	7,009
PAMELA EMERSON , INSTRUCTOR CRNA	40 00					Х		198,194	0	12,479
VANCE MCVAY , INSTRUCTOR CRNA	40 00					Х		219,760	0	12,693
BETTY PETREE , ASSOC DIREC CRNA	40 00					Х		208,821	0	11,359
ERIC STIEFEL , INSTRUCTOR CRNA	40 00					Х		207,032	0	12,543
LINDA TRIMBLE, INSTRUCTOR CRNA	40 00					Х		196,439	0	9,648
LEN B PRESLAR JR , PRESIDENT	40 00						X	602,044	0	19,998
KERRY A GARRIGAN , VP HUMAN RESOURCES	40 00						x	132,758	0	1,204

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH OF OUR REGION, STATE AND NATION BY GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREAT DISEASE; TRAINING LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE; AND SERVING AS THE PREMIER HEALTH SYSTEM IN OUR REGION, WITH SPECIFIC CENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CARE DESTINATIONS.IN 1975, WAKE FOREST BAPTIST MEDICAL CENTER, A NORTH CAROLINA NONPROFIT CORPORATION, WAS ESTABLISHED FOR THE PURPOSE OF COORDINATING THE ACTIVITIES OF NORTH CAROLINA BAPTIST HOSPITAL AND WAKE FOREST UNIVERSITY HEALTH SCIENCES THROUGH THE FORMULATION OF JOINT GENERAL POLICIES, FUNDRAISING ACTIVITIES, STRATEGIC PLANNING, PROGRAM DEVELOPMENT, MARKETING AND COMMUNITY COMMUNICATIONS.

### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A tion analysis of "Vac " to Form 000 Port IV Line & (Provide Tox)

	_						
				Employer ider	ntıfıcatıon numbe	er	
	I-A To be completed by all organizations exempt under section 501(c) and section organizations. (See the instructions for Schedule C for details.)  Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures  Volunteer hours  I-B To be completed by all organizations exempt under section 501(c)(3). (See the for Schedule C for details.)  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?  Was a correction made?  If "Yes," describe in Part IV  I-C To be completed by all organizations exempt under section 501(c), except section to the filing organization for Schedule C for details.)  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities  Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  State the names, addresses and Employer Identification Number (EIN) of all section 527 political organization were made. Enter the amount paid and indicate if the amount was paid from the filing organization, sow interpolitical contributions received and promptly and directly delivered to a separate political organization, sow segregated fund or a political action committee (PAC) If additional space is needed, provide information in filing organization?	56-0552787					
Part I				1 501(c) and section	527		
<b>1</b> P	Provide a description of the oi	ganization's direct and indirect po	litical campaign act	ıvıtıes ın Part IV			
<b>2</b> P	Political expenditures				\$		
3 V	/olunteer hours				-		
Part 1			t under section	<b>1 501(c)(3).</b> (See the	instructions		
<b>1</b> E	Enter the amount of any excis	e tax incurred by the organization	under section 4955		\$		
<b>2</b> E	Enter the amount of any excis	e tax incurred by organization man	agers under section	n 4955	\$		
<b>3</b> I	f the organization incurred in	a section 4955 tax, did it file Form	n 4720 for this year	?	☐ Yes	┌ No	
<b>4a</b> V	Nas a correction made?				☐ Yes	┌ No	
Part 1			ot under section	1 501(c), except sec	tion 501(c)(:	3).	
<b>1</b> E	Enter the amount directly exp	ended by the filing organization for	section 527 exemp	ot function activities	\$		
	= -	organization's internal funds contri	buted to other orga	nizations for section	\$		
		empt function expenditures Add lii	nes 1 and 2 and ent	er here and on Form	\$		
<b>4</b> D	Old the filing organization file	Form 1120-POL for this year?			☐ Yes	┌ No	
w p	vere made Enter the amount political contributions receive	paid and indicate if the amount was d and promptly and directly delivei	paid from the filing red to a separate po	organization's own interna Hitical organization, such a	al funds or were as a separate	nents	
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount o contributions and promp directly deliv separate p organization enter -	received tly and ered to a olitical If none,	
					+		

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	<b>(b)</b> A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization  Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns—  If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000  Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter If there is an amount other than zero	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply  Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a)  or (b) is:  The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000  Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 10% of the excess over \$1,500,000  Over \$17,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000  Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1g from line 1c Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2  If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 file form 1 file Form 4720 reported the subtract line 1 file form 1 file Form 4720 reported the subtract line 1 file form 2 files files form 2 files files form 4720 reported the subtract line 1 files files files files files form 4720 reported the subtract line 1 files	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)  Total lobbying expenditures to influence public opinion (grass roots lobbying)  Total lobbying expenditures to influence a legislative body (direct lobbying)  Total lobbying expenditures (add lines 1a and 1b)  Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  Lobbying nontaxable amount Enter the amount from the following table in both columns—  If the amount on line 1e, column (a) or (b) is: Not over \$500,000  Over \$1,000,000 but not over \$1,000,000  Ver \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of the excess over \$1,500,000  Over \$1,000,000  Over \$1,000,000  Fig. Soon plus 5% of line 1f)  Subtract line 1g from line 1a Enter -0 - if line g is more than line a  Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c  If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expendit	ures During 4	1-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
с	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B	To be completed by	organizations exempt under section 501(c)(3) that have NOT filed Form
	5768 (election unde	r section 501(h)). (See the instructions for Schedule C for details.)

		.		
		Yes	No	A mount
• • • •	the filing organization attempt to influence foreign, national, state or local any attempt to influence public opinion on a legislative matter or the use of			
a Volunteers?			Νo	
<b>b</b> Paid staff or manage	ment (include compensation in expenses reported on lines c through i)?	Yes		
<b>c</b> Media advertisemen	ts?		Νo	
d Mailings to members	s, legislators, or the public?		Νo	
e Publications, or pub	ished or broadcast statements?		Νo	
f Grants to other orga	nizations for lobbying purposes?		Νo	
g Direct contact with	egislators, their staffs, government officials, or a legislative body?		Νo	
h Rallies, demonstrati	ons, seminars, conventions, speeches, lectures, or any other means?		Νo	
i Other activities If "	Yes," describe in Part IV	Yes		80,938
j Total lines 1c through	gh			80,938
a Did the activities in	line 1 cause the organization to be not described in section 501(c)(3)?		Νο	
<b>b</b> If "Yes" enter the ar	nount of any tax incurred under section 4912			
c If "Yes" enter the ar	nount of any tax incurred by organization managers under section 4912		Ī	
<b>d</b> If the filing organiza	tion incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
ь	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$	
_	·	'	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	

#### Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 11	Explanation of Other Lobbying Activities	FOR 2008, THE HOSPITAL ATTRIBUTED \$ 29,460 OF EMPLOYEE SALARY TOWARDS LOBBYING EFFORTS IN ADDITION, PORTIONS OF MEMBERSHIP DUES PAID TO THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE NORTH CAROLINA HOSPITAL ASSOCIATION (NCHA) ARE ATTRIBUTABLE TO THOSE ORGANIZATIONS' LOBBYING EFFORTS ON BEHALF OF THEIR MEMBERSHIP BODIES FOR 2008, 35% OF AHA DUES AND 25% OF NCHA DUES CONSTITUTED LOBBYING EFFORTS FOR 2008, THOSE AMOUNTS TOTALED \$ 51,478

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

## SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

**Employer identification number** Name of the organization NORTH CAROLINA BAPTIST HOSPITAL 56-0552787 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
   A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

