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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010											
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.				C Name of organization NORTH CAROLINA BAPTIST HOSPITAL				D Employer identification number 56-0552787	
						Doing Business As				E Telephone number (336) 716-4445	
						Number and street (or P O box if mail is not delivered to street address) MEDICAL CENTER BLVD		Room/suite		G Gross receipts \$ 994,267,922	
						City or town, state or country, and ZIP + 4 WINSTON SALEM, NC 27157					
		F Name and address of principal officer DONNY C LAMBETH MEDICAL CENTER BLVD WINSTON SALEM, NC 27157				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
						H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)					
						H(c) Group exemption number ▶					
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
J Website: ▶ WWW.WFUBMC.EDU											
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						L Year of formation 1923		M State of legal domicile NC			

Part I Summary		Part I	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>IMPROVING THE HEALTH OF OUR REGION, STATE, AND NATION</u> 		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 <u>21</u>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>21</u>	
	5 Total number of employees (Part V, line 2a)	5 <u>8,801</u>	
	6 Total number of volunteers (estimate if necessary)	6 <u>1,611</u>	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u>3,878,311</u>	
	b Net unrelated business taxable income from Form 990-T, line 34	7b <u>1,642,271</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year <u>2,771,523</u>	Current Year <u>1,313,535</u>
	9 Program service revenue (Part VIII, line 2g)	<u>923,230,986</u>	<u>939,125,091</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>-42,193,215</u>	<u>23,721,260</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,462,211</u>	<u>3,514,793</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>887,271,505</u>	<u>967,674,679</u>
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>113,433</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)			<u>0</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<u>447,683,864</u>	<u>448,104,945</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)			<u>0</u>
b Total fundraising expenses (Part IX, column (D), line 25) <u>309,253</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		<u>469,539,276</u>	<u>463,568,592</u>
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>917,336,573</u>	<u>911,831,491</u>
19 Revenue less expenses Subtract line 18 from line 12		<u>-30,065,068</u>	<u>55,843,188</u>
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	<u>1,296,161,529</u>	<u>1,373,130,564</u>
	21 Total liabilities (Part X, line 26)	<u>587,608,407</u>	<u>611,594,543</u>
	22 Net assets or fund balances Subtract line 21 from line 20	<u>708,553,122</u>	<u>761,536,021</u>














Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	***** Signature of officer		2011-05-12 Date		
	DONNY C LAMBETH PRESIDENT Type or print name and title				
Paid Preparer's Use Only	Preparer's signature ▶ Amy Bibby		Date	Check if self-employed ▶ <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		DIXON HUGHES GOODMAN LLP 500 Ridgefield Court Asheville, NC 28806		EIN ▶
					Phone no ▶ (828) 254-2254

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, - 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

Form **990** (2009)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	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 similar funds or 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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
14b	• Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	164	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	8,803	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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) 716-4445

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

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

Form **990** (2009)

1b Total	8,708,956	0	1,463,337
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶317

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

(A) Name and business address	(B) Description of services	(C) Compensation
WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	PHYSICIAN/OTHER PROFESSIONAL SERVICES	64,601,752
FORSYTH COUNTY FINANCE DEPARTMENT WINSTON SALEM, NC 27101	PARAMEDIC SERVICES	941,449
INGRAM & ASSOCIATES PO BOX 290303 NASHVILLE, TN 37229	COLLECTION SERVICES	793,074
KCI USA TREATMENT SYSTEMS INC RALEIGH, NC 27617	PHYSICIAN/OTHER PROFESSIONAL SERVICES	677,604
MEDICAL VOICE TECHNOLOGY SERVICES PO BOX 265 EAST BEND, NC 27018	TECHNOLOGY SERVICES	618,519