►\$

(ii) Assets included in Form 990, Part X

- \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	***	Organizations Maintaining Co	llections of Art,	His <sup>.</sup>	<u>tori</u>	<u>cal Tre</u>	asu	res, or Otl	<u>1er Si</u>	<u>milar</u>	Asse	ts (co	ntınued)
3		ng the organization's accession and other s (check all that apply)	r records, check any	of th	e foll	owing th	at are	a significan	t use o	fits co	llection	1	
а	$\Gamma$	Public exhibition		d	$\sqcap$	Loan or	exch	ange prograi	ns				
b	$\Gamma$	Scholarly research		e	Γ	Other							
С	$\sqcap$	Preservation for future generations											
4	Prov Part	ride a description of the organization's co XIV	ollections and explain	how	v they	further	the o	rganızatıon's	exemp	t purpo	se in		
5		ng the year, did the organization solicit o ets to be sold to raise funds rather than t							ımılar		Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						nızatıon ans	swered	d "Yes	" to Fo	orm 9	90,
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?	ıan or other ıntermed	ıary	for c	ontributi	ons o	r other asset	s not		Г	Yes	┌ No
ь	If"Y	es," explain why in Part XIV and comple	te the following table										
											A mou	ınt	
С	Beg	inning balance						10	С				
d	Add	itions during the year						10	d				
e	Dist	ributions during the year						10	е				
f	End	ıng balance						1	f				
2a	Did t	the organization include an amount on Fo	orm 990, Part X, line	21?							$\Gamma$	Yes	┌ No
ь	If "Y	es," explain the arrangement in Part XIV	,										
Pai	rt V	Endowment Funds. Complete											
_	_		(a)Current Year	(b)	Prior '	Year	(c)Tw	o Years Back	( <b>d)</b> Three	Years B	ack <b>(e</b>	)Four Ye	ears Back
1a		inning of year balance	4,470,108										
Ь		tributions	117,064										
С		estment earnings or losses	-780,842										
d		nts or scholarships	47.070										
е		er expenditures for facilities programs	17,979										
f		ninistrative expenses											
g	End	of year balance	3,788,351										
2		' ride the estimated percentage of the yea	r end balance held as										
а	Boar	rd designated or quasi-endowment 🕨	3 000 %										
ь		nanent endowment 🕨 75 000 %											
c		n endowment 🕨 22 000 %											
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	hat a	re held a	and a	dministered f	or the				
		nization by								_		Yes	No
	<b>(i)</b> u	nrelated organizations			-						3a(i)	Yes	
		related organizations								. ļ	3a(ii)	Yes	
		es" to 3a(II), are the related organization	•							• • [	3b		
4		cribe in Part XIV the intended uses of th					0 0	137 1 - 4					
Par	t VI	Investments—Land, Buildings	s, and Equipmen	t. S				•					
		Description of investment				Cost or oth (investme		( <b>b)</b> Cost or othe basis (other)	(c)	Deprecia	ition	( <b>d</b> ) Boo	ok value
<b>1a</b> L	.and			]			$\perp$	9,794,79	95		L	9	9,794,795
ЬE	Buildii	ngs		ļ				592,610,14	8	323,74	1,673	26	8,865,475
<b>c</b> L	.ease	hold improvements		.				7,470,43	31	5,174	4,100	;	2,296,331
d E	quipi	ment		.			$\perp$	504,114,89	2	393,739	9,266	110	0,375,626
<b>e</b> (	ther		<u> </u>					39,875,41	.3	6,25	3,308	3:	3,622,105

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	( <b>b)</b> Book value	<b>(c)</b> Method of Cost or end-of-yea	
Financial derivatives and other financial products			ar market varae
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 1		ivaluation
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of Cost or end-of-yea	
		•	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15		
(a) Descri			(b) Book value
INVESTED IN AND ADVANCED TO SUBSIDIARIES			96,479,843
UNAMORTIZED BOND ISSUANCE COSTS			2,859,907
OTHER ASSETS			5,527,956
			-
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		104,867,706
Part X Other Liabilities. See Form 990, Part X			, · / · - ·
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
INSURANCE RESERVES	47,616,038		
FAIR MARKET VALUE OF SWAP	15,855,345		
ACCRUED INTEREST EXPENSE	191,827		
ACCRUED EMPLOYEE COMPENSATION	39,653,280		
PENSION LIABILITY	89,578,105		
DEFERRED COMPENSATION	1,224,644		
OTHER LONG-TERM LIABILITIES	2,100,918		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	196,220,157		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	887,271,505
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	917,336,573
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-30,065,068
4	Net unrealized gains (losses) on investments	4	-42,910,403
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-94,544,396
9	Total adjustments (net) Add lines 4 - 8	9	-137,454,799
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-167,519,867
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial		843,327,752
_	statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a b	Net unrealized gains on investments		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-42,910,403
3	Subtract line <b>2e</b> from line <b>1</b>	3	886,238,155
4	A mounts 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		
Ь	Other (Describe in Part XIV) 4b 1,033,350		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,033,350
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )	5	887,271,505
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	916,189,540
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	_
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line 2e from line 1	3	916,189,540
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)		4 4 4 7 6 3 3
C E	Add lines 4a and 4b	4c	1,147,033
5 Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	917,336,573
	ouppionional aniormation		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	<b>Explanat ion</b>
Part V , Line 4	Description of Intended Use of Endowment Funds	THE HOSPITAL'S ENDOWMENT FUNDS ARE USED TO PROVIDE SUPPORT FOR EDUCATION, SCHOLARSHIPS, INDIGENT CARE, AND SUPPORT AS DESIGNATED BY THE INDIVIDUAL DONORS
Part XII, Line 4b - Other Adjustments		CONTRIBUTION EXPENSE NETTED W/ REVENUES 1033350
Part XIII, Line 4b - Other Adjustments		CONTRIBUTION EXPENSE NETTED W/REVENUE 1033350 RESTRICTED GRANT 113683
		PART XI, LINE 8 CONSISTS OF AMOUNTS RELATED TO LOSS ON DEBT REFINANCING, CHANGE IN VALUE OF INTEREST RATE SWAP, EQUITY METHOD AFFILIATES, DISCONTINUED OPERATIONS, CHANGE IN PENSION LIABILITY, AMORTIZATION OF INEFFECTIVE INTEREST RATE SWAP, CONTRIBUTION OF AFFILIATE, TRANSFERS, TEMPORARY AND PERMANENTLY RESTRICTED NET ASSET CHANGES, ADJUSTMENT DUE TO CHANGE IN PENSION MEASUREMENT DATE, AND LAND AND EQUIPMENT DONATIONS NOT RECOGNIZED AS REVENUE ON THE FORM 990

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133047240

OMB No 1545-0047

Open to Public **Inspection** 

### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL

**Employer identification number** 

56-0552787

Ρ	art I Charity Care and	d Certain O	ther Com	munity Benefits a	t Cost (Optional fo.	r 2008)				
	•			•	· ·			Yes	No	
<b>1</b> a	Does the organization have a	a charity care	policy? If "N	lo," skip to question 6	a		1a			
Ŀ	If "Yes," is it a written policy	<sup>,</sup> ?					1b			
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals									
	Applied uniformly to all hospitals  Generally tailored to individual hospitals  Applied uniformly to most hospitals									
3	Answer the following based organization's patients	on the charity	care eligibili	ty criteria that applies	to the largest number	of the				
a	Does the organization use Fe income individuals? If "Yes,"	•		` '			3a			
	Г <sub>100%</sub> Г <sub>150%</sub>	. Г <sub>2</sub>	200%	<b>6</b> O ther	<u>%</u>					
Ŀ	Does the organization use FF	G to determi	ne eligibility	for providing <i>discounte</i>	d care to low income ii	ndıvıduals? If				
	"Yes," indicate which of the f						Зь			
	Γ <sub>200%</sub> Γ <sub>250%</sub>	<b>□</b> 300	\ <sub>\(\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</sub>	- 350%	O	0/	<del></del>			
	1 200% 1 250%	1 300	)% <b> </b>	350% <b>i</b> 400	J% I Other_	%				
c	<ul> <li>If the organization does not in determining eligibility for free test or other threshold, regain</li> </ul>	e or discounte	d care Inclu	ide in the description v	vhether the organizatio					
4	Does the organization's police	y provide free	or discount	ed care to the "medica	ally indigent"?		4			
5a							5a			
Ŀ	If "Yes," did the organization	n's charity car	e expenses	exceed the budgeted a	mount?		5b			
c	: If "Yes" to line 5b, as a resu care to a patient who was eli	_			•		5c		-	
6a	Does the organization prepai	re an annual c	ommunity be	enefit report?			6a			
6b	If "Yes," does the organizati	on make it ava	ailable to the	public?			6b			
	Complete the following table worksheets with the Schedul		ksheets prov	/ided in the Schedule H	l instructions Do not	submit these				
7	Charity Care and Certain (	Other Commu	nıtv Benefits	at Cost						
	Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community be expense	enefit	(f) Pero		
а	Charity care at cost (from worksheets 1 and 2)	(								
b	Unreimbursed Medicaid (from worksheet 3, column a)									
С	Unreimbursed costs—other means-tested government programs (from worksheet 3, column b)									
d	Total Charity Care and									
e	Means-Tested Programs  Other Benefits Community health improvement services and community benefit operations (from (worksheet 4)									
f	Health professions education (from worksheet 5)									
g	Subsidized health services (from worksheet 6)									
h :	Research (from worksheet 7)									
i	Cash and in-kind contributions to community groups (from worksheet 8)									
-	Total Other Benefits									
ĸ	<b>Total</b> (line 7d and 7 <sub>1</sub> )	1		Ī	i	1	- 1			

	rt II Community Building activities) (Optional		a) Number of activities or programs  (b) Persons served (c) Total community building expense		<del>-</del>	Direct offse revenue		(e) Net community building expense		(f) Percentotal expe	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- <del>6</del>	Coalition building  Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		( ) p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			1		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(	<b>b)</b> Description activity of		profit <sup>c</sup>	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar : % or sto iership %	oc k
1											
2							$\top$				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							$\dashv$				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	х	Х	х	х		х	х		

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7 , Part III, line 4 , Part III, line 8 , and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		<b>lucation of Eligibility for Assistance.</b> Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133047240

Schedule I (Form 990)

NORTH CAROLINA BAPTIST HOSPITAL

## **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspect ion

Employer identification number

NORTH CAROLINA BATTIST	HOSHIAL					56-0552787	
Part I General Infor	mation on Gra	nts and Assistance	9				
<ul> <li>Does the organization method the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	ed to award the gra	nts or assistance?					▼Yes   □
Form 990, Part Part IV and Sch	IV, line 21 for ar nedule I-1 if addr	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the confirmation one recipient rec	ceived more than \$5,	d "Yes" on 000. Use
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,,	(h) Purpose of grant or assistance
2 Enter total number of sec	ction 501(c)(3) and	d government					
organizations  3 Enter total number of oth	ner organizations .						
For Paperwork Reduction Act No	tice, see the Instruct	tions for Form 990.		Cat No 50055	P	Sci	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
WHITEHEAD NURSING SCHOLARSHIP	40	40,000			
WHITEHEAD MEDICAL TECH SCHOLARSHIP	3	13,000			
WHITEHEAD NURSE ANESTHESIA	10	25,000			
WL CARTER SCHOLARSHIP	22	35,433			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 GRANTS ARE MONITORED TO ASSURE THE TERMS OF THE GRANTOR ARE MET AN ANNUAL REPORT IS SENT TO THE GRANTORS STARING THE USE OF THE FUNDSAND THE IDENTIFICATION OF BENEFICIARIES TO ASSURE COMPLIANCE WITH GRANT PROVISIONS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133047240

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name	of	t he	org	aniza	t ion	
NORTH	CA	RO∐	NA E	<b>APTIST</b>	T HOS	PITAL

Employer identification number

56-0552787

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	▼ Travel for companions		Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	<u>~</u>	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		, ,	1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	у			
	Compensation committee		Written employment contract			
	Independent compensation consultant	✓	Compensation survey or study			
	Form 990 of other organizations	<u>  -</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	oaymen	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		•			N.

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	·	LINE 4A, SEVERANCE PAYMENTS THE FOLLOWING FORMER EMPLOYEES RECEIVED COMPENSATION FROM A SEVERANCE PACKAGE IN 2008 LEN B PRESLAR \$ 602,044 KERRY GARRIGAN 130,129 LINE 4B, SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS THE CORPORATION MAINTAINS A SUPPLEMENTAL RETIREMENT PLAN COVERING HIGHLY COMPENSATED EMPLOYEES IN 2008, THE FOLLOWING EMPLOYEES RECEIVED COMPENSATION UNDER THE PLAN A PATRICIA JOHNSON \$ 22,025 DONNY LAMBETH 74,545 PAUL M LORUSSO 28,076 ROBERT S PARKER 20,785 GINA RAMSEY 42,719 RONALD SMALL 23,879 STEVEN C SNELGROVE 16,544 JERRY M WALLACE 23,461 WILLIAM G YATES 5,060
Supplemental Information		THE FOLLOWING INDIVIDUALS WERE COMPENSATED BY WAKE FOREST UNIVERSITY HEALTH SCIENCES, AN UNRELATED ORGANIZATION, FOR SERVICES PERFORMED FOR NORTH CAROLINA BAPTIST HOSPITAL JOHN D MCCONNELL MICHAELL FREEMAN KAREN HUEY NORMAN POTTER CHERYL LOCKE

Software ID: Software Version:

**EIN:** 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, Par	<u>rt I</u>	II - Officers, Direc	tors, Trustees, Ke	y Employees, and	Highest Compens	sated Employees		
(A) Name	ļ	(B) Breakdown o	of W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN D MCCONNELL MD	(I) (II)		140,000	38,564	440,105	12,795	764,797	
DONNY C LAMBETH	(ı) (ıı)	504,769	110,440	13,241	11,949	20,103	660,502	
G DOUGLAS ATKINSON	(I) (II)	210,796	34,906	6,131	5,476	13,567	270,876	
GERALD T FINLEY	(ı) (ıı)		34,829	5,545	5,729	15,230	282,113	
MICHAEL L FREEMAN	(I) (II)	172,907	32,247	397		31,881	. 237,432	
KAREN HUEY	(1) (11)		21,076		3,641	11,920	164,847	
A PATRICIA JOHNSON	(1) (11)		42,081	1,344	6,940	14,446	314,446	
PAUL M LORUSSO	(1) (11)		38,316	1,177	4,042	16,905	321,347	
ROBERT S PARKER	(I) (II)	184,400	31,128	3,757	4,797	10,121	. 234,203	
NORMAN POTTER	(ı) (ıı)	183,660	48,600	8,880	25,934	42,127	309,201	
GINA B RAMSEY	(ı) (ıı)	329,000	50,832	9,199	10,604	15,043	414,678	
JOANNE C RUHLAND	(1) (11)		52,200	774		34,591	. 243,786	
MAUREEN SINTICH	(ı) (ıı)		20,643	5,741	5,275	4,347	210,879	
RONALD SMALL	(ı) (ıı)		40,607	9,044	4,280	15,803	315,834	
STEVEN C SNELGROVE	(I) (II)	285,909	49,820	387	8,648	15,882	360,646	
JERRY M WALLACE JR	(ı) (ıı)		40,126	3,162	7,701	13,911	. 287,477	
WILLIAM G YATES	(I) (II)		31,593		4,342	75,890	191,073	
CHERYL LOCKE	(ı) (ıı)		35,000	9,299		9,357	122,106	
KARLA SIMMONS	(ı) (ıı)				1,298	5,711	. 57,470	
PAMELA EMERSON	(ı) (ıı)					12,479	210,673	
VANCE MCVAY	(ı) (ıı)					12,693	232,453	
BETTY PETREE	(1) (11)					11,359	220,180	
ERIC STIEFEL	(1) (11)					12,543	219,575	
LINDA TRIMBLE	(1) (11)					9,648	206,087	
LEN B PRESLAR JR	(ı) (ıı)			602,044		19,998	622,042	602,044
KERRY A GARRIGAN	(ı) (ıı)		2,629	130,129		1,204	133,962	132,758

DLN: 93493133047240

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule K

(Form 990)

## **Supplemental Information on Tax Exempt Bonds**

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** 

Employer identification number Name of the organization NORTH CAROLINA BAPTIST HOSPITAL 56-0552787 Bond Issues (Required for 2008) (h) O n (g) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes No Yes No NORTH CAROLINA MEDICAL Х CARE COMMISSION 52-1309402 65820HB69 01-29-2009 77,000,000 REFINANCE Χ NORTH CAROLINA MEDICAL CARE COMMISSION Х Х 52-1309402 65820HB77 01-29-2009 40,000,000 REFINANCE NORTH CAROLINA MEDICAL Χ Χ CARE COMMISSION 52-1309402 65820HB85 01-29-2009 40,000,000 REFINANCE NORTH CAROLINA MEDICAL CARE COMMISSION Χ Χ 52-1309402 658202X43 10-01-1992 55,000,000 NEW CONSTRUCTION NORTH CAROLINA MEDICAL CARE COMMISSION 52-1309402 65820HCK7 06-27-1996 50,000,000 NEW CONSTRUCTION Χ Χ Proceeds (Optional for 2008) Α В C D Ε Total Proceeds of Issue 2 Gross Proceeds in Reserve Funds Proceeds in Refunding or Defeasance Escrows 3 Other Unspent Proceeds 4 Issuance Costs from Proceeds 5 Working Capital Expenditures from Proceeds 6 Capital Expenditures from Proceeds 7 8 Year of Substantial Completion Yes No Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue? 9 Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the 12 final allocation of proceeds? Private Business Use (Optional for 2008) Part III С Ε Α Yes Yes Yes No Yes No No Yes No No Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

which may result in private business use?