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶5

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	41,445				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,272,090				
	g	Noncash contributions included in lines 1a-1f \$ 30,034						
	h	Total. Add lines 1a-1f			1,313,535			
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	621,400	923,075,220	921,514,198	1,561,022		
	b	COST RECOV & OTHER	900,099	8,390,436	8,119,962	270,474		
	c	DIETARY	722,320	5,619,685	5,619,685			
	d	MEDICAL/LAB SERVICE	621,500	2,039,750		2,039,750		
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			939,125,091			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			27,617,145		27,617,145	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		Gross Rents	417,491					
		b Less rental expenses	109,063					
		c Rental income or (loss)	308,428					
	d	Net rental income or (loss)			308,428		308,428	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		22,588,295				
		b Less cost or other basis and sales expenses		26,484,180				
		c Gain or (loss)		-3,895,885				
	d	Net gain or (loss)			-3,895,885	-3,895,885		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses	b					
		c Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b						
c Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code						
11a	GIFT SHOP REVENUE		453,220	1,294,014			1,294,014	
b	PARKING FEES		900,099	1,204,536			1,204,536	
c	TUITION		900,099	158,566			158,566	
d	All other revenue			549,249		7,066	542,183	
e	Total. Add lines 11a-11d			3,206,365				
12	Total revenue. See Instructions			967,674,679	931,357,960	3,878,312	31,124,872	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	47,275	47,275		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	110,679	110,679		
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	7,191,533	993,578	5,888,702	309,253
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	358,467,990	316,541,730	41,926,260	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,695,171	12,521,378	4,173,793	
9	Other employee benefits	39,845,823	29,884,367	9,961,456	
10	Payroll taxes	25,904,428	19,428,321	6,476,107	
11	Fees for services (non-employees)				
a	Management	1,629,841	82,387	1,547,454	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	68,682,691	56,067,867	12,614,824	
12	Advertising and promotion	3,852,593	2,078,555	1,774,038	
13	Office expenses	263,885,779	251,041,149	12,844,630	
14	Information technology				
15	Royalties				
16	Occupancy	9,287,867	5,104,420	4,183,447	
17	Travel	219,553	133,551	86,002	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	461,403	283,221	178,182	
20	Interest	10,757,160	10,757,160		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	61,713,459	61,351,237	362,222	
23	Insurance	7,008,598	5,298,945	1,709,653	
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)				
a	BAD DEBT EXPENSE	34,270,889	34,270,889		
b	RECRUITMENT/RELOCATION	1,677,609	1,105,121	572,488	
c	MISCELLANEOUS EXPENSE	121,150	71,978	49,172	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	911,831,491	807,173,808	104,348,430	309,253
26	Joint costs. Check here <input type="checkbox"/> 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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			40,884,345	1	27,825,998
	2	Savings and temporary cash investments			49,335,952	2	58,135,794
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			144,343,377	4	165,093,603
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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			3,157,093	7	
	8	Inventories for sale or use			10,383,218	8	11,714,276
	9	Prepaid expenses and deferred charges			111,157	9	1,309,605
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,181,807,851			
	b	Less accumulated depreciation	10b	756,416,318	424,954,332	10c	425,391,533
	11	Investments—publicly traded securities			518,124,349	11	613,361,983
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			96,479,843	13	61,847,344
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			8,387,863	15	8,450,428
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,296,161,529	16	1,373,130,564
Liabilities	17	Accounts payable and accrued expenses			100,533,357	17	121,810,500
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			330,700,000	20	333,993,335
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			156,375,050	25	155,790,708
	26	Total liabilities. Add lines 17 through 25			587,608,407	26	611,594,543
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			703,115,677	27	756,152,864
	28	Temporarily restricted net assets			2,274,927	28	2,146,704
	29	Permanently restricted net assets			3,162,518	29	3,236,453
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			708,553,122	33	761,536,021
	34	Total liabilities and net assets/fund balances			1,296,161,529	34	1,373,130,564