Are there any lease arrangements with respect to the financed property

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

## **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

2008

DLN: 93493133047240

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Internal Revenue Service |
Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number 56-0552787

Р	art I Bond Issues (Required	d for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	<b>(f)</b> Des	crıptıon of	Purpose	( <b>g</b> ) De	feased	Bel	)On nalf of suer
											Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820HSL8	06-15-	06-15-2000 150,800,000 N		NEW CONST	TRUCTION	I		Х		×	
Pā	art III Proceeds (Optional for	2008)												
1	Total Proceeds of Issue				Α	E	3			С	Е .		E	
2	Gross Proceeds in Reserve Funds	3												
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion					•		•		•				
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	<b>.</b>	No
9	Were the bonds issued as part of	a current refunding iss	sue?											
10	Were the bonds issued as part of	an advance refunding	ıssue?											
11	Has the final allocation of proceed	ds been made?												
12	Does the organization maintain action final allocation of proceeds?	dequate books and rec	ords to support the											
Pa	rt IIII Private Business Use	(Optional for 2008)	)	1				1		1				
						Y		(		V		V	<u>E</u>	NI -
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangements which may result in private busine		nanced property											•
For	Panerwork Reduction Act Notice see th	e Instructions for Form	990			Cat No. 501	93F			S	hedule K	Form 99	01 200	R

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	(	С	I	D	I	E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(	<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133047240

OMB No 1545-0047

Open to Public Inspection

## (Form 990 or 990-EZ)

Schedule L

Department of the Treasury

Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

**Transactions with Interested Persons** 

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL

**Employer identification number** 

56-0552787

· · · · · ·	ı	s" on Form 990, Part I\	,					·				
1 (a) Name of disqualifie	ed person	<b>(b)</b> Des	cript	on of transa	ction			<del> `</del>	c) Corr			
								-	Yes	No		
Enter the amount of tax imposed on section 4958	_	gers or disqualified per			earui	nder <b>F</b>	\$					
<b>3</b> Enter the amount of tax, If any, on I	ine 2, above, reimburse	d by the organization .				•	\$					
art II Loans to and/or Fron												
To be completed by organiz	ations that answered "\	es" on Form 990, Part	IV,I	ine 26, or Fo	rm 9	90-E			38a			
	(b) Loan to or				(e)	In	(f Appr		(g)W	r.++.		
(a) Name of interested person and	from the	(c)O riginal principal	(d)B	( <b>d)</b> Balance due		(d)Balance due		ult?	by boa		agree	
purpose	organization?	amount	` ´				comm	ttee?				
	To From				Yes	No	Yes	No	Yes	ı		
										┡		
										⊢		
										⊢		
										├		
										╁		
al		<b>&gt;</b> \$				•						
To be completed by orga	nızatıons that answe											
(a) Name of interested person	and	the organization		(C)AIII	ount c	or grai	it or ty	pe or a	assista			
To be completed by orga	nizations that answe	ered "Yes" on Form 9	990,	Part IV, lın	e 28	a, 28	b, or 2	$\overline{}$				
	(b) Relationship	· · · · · · · · · · · · · · · · · · ·	<sub>f</sub>	(d) Description of transaction		ا	<b>e)</b> Sha organiza					
(a) Name of interested person	person and the					of tra	ınsactı	on (	reven			
	organization								Yes	N		
N FLYNN	FAMILY MEMBER (	OF 40,		COMPENSA						Νo		
	DOUGLAS ATKINSON, OFFIC	ED		EMPLOYEE	OFH	OSP:	TAL					
DY SLOCUM	FAMILY MEMBER (		607	COMPENSA	TIOI	V A S				Νo		
7. 313 33 H	MAUREEN SINTIN OFFICER			EMPLOYEE			TAL					
VID BRANN	FAMILY MEMBER ( DONNY LAMBETH OFFICER	· · · · · · · · · · · · · · · · · · ·		COMPENSA EMPLOYEE			ITAL			Νo		
OMAS P JOHNSON	FAMILY MEMBER ( A PATRICIA			COMPENSA EMPLOYEE			ITAL			Νo		
	JOHNSON, OFFICI							_				
COTT JOHNSON	FAMILY MEMBER (	\	2/1/	COMPENSA	TIO	1 A C				Νo		

A PATRICIA

JOHNSON, OFFICER

EMPLOYEE OF HOSPITAL

### OMB No 1545-0047

Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Internal Revenue Service Name of the organization NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number

					56-0552787			
Part :	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermı	nıng	
<b>1</b> Art	t—Works of art			j				
<b>2</b> Art	t—Historical treasures .							
<b>3</b> Art	t—Fractional interests							
	oks and publications							
<b>5</b> Clo	othing and household	х		26,390	ESTIMATED VALU	E		
5 Ca	rs and other vehicles							
<b>7</b> Boa	ats and planes							
<b>3</b> Int	ellectual property							
	curities—Publicly traded .							
<b>D</b> Sec	curities—Closely held stock .							
<b>1</b> Sec	curities—Partnership, LLC, trust interests							
<b>2</b> Sec	curities—Miscellaneous							
co sti	nalified conservation ontribution (historic ructures)							
_	ialified conservation intribution (other)							
Rea	alestate—Residential .							
5 Rea	al estate—Commercial	Х	1	1,450,000	APPRAISAL			
Rea	alestate—Other							
	llectibles							
<b>9</b> Foo	od inventory	Х	1	500	FAIR MARKET VAL	.U E		
<b>D</b> Dru	ugs and medical supplies .	X	2	3,997	FAIR MARKER VAL	.UE		
L Tax	xıdermy							
2 His	storical artifacts							
<b>3</b> Sci	ientific specimens							
<b>4</b> Ard	cheological artifacts							
	her (describe <u>GIFT CARDS</u> ) her (describe)	X	2	77	CASH VALUE			
	her (describe)							
	her (describe)							
	umber of Forms 8283 received	Lhy the ora	anization during the tay yes	I ar for contributions for				
wh	nich the organization complete knowledgement	d Form 828		ar for contributions for	29			
							Yes	No
ho	uring the year, did the organiza old for at					1		 
	ast three years from the date or r the entire holding period?     .		,	not required to be used for a	exempt purposes	30a		No
<b>b</b> If	"Yes", describe the arrangeme	ent in Part 1	II				]	
<b>1</b> Do	oes the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	<u> </u>
	oes the organization hire or use ontributions?		ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
<b>b</b> If	"Yes", describe in Part II							
	the organization did not report	revenues	n Column (c) for a type of r	property for which Column (a	a) is			l
	necked, describe in Part II		(= / 101 a c/ pa 01 p		· / · · ·			l

Part II Supplemental Infor 32b, and 33. Also com	32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation						
240111111	Notal III Colored	Explanation						
	1	1						

**SCHEDULE 0** 

Name of the organization

NORTH CAROLINA BAPTIST HOSPITAL

Return

Reference

**Identifier** 

Form 990, Part VI,

Section C, line 18

Department of the Treasury

Internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

responses to specific questions for the Form 990 or to provide any additional information.

▶ Attach to Form 990. To be completed by organizations to provide additional information for

REVIEWED AND DISCUSSED THE FORM 990 WITH THE CORPORATION'S MANAGEMENT IF ANY MODIFICATIONS ARE REQUIRED, THE CONTROLLER'S OFFICE WILL REDISTRIBUTE THE REVISED FORM 990 TO ALL TRUSTEES,

**Explanation** 

PHOTOCOPIES OF THE FORM 1023 AND RECENT FILINGS OF THE FORM 990 ARE AVAILABLE UPON

REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN ADDITION, RECENT FILINGS OF THE

IT IS THE POLICY OF NORTH CAROLINA BAPTIST HOSPITAL (NCBH) TO ESTABLISH EXECUTIVE COMPENSATION

DLN: 93493133047240 OMB No 1545-0047

**Employer identification number** 

56-0552787

Inspection

Return **Identifier Explanation** Reference THE HOSPITAL CONTROLLER'S OFFICE WILL DISTRIBUTE TO THE CORPORATION'S BOARD OF TRUSTEES COPIES OF THE FORM 990 TWO WEEKS PRIOR TO THEIR SCHEDULED FEBRUARY MEETING THE BOARD OF TRUSTEES HAS ASKED ITS AUDIT AND COMPLIANCE COMMITTEE TO REVIEW THE DETAIL OF THE FORM 990 WITH THE CORPORATION'S CHIEF FINANCIAL OFFICER OR A DELEGATE FROM THE CONTROLLER'S OFFICE Form 990, Part VI, THESE MEMBERS OF THE CORPORATION'S MANAGEMENT TEAM WILL ANSWER QUESTIONS AND ADDRESS Section A, ANY CONCERNS THE COMMITTEE MEMBERS OR OTHER TRUSTEES RAISE. THE MINUTES OF THE AUDIT AND line 10 COMPLIANCE COMMITTEE MEETING WILL NOTE THAT THE COMMITTEE MEMBERS AND OTHER TRUSTEES HAVE

ALONG WITH A REPORT NOTING THE MODIFICATIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 12c		ON AN ANNUAL BASIS, ALL TRUSTEES, OFFICERS, AND OTHER EMPLOYEES THAT HAVE SIGNIFICANT INFLUENCE OVER THE OPERATIONS OF THE ORGANIZATION ARE ASKED TO COMPLETE A QUESTIONNAIRE NOTING THE FOLLOWING - ACKNOWLEDGEMENT OF RECEIPT OF THE CONFLICT OF INTEREST POLICY - ACKNOWLEDGEMENT THAT THEY HAVE READ AND UNDERSTAND THE POLICY - ACKNOWLEDGEMENT THAT THEY AGREE TO COMPLY WITH THE POLICY - DESCRIPTION OF ANY POTENTIAL CONFLICTS OF INTEREST THEY MAY HAVE GIVEN THEIR ROLE WITHIN THE ORGANIZATION UPON COMPLETION OF THE CONFLICT OF INTEREST SURVEY, THE INTERNAL AUDIT & COMPLIANCE OFFICE REVIEWS THE COMPLETED QUESTIONNAIRES ANY SIGNIFICANT CONFLICTS IDENTIFIED ARE COMMUNICATED TO THE ORGANIZATION'S PRESIDENT AND PRESENTED TO THE ORGANIZATION'S BOARD AUDIT & COMPLIANCE COMMITTEE THE AUDIT & COMPLIANCE COMMITTEE CHAIRMAN THEN PRESENTS THE ANNUAL REPORT TO THE FULL BOARD ANY MATERIAL CONFLICTS OF INTEREST ARE MONITORED AT A BOARD AND ORGANIZATIONAL LEVEL BY THE AUDIT & COMPLIANCE COMMITTEE AND THE INTERNAL AUDIT & COMPLIANCE OFFICE AND CONFLICTED INDIVIDUALS ARE ASKED TO CONDUCT BUSINESS, AS IT RELATES TO THE IDENTIFIED CONFLICT, IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY OPPORTUNITIES EXIST FOR TRUSTEES, OFFICERS AND OTHER EMPLOYEES THAT HAVE SIGNIFICANT INFLUENCE OVER OPERATIONS OF THE ORGANIZATION TO REPORT CONFLICTS TO THE INTERNAL AUDIT & COMPLIANCE OFFICE SHOULD A CONFLICT OF INTEREST ARISE BETWEEN ANNUAL QUESTIONNAIRES

ldentif	ldentifier Re		Explanation
Form 990, Part VI, Section B, line 15		COMPLIE COMPEN: RESPONS PLAN TH ("COVER FINANCIA" "KEY EMI PERFORM AUTHOR THE COM INSURE T ADOPTEL COMMITT SHALL C IN A MAN AND IN C INITIATE A MEMBERS BE THE C CHAIRMA COMMITT	VEL APPROPRIATE TO ATTRACT AND RETAIN EXECUTIVE LEVEL PERSONNEL IN A MANNER THAT IS WITH INTERNAL REVENUE SERVICES' GUIDELINES FOR APPROVAL OF EXECUTIVE MANAGEMENT SATION, INCORPORATING PRACTICES CURRENTLY IN PLACE FROM THE COMPENSATION COMMITTEE SIBILITIES, EXECUTIVE COMPENSATION PHILOSOPHY AND THE MANAGEMENT INCENTIVE COMPENSATION HE FOLLOWING POSITIONS AND CLASSES OF POSITIONS WILL BE COVERED UNDER THIS POLICY ED INDIVIDUALS") - PRESIDENT - VICE PRESIDENTS INCLUDING CHIEF OPERATING OFFICER, CHIEF ALL OFFICER AND CHIEF NURSING OFFICER - OTHER EMPLOY EES THAT MEET THE IRS'S DEFINITION OF A PLOYEE" THE REVIEW AND APPROVAL OF COMPENSATION OF ANY COVERED INDIVIDUAL WILL BE MED BY THE COMPENSATION COMMITTEE OF NCBH'S BOARD OF TRUSTEES, VIA DELEGATED ITY OF THE BOARD OF TRUSTEES AS FOLLOWS COMMITTEE PURPOSES THE PRIMARY PURPOSE OF IPENSATION COMMITTEE IS TO OVERSEE THE HOSPITAL'S EXECUTIVE COMPENSATION PROGRAM TO HAT IT IS ADMINISTERED IN A MANNER WHICH IS CONSISTENT WITH THE COMPENSATION PHILOSOPHY DESIGNATION OF TRUSTEES SPECIFIC RESPONSIBILITIES OF COMMITTEE THE COMPENSATION PHILOSOPHY DESIGNATION PROGRAM TO INSURE THAT IT IS ADMINISTERED IN A MANDER WHICH IS CONSISTENT WITH THE PRESIDENT'S PERFORMANCE AND WERSEE THE HOSPITAL'S EXECUTIVE COMPENSATION PROGRAM TO INSURE THAT IT IS ADMINISTERED INFORMANCE AND PROGRAM TO INSURE THAT IT IS ADMINISTERED INFORMANCE AND PLANS ADOPTED BY THE BOARD OF TRUSTEES OMPLIANCE WITH ANY APPLICABLE LEGAL REQUIREMENTS THE COMPENSATION COMMITTEE SHALL AND REVIEW THE HOSPITAL'S EXECUTIVE SUCCESSION PLANNING POLICIES AND PROCEDURES THE SOFT THE COMPENSATION COMMITTEE, THE VICE CHAIRMAN OF THE CORPORATION, WHO SHALL SHAIRMAN OF THE COMPENSATION COMMITTEE, THE VICE CHAIRMAN OF THE CORPORATION, THE UNION THE FINANCE COMMITTEE, AND THE CHAIRMAN OF THE GOVERNANCE AND NOMINATING THE AND ANY OTHER TRUSTEES DEEMED NECESSARY TO SERVE THE COMMITTEE PURPOSE AND BY THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		PHOTOCOPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE

FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation
FORM 990, T II, LINE 4A	DESCRIPTION OF PROGRAM SERVICE ACCOMPLISHMENTS	Explanation  OVERVIEW—WAXE FOREST UNIVERSITY DAPPST MEDICAL CENTER IS NORTH-MEST NORTH CARCULINA'S SOLE ACADEMO MODIAL CENTER RISKNANS TO THE RESION THE RESOLRCES OF ONE OF AMERICAS TO PER GRAND CLASH BATTAT CARCULINA'S SOLE ACADEMO MODIAL CENTER RISKNANS TO THE RESION THE RESOLRCES OF ONE OF AMERICAS TO PER GRAND CLASH BATTAT COMPRISES NORTH CARCULING BATTATAT WAS ACCURATED THE MEDICAL SCHOOL WAS REPORTED THE AMERICAN COMPRISES AND CONTROLL THE STATE HER WAS FOREST UNIVERSITY SCHOOL OF REDUCE AND CARCITATE CENTERS. WHEN OHERATES HER WAS FOREST UNIVERSITY SCHOOL OF REDUCE AND CARCINETIS THE MEDICAL SCHOOL OF THE MEDICAL SCHOOL OF REDUCE AND COMPRISES THE AND CONTROLL OF THE STATE AND AND AND CONTROLL OF THE MEDICAL SCHOOL OF THE MEDICAL S

RESIDENTS ARE GARDENING TOGETHER TO PROMOTE NUTRITION EDUCATION AND HEALTHY DIET

Identifier	Return Reference	Explanation
	reletence	EMERGENCY, TRAUMA AND TRANSPORT SERVICES THE EMERGENCY DEPARTMENT INCLUDES FOUR AREAS
		TO RAPIDLY ASSESS AND CARE FOR PATIENTS REQUIRING IMMEDIATE SERVICE WAKE FOREST BAPTIST'S LEVEL I TRAUMA CENTER WAS THE FIRST IN NORTH CAROLINA TO BE ACCREDITED BY THE AMERICAN COLLEGE OF
		SURGEONS THE LEVEL I TRAUMA DESIGNATION IS THE HIGHEST AWARDED AND INDICATES THE 24-HOUR AVAILABILITY OF A FULL RANGE OF TRAUMA EXPERTS, INCLUDING A SPECIALIZED 8-BED BURN UNIT FOR
		ADULTS AND CHILDREN THE PEDIATRIC EMERGENCY DEPARTMENT IS UNIQUE IN THE REGION AND PROVIDES SPECIALIZED CARE TO CHILDREN AND THEIR FAMILIES AIRCARE CRITICAL CARE HELICOPTER AND GROUND
		TRANSPORT SERVICE REACH OUT OVER 150 MILES TO PROVIDE SERVICES TO PATIENTS WITHIN THE REGION, VIRGINIA AND WEST VIRGINIA THE EMERGENCY DEPARTMENT WON A THOMSON REUTERS 2009 HEALTHCARE
		ADVANTAGE AWARD FOR PERFORMANCE EFFICIENCY REDUCING LENGTH OF STAY BY HALF THE ED HAS TWICE BEEN NAMED A BEST OVERALL PERFORMER FOR EMERGENCY DEPARTMENT FLOW BY THE UNIVERSITY
		HEALTH SYSTEM CONSORTIUM (UHC) THE ED RECORDED MORE THAN 92,742 PATIENT VISITS IN FISCAL YEAR 2009 AND HAS APPLIED PROCESS IMPROVEMENT METHODOLOGIES TO OPTIMIZE PATIENT VISITS, RESULTING IN
		THE LOWEST AVERAGE LENGTH OF STAY RECORDED BY UHC BENCHMARKING STUDIES3 29 HOURSFOR LEVEL 1 TRAUMA CENTERS NO ONE IS EVER TURNED AWAY BECAUSE OF INABILITY TO PAY IN ADDITION TO
		PROVIDING THE HIGHEST LEVELS OF EMERGENCY SERVICE ON THE WAKE FOREST BAPTIST CAMPUS, THE MEDICAL CENTER'S ED TEAM MANAGES THE FOUR EMERGENCY DEPARTMENTS OF MOSES CONE HEALTH
		SYSTEM IN GREENSBORO, HIGH POINT, AND REIDSVILLE, AND THE WILKES REGIONAL MEDICAL CENTER IN WILKESBOROTHE HEART CENTER THE HEART CENTER OF WAKE FOREST BAPTIST IS INTERNATIONALLY
		KNOWN FOR PIONEERING WORK IN DIAGNOSTIC TECHNOLOGIES, TREATMENT INNOVATION AND IMPROVED OUTCOMES IN CARDIAC PROCEDURES, AND INCLUDES WESTERN NORTH CAROLINA'S ONLY ADVANCED CARDIAC
		CARE AND TRANSPLANT PROGRAM THE HEART CENTER IS RECOGNIZED AS ONE OF THE TOP A CADEMIC MEDICAL CENTER CARDIOV ASCULAR PROGRAMS IN THE COUNTRY, WITH THE FIRST CHEST PAIN CENTER
		ACCREDITED BY THE SOCIETY OF CHEST PAIN CENTERS IN THE REGION, JOINT COMMISSION DISEASE SPECIALTY CERTIFICATION FOR ACUTE MY OCARDIAL INFARCTION AND CONGESTIVE HEART FAILURE, THE AMERICAN
		COLLEGE OF CARDIOLOGY SILVER PERFORMANCE AWARD FOR HEART ATTACK CARE, AND THE HIGHEST POSSIBLE RECOGNITION FOR QUALITY CARDIAC SURGERY FROM THE SOCIETY OF THORACIC SURGEONS
		(STS) TECHNOLOGY STRENGTHS INCLUDE ONE OF THE NATION'S FIRST CARDIAC COMPUTED TOMOGRAPHY (CT) SYSTEMS, CLINICAL DEVELOPMENT OF CARDIOVASCULAR MRI, AND 3-D ECHOCARDIOGRAPHY HEART CENTER
		ELECTROPHY SIOLOGISTS PROVIDE STATE-OF-THE-ART THERAPIES INCLUDING CATHETER AND SURGICAL ABLATIONS FOR ATRIAL FIBRILLATION, VENTRICULAR TACHY CARDIA AND OTHER COMPLEX ARRHYTHMIAS AS
		WELL AS IMPLANTATION OF CARDIAC DEFIBRILLATORS AND PACING DEVICES INCLUDING ONE OF THE  NATION'S FIRST WIRELESS PACEMAKER IMPLANTS THE CENTER'S CARDIOTHORACIC SURGEONS ARE
		RECOGNIZED AS LEADERS IN HEART VALVE REPAIR, REPLACEMENT AND RESEARCH THE CARDIAC REHABILITATION PROGRAM WAS NORTH CAROLINA'S FIRST AND ONE OF THE FIRST IN THE UNITED STATES
		NEUROLOGY AND NEUROSURGERY WAKE FOREST BAPTIST OFFERS STATE-OF-THE-ART SPECIALTY CARE FOR PATIENTS WITH BRAIN TUMORS, NEUROLOGICAL AND MOVEMENT DISORDERS SPECIALTY CENTERS
		INCLUDE THE COMPREHENSIVE STROKE CENTER, WHICH HAS BEEN AWARDED ADVANCED CERTIFICATION GOLD  SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS, INDICATING COMPLIANCE
		WITH BEST PRACTICES, BRAIN TUMOR CENTER OF EXCELLENCE, COMPREHENSIVE EPILEPSY CENTER, MULTIPLE SCLEROSIS TREATMENT CENTER, SLEEP DISORDERS CENTER, DEEP BRAIN STIMULATOR PROGRAM (FOR
		PATIENTS WITH PARKINSON'S DISEASE OR TREMOR), AND ALS CENTER, ONE OF ONLY TWO IN NORTH CAROLINA
		WAKE FOREST BAPTIST HAS ONE OF THE NATION'S MOST EXPERIENCED GAMMA KNIFE TREATMENT TEAMS FOR NON-INVASIVE TREATMENT OF CERTAIN BRAIN TUMORS AND ABNORMALITIES, AS WELL AS THE MOST
		ADVANCED, NEXT-GENERATION TECHNOLOGY, THE GAMMA KNIFE PERFEXION IT IS ALSO HOME TO NORTH CAROLINAS ONLY MEG (MAGNETOENCEPHALOGRAPHY) UNIT, A NONINVASIVE DIAGNOSTIC TOOL THAT
		PINPOINTS BRAIN ACTIVITY CENTERS AND HELPS TO ASSURE THE GREATEST PRECISION IN NEUROSURGICAL PLANNING WAKE FOREST BAPTIST ACTIVELY PROMOTES COMMUNITY EDUCATION AND PROVIDES OUTREACH
		PROGRAMS TO BUILD AWARENESS OF STROKE RISK FACTORS, LAST YEAR THE NEUROLOGY SERVICE OFFERED  18 PUBLIC EVENTS INCLUDING FREE CLASSES AND STROKE SCREENINGSTRANSPLANTATION SERVICES
		WAKE FOREST BAPTIST TRANSPLANTATION SERVICES ARE UNIQUE IN THE REGION AND ENCOMPASS KIDNEY, PANCREAS, HEART, CORNEAL AND BLOOD AND MARROW TRANSPLANTS. THE HEART CENTER AT WAKE
		FOREST BAPTIST PERFORMS HEART TRANSPLANTS AND OFFERS THE COMMUNITY'S ONLY VENTRICULAR ASSIST DEVICE PROGRAM THE ABDOMINAL ORGAN TRANSPLANTATION PROGRAM PERFORMED MORE THAN 160
		TRANSPLANTS IN FISCAL YEAR 2009, RANKING IT AMONG THE NATION'S TOP 30 MOST ACTIVE KIDNEY TRANSPLANT CENTERS AND THE TOP 15 MOST ACTIVE FOR PANCREAS TRANSPLANTS. THE WAKE FOREST
		UNIVERSITY EYE CENTER ANNUALLY PERFORMS MORE THAN 180 CORNEAL TRANSPLANTS THE BLOOD AND MARROW TRANSPLANT PROGRAM OPERATES THE NATION'S SECOND-LARGEST COLLECTION SITE THE WAKE
		FOREST INSTITUTE FOR REGENERATIVE MEDICINE IS ON THE FRONT LINES OF TISSUE ENGINEERING RESEARCH TO EXPAND THE POSSIBILITIES FOR TRANSPLANTED ORGANS CREATED FROM PATIENTS' OWN TISSUE SCIENTISTS
		AT THE INSTITUTE ARE WORKING TO GROW MORE THAN 22 ORGANS AND TISSUES, AND WERE FIRST IN THE WORLD TO SUCCESSFULLY IMPLANT A LABORATORY-GROWN ORGAN INTO HUMANSA COMPREHENSIVE
		RANGE OF CARE, STATE-OF-THE-ART TECHNOLOGY WAKE FOREST BAPTIST OFFERS A FULL RANGE OF PRIMARY AND SPECIALTY CARE INCLUDING THE REGION'S MOST COMPREHENSIVE SERVICES IN DIGESTIVE
		HEALTH, NEPHROLOGY, ORTHOPAEDICS, OTOLARYNGOLOGY, REPRODUCTIVE MEDICINE, UROLOGY AND MORE PATIENTS AT THE MEDICAL CENTER BENEFIT NOT ONLY FROM THE KNOWLEDGE OF PHY SICIANS WHO ARE
		LEADERS IN THEIR FIELD, BUT FROM THE LATEST TECHNOLOGY AND SURGICAL APPROACHES, SUCH AS FULLY DIGITAL OPERATING ROOMS WITH STATE-OF-THE-ART, HIGH-DEFINITION IMAGING TECHNOLOGY, ROBOTIC-
		ASSISTED SURGERIES AND MINIMALLY INVASIVE PROCEDURES WAKE FOREST BAPTIST IS ALSO A PATIENT SAFETY PIONEER AND EARLY ADOPTER OF SAFETY TECHNOLOGIES, INCLUDING COMPUTERIZED PHYSICIAN
		ORDER ENTRY TO ENSURE ACCURACY IN MEDICATION AND TREATMENT ORDERS, A ROBOTIC PHARMACY TO SAFEGUARD PRESCRIPTION FULFILLMENT, AND BARCODE MEDICATION ADMINISTRATION AT THE BEDSIDE TO
		SAFEGUARD MEDICATION ADMINISTRATION, AND ELECTRONIC PATIENT RECORDS CURRENTLY, THE MEDICAL CENTER IS PILOTING A RADIOFREQUENCY IDENTIFICATION SYSTEM CALLED REAL TIME LOCATION SYSTEM (RTLS)
		THAT MONITORS HAND HY GIENE COMPLIANCE PART OF A QUALITY INITIATIVE LAUNCHED IN TANDEM WITH THE JOINT COMMISSION'S CENTER FOR TRANSFORMING HEALTHCAREHEALTH OUTREACH CLINICAL AND
		EDUCATIONAL WAKE FOREST BAPTIST OPERATES NUMEROUS INNOVATIVE COMMUNITY OUTREACH PROGRAMS TARGETED TO HAVE BROAD HEALTH IMPACT ITS WELLNESS AND CORPORATE HEALTH SERVICES
		GROUP HELD 196 HEALTH SCREENING AND EDUCATIONAL EVENTS REACHING MORE THAN 10,000 EMPLOYEES OF AREA BUSINESSES THE MEDICAL CENTER OPERATES BESTHEALTH, A COMMUNITY RESOURCE CENTER
		LOCATED AT THE REGION'S LARGEST SHOPPING MALL AN INNOVATIVE WAY TO MAINSTREAM HEALTH EDUCATION INTO COMMUNITY ACTIVITY BESTHEALTH REACHED MORE THAN 50,000 PEOPLE LAST YEAR
		THROUGH ITS 425 PROGRAMS, CLASSES, SERVICES AND SCREENINGS IN ADDITION TO OFFERING EASILY ACCESSIBLE HEALTH EDUCATION AND SCREENINGS TO THE PUBLIC, WAKE FOREST BAPTIST ALSO PROVIDES
		LEADERSHIP FOR SELECT COMMUNITY EVENTS SUCH AS THE KOMEN NC TRIAD RACE FOR THE CURE, THE  AMERICAN HEART ASSOCIATION'S TANGLEWOOD HEART & STROKE WALK, RONALD MCDONALD HOUSE'S LIGHT
		A LUMINARY, HOSPICE & PALLIATIVE CARE CENTER'S CAMP CAROUSEL, AND THE WINSTON-SALEM URBAN LEAGUE'S YOUTH PROGRAM
		EB (3525 FOOTH ROSIVAIVI

Identifier	Return Reference	Explanation				
Identifier	Return Reference	EDUCATIONAL MISSION AND ACCOMPLISHMENTS ONE OF THE DISTINGUISHING DIFFERENCES OF A CADEMIC MEDICAE IS ITS TEACHING MISSION. THE CONSTITUENT ORGANIZATIONS OF WAKE POREST BAPTIST OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS, RORADIATING SIGN WAKE POREST BAPTIST OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS, AND FACULTY AT WAKE FOREST BAPTIST OFFER THE ALBERT OF THE CALLEBRY OF PROGRAMS AND FACULTY AT WAKE FOREST BAPTIST ATTRACT SOME OF THE WORLDS MOST COMPETITIVE MEDICAL STUDENTS AND FACULTY AT WAKE FOREST BAPTIST ATTRACT SOME OF THE WORLDS MOST COMPETITIVE MEDICAL STUDENTS AND FACULTY AT WAKE FOREST BAPTIST ATTRACT SOME OF THE WORLDS MOST COMPETITIVE MEDICAL STUDENTS AND PRESENTS AND OTHER REAS WHILE STUDENTS AND RESERVENTS BENEFIT FROM THE OPPORTUNITY TO LEARN AND PRACTICE AT A MEDICAL CENTER RANKED AMONG THE BEST IN THE NATION, PATENTS BENEFIT FROM A TEACHING PROVINCEMENT THAT MODELS THE HIGHEST LEVEL OF CARE A STRONG EDUCATIONAL PROGRAM ENSURES A SUPPLY OF WELL-TRAINED PHYSICIANS IN THE COMMUNITY AND REGION 40 PRECEDENT OF PHYSICIANS CONTENT AND STRUCKED THE MEDICAL CONTENTS CONTINUING BUILDATIONAL PROGRAM WAKE FOREST BAPTIST, AND AN EVEN LARGER PERCENTAGE BENEFIT FROM THE MEDICAL CENTERS CONTINUING BUILDATIONAL PROGRAMS WAKE FOREST BAPTIST, AND AND EVEN LARGER PERCENTAGE BENEFIT FROM THE MEDICAL CENTERS CONTINUING BUILDATIONAL PROGRAMS WAKE FOREST BAPTIST, AND AND EVEN LARGER PERCENTAGE BENEFIT FROM THE MEDICAL CENTERS CONTINUING BUILDATIONAL PROGRAMS WAKE FOREST BAPTIST, AND AND A VEN LARGER PERCENTAGE BENEFIT FROM THE MEDICAL SUPPLY SUPPL				
		UNIONIZATION, (3) PROPERTY-TAX EXEMPTIONS FOR NONPROFITS AND COMMUNITY BENEFITS ANALYSIS, (4) PHY SICIAN IMMIGRATION ISSUES, (5) TAX BILL FOR EMPLOYEE PENSIONS, CHARITABLE DONATIONS, (6) NIH APPROPRIATIONS AND FUNDING FOR HEALTH PROFESSIONS AND AHEC, (7) HIGHER EDUCATION ACT REAUTHORIZATION LEGISLATION, AND STUDENT LOAN INTEREST DEDUCTIONS AND LOAN OVERSIGHT, (8) MEDICAL LIABILITY REFORM, (9) FALSE CLAIMS ACT AMENDMENTS, AND (10) PATENTS AND INTELLECTUAL PROPERTY ISSUES AT THE STATE LEVEL, EFFORTS WERE CONCENTRATED WITH THE FY 2009-10 MEDICAID BUDGET AND FUNDING FOR HEALTH CHOICE, THE NC SCHIP PROGRAM, ON LEGISLATION REGARDING CERTIFICATE-OF-NEED LAWS, BUSINESS INCENTIVE TAX LAWS, SALES AND USAGE TAX REFUNDS, AND FUNDING FOR ALLIED HEALTH PROFESSIONAL TRAINING AT THE COMMUNITY COLLEGES, INCLUDING FORSYTH TECHNICAL COMMUNITY COLLEGE				

DLN: 93493133047240

OMB No 1545-0047

Open to Public Inspection

# **Related Organizations and Unrelated Partnerships**

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Name of the organization **Employer identification number** NORTH CAROLINA BAPTIST HOSPITAL 56-0552787 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

Part III Identification of Related Organizations Taxable as a Partnership

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	(E) Predomin income(rek investme unrelate	ent,	<b>(F)</b> f total income	Share o	( <b>G)</b> f end-of-year assets	Disprop allocat	ortionate tions?	<b>(I)</b> Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
									Yes	No		Yes	No
MEDCOST LLC KIMEL PARK WINSTON SALEM, NC27103 56-1999192	HEALTH CARE INSURANC ADMINISTRATORS	E NC	N/A										
													_
Part IV Identification of Re	lated Organizatio	ons Taxabl	e as a Corpora	ition or Tr	ust								
(A) Name, address, and EIN of related organiza	( <b>B)</b> Primary activity		( <b>C</b> Legal de (state fore coun	e or Ign	<b>(D)</b> Direct controlling entity	( <b>E)</b> Type of e (C corp, S or trus	corp,	<b>(F)</b> Share of total Income		( <b>G)</b> Share of nd-of-ye assets	( <b>H)</b> Percentage ar ownership		

(6)

Part V Trans	sactions with	Related	Organizations
--------------	---------------	---------	---------------

Pai	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			•	Yes	No
<b>1</b> Du	uring the tax year, did the orgranization engage in any of the following transaction	s with one or more related organizations listed in Parts II-	IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty	1	.a	Yes	
ь	Gift, grant, or capital contribution to other organization(s)		1	b	Yes	
c	Gift, grant, or capital contribution from other organization(s)		10	.c	Yes	
d	Loans or loan guarantees to or for other organization(s)		1.	.d	Yes	
e	Loans or loan guarantees by other organization(s)		1.	.e		No
			L			
f	Sale of assets to other organization(s)		1:	.f		No
g	Purchase of assets from other organization(s)		1.	.g		No
h	Exchange of assets		1	h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1	Li '	Yes	
			L			
j	Lease of facilities, equipment, or other assets from other organization(s)		1	Lj '	Yes	
k	Performance of services or membership or fundraising solicitations for other org	anization(s)	1	.k		No
1	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)	1	LI		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1	.m		No
n	Sharing of paid employees		1	.n		No
			L			
0	Reimbursement paid to other organization for expenses		1.	.0	Yes	
р	Reimbursement paid by other organization for expenses		1:	p ·	Yes	
			L			
q	O ther transfer of cash or property to other organization(s)		_		Yes	
r	O ther transfer of cash or property from other organization(s)		1	Lr i	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relationsh	ips and transaction thresholds			
	(A)	<b>(B)</b> Transaction	(C)			
	Name of other organization(s)	type(a-r)	Amount Involved			
(1)						
See	litional					
Data	a					
(2)	le					
(-)						
(3)						
<b>\</b> - <b>/</b>						
(4)						
(5)						

#### Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
<b>(A)</b> Name, address, and EIN of entity	country) 501(c)(3) organizations?		s?	<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Software ID: **Software Version:** 

**EIN:** 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
<b>(A)</b> Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity		
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION							
MEDICAL CENTER BLVD WINSTON SALEM, NC27157 56-1685120	SUPPORTING ORGANIZATION	N C	501(c)(3)	11A			
STOKES-REYNOLDS MEMORIAL HOSPITAL							
HWY 8 89 NORTH DANBURY, NC27016 56-1793620	HEALTHCARE	NC	501(c)(3)	3			
HOOTS MEMORIAL HOSPITAL							
625 WEST MAIN ST YAKINVILLE, NC27055 56-1852408	HEALTHCARE	NC	501(c)(3)	3			
THE REHABILITATION & SKILLED NURSING FACILITY AT OAK SUMMIT					NORTH CAROLINA		
1570 HWY 8 89 NORTH DANBURY, NC27106 56-1826396	HEALTHCARE	N C	501(c)(3)	9	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION		
DAVIE COUNTY EMERGENCY HEALTH CORP							
223 HOSPITAL STREET MOCKSVILLE, NC27028 56-2276994	HEALTHCARE	NC	501(c)(3)	3			
BAPTIST HOSPITAL HOME CARE							
MEDICAL CENTER BLVD WINSTON SALEM, NC27157 56-1863949	HEALTHCARE	NC	501(c)(3)	3			
BAPTIST HOSPITAL RX							
MEDICAL CENTER BLVD WINSTON SALEM, NC27157 54-2136894	HEALTHCARE	NC	501(c)(3)	9			
THE HAWTHORNE INN & CONFERENCE CENTER INC							
420 HIGH STREET WINSTON SALEM, NC27101 56-1793617	LODGING/CONFERENCE ACCOMMODATION	NC	501(c)(3)	11A			
CARENET INC							
2000 WEST FIRST STREET SUITE 410 WINSTON SALEM, NC27104 56-1977341	HEALTHCARE	NC	501(c)(3)	11B			
WAKE FOREST UNIV BAPTIST MEDICAL CNTR COMMUNITY PHYSICIANS							
3540 CLEMMONS ROAD CLEMMONS, NC27012 56-1903275	HEALTHCARE	NC	501(c)(3)	3			
CENTER FOR CONGREGATIONAL HEALTH INC							
MEDICAL CENTER BLVD WINSTON SALEM, NC27157 23-7426944	HEALTHCARE	N C	501(c)(3)	9			

Form 990, Schedule R, Part V - Transactions with Related Organizations						
-	(A) Name of other organization	<b>(B)</b> Transaction type(a-r)	(C) A mount Involved (\$)			
(1)	BAPTIST HOSPITAL HOME RX	А	22,410			
(2)	HOOTS MEMORIAL HOSPITAL	А	131,632			
(3)	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	А	245,927			
(4)	STOKES REYNOLDS MEMORIAL HOSPITAL	А	27,039			
(5)	WFUBMC COMMUNITY PHYSICIANS	А	114,076			
(6)	HOOTS MEMORIAL HOSPITAL	В	19,920,578			
(7)	THE REHABILITATION & SKILLED NURSING FACILITY AT OAK SUMMIT	В	19,549,900			
(8)	BAPTIST HOSPITAL HOME RX	В	6,684,446			
(9)	MEDCOST LLC	С	2,000,000			
(10)	WFUBMC COMMUNITY PHYSICIANS	С	596,219			
(11)	WFUBMC COMMUNITY PHYSICIANS	D	10,133,564			
(12)	BAPTIST HOSPITAL HOME RX	0	328,443			
(13)	THE HAWTHORNE INN & CONFERENCE CENTER INC	0	95,712			
(14)	THE REHABILITATION & SKILLED NURSING FACILITY AT OAK SUMMIT	0	143,226			
(15)	BAPTIST HOSPITAL HOME RX	P	2,066,905			
(16)	CARENET INC	P	1,892,107			
(17)	DAVIE COUNTY EMERGENCY HEALTH CORP	P	380,988			
(18)	HOOTS MEMORIAL HOSPITAL	P	1,073,093			
(19)	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	P	82,554			
(20)	STOKES REYNOLDS MEMORIAL HOSPITAL	P	2,709,510			
(21)	THE HAWTHORNE INN & CONFERENCE CENTER INC	P	662,048			
(22)	THE REHABILITATION & SKILLED NURSING FACILITY AT OAK SUMMIT	P	354,237			
(23)	WFUBMC COMMUNITY PHYSICIANS	P	1,433,191			
(24)	STOKES REYNOLDS MEMORIAL HOSPITAL	Q	877,447			
(25)	WFUBMC COMMUNITY PHYSICIANS	Q	2,598,236			
(26)	BAPTIST HOSPITAL HOME RX	R	1,430,075			
(27)	STOKES REYNOLDS MEMORIAL HOSPITAL	R	74,763			
(28)	THE HAWTHORNE INN & CONFERENCE CENTER INC	R	1,360,000			
(29)	WFUBMC COMMUNITY PHYSICIANS	R	73,937			