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
WILLIAM C WARDEN JR CHAIRMAN	1 00	X		X				0	0	0	
ARTHUR A GIBEL VICE CHAIRMAN	1 00	X		X				0	0	0	
JOSEPH R OVERBY JR MD TRUSTEE	1 00	X						0	0	0	
STEPHEN L ROBERTSON TRUSTEE	1 00	X						0	0	0	
STANLEY R AESCHLEMAN TRUSTEE	1 00	X						0	0	0	
A WILLIAM BLACKSTOCK JR MD TRUSTEE	1 00	X						0	0	0	
KATY M BOLES TRUSTEE	1 00	X						0	0	0	
JERRY N BROOKS TRUSTEE	1 00	X						0	0	0	
DALE M BROWN TRUSTEE	1 00	X						0	0	0	
REGINALD D CARTER TRUSTEE	1 00	X						0	0	0	
ROGER L COTHRAN TRUSTEE	1 00	X						0	0	0	
WILLIAM N HARTSELL TRUSTEE	1 00	X						0	0	0	
KATHYRN H HAMRICK TRUSTEE	1 00	X						0	0	0	
WILLIAM J IRELAND JR MD TRUSTEE	1 00	X						0	0	0	
RON D KESSINGER TRUSTEE	1 00	X						0	0	0	
KENNETH W LEWIS TRUSTEE	1 00	X						0	0	0	
STEPHEN R LITTLE TRUSTEE	1 00	X						0	0	0	
PEDRO L MARTINEZ TRUSTEE	1 00	X						0	0	0	
GERALD H QUINN TRUSTEE	1 00	X						0	0	0	
GEORGE E STUBBINS SR TRUSTEE	1 00	X						0	0	0	
SHEREE B WATSON TRUSTEE	1 00	X						0	0	0	
R MICHAEL WELLS TRUSTEE	1 00	X						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	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERNEST L EVANS TRUSTEE	1 00	X						0	0	0
H VARNELL MOORE TRUSTEE	1 00	X						0	0	0
JOHN D MCCONNELL MD TRUSTEE / CEO WFUBMC	40 00	X						1,213,616	0	468,064
RAY N HOWELL III TRUSTEE	1 00	X						0	0	0
JOHN D KIMBERLY TRUSTEE	1 00	X						0	0	0
EDWIN L WELCH JR TRUSTEE	1 00	X						0	0	0
DONNY C LAMBETH PRESIDENT	40 00			X				691,497	0	158,024
G DOUGLAS ATKINSON VP BUSINESS DEVELOPMENT	40 00			X				286,289	0	39,491
KAREN H HUEY VP FACILITY PLANNING & CONSTRUCTION	40 00			X				199,775	0	28,477
A PATRICIA JOHNSON VP OPERATIONS/ CNO	40 00			X				408,149	0	54,140
RONALD H SMALL VP QUALITY & SERVICE EXCELLENCE	40 00			X				301,092	0	114,808
STEVEN C SNELGROVE VP OPERATIONS	40 00			X				304,368	0	42,665
KAREN Q TURNER VP SURGICAL SERVICES	40 00			X				68,369	0	3,299
J MCLAIN WALLACE JR VP GENERAL COUNSEL / SECRETARY	40 00			X				260,936	0	25,328
ROBERT S PARKER SR VP SPECIAL OPS & COMMUNITY	40 00			X				251,289	0	39,837
SHARON ENGBRETSON INTERIM VP PASTORAL CARE	40 00			X				133,413	0	24,172
MAUREEN E SINTICH VP OPERATIONS / CNO	40 00			X				232,599	0	29,410
H GREGORY BRAY ASST TREASURER/ASST SECRETARY	40 00			X				184,694	0	22,767
JOANNE C RUHLAND VP GOVERNMENT RELATIONS	40 00			X				201,106	0	29,574
NORMAN D POTTER JR VP DEVELOPMENT & ALUMNI AFFAIRS	40 00			X				233,924	0	37,850
MICHAEL L FREEMAN VP STRATEGIC PLANNING	40 00			X				202,855	0	31,958
CHERYL EH LOCKE VP HUMAN RESOURCES	40 00			X				528,894	0	39,780
EDWARD G CHADWICK EXEC VP FINANCE / CFO	40 00				X			690,281	0	44,001
VANCE MCVAY JR CRNA	40 00					X		204,121	0	26,535
ERIC STIEFEL CRNA	40 00					X		208,564	0	19,610

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BETTY PETREE CRNA	40 00					X		275,548	0	20,767
MICHAEL REIKER CRNA	40 00					X		217,404	0	19,303
LINDA TRIMBLE CRNA	40 00					X		201,019	0	32,248
LEN B PRESLAR JR FORMER PRESIDENT	40 00						X	420,679	0	14,572
GERALD T FINLEY FORMER VP OPERATIONS/ CNO	40 00						X	187,119	0	38,505
KERRY A GARRIGAN FORMER VP HUMAN RESOURCES	40 00						X	24,198	0	0
PAUL M LORUSSO FORMER VP INFORMATION SERVICES	40 00						X	241,894	0	10,007
GINA B RAMSEY VP FIN SVCS /CFO/TREASUR/ASST SEC	40 00						X	218,902	0	24,624
WILLIAM G YATES FORMER VP PASTORAL CARE	40 00						X	140,560	0	23,521

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
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

- 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

- 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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$ _____
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$ _____
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$ _____
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$ _____
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$ _____
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$ _____
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		193,277
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				193,277
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			No	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			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

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
	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).		
	a Current year	2a	
	b 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 (see instructions)	5	

Part IV

Supplemental Information

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 1i	Explanation of Other Lobbying Activities	Government Relations The Office of Government Relations was actively involved with several federal and state issues. The office assisted in developing political advocacy strategies regarding The Patient Protection and Affordable Care Act (P L 111-148) (a/k/a "the health care reform bill"), which included expansion of insurance coverage, Medicare and Medicaid payment changes, provisions related to workforce supply and graduate medical education training, funding for comparative effectiveness research, wellness and prevention, key delivery system reforms including accountable care organizations, value based purchasing and incentives to improve care coordination and quality, and language designed to reduce waste, fraud and abuse in the Medicare and Medicaid programs. Staff worked on the FY2011 Budget, the Center for Medicare and Medicaid Service's proposed rule regarding the Electronic Health Record Incentive Program and submitted a comment letter regarding its provisions, the FY 2011 Medicare Inpatient Prospective Payment System (PPS) Proposed Rule, legislation regarding the creation of healthcare innovation zones, Medicare Payment Advisory Commission's DGME and IME recommendations, changes to the Medicare policy known as the "72 Hour Rule", legislation to increase residency slots, and Medicare physician payments (SGR adjustments). Staff also worked on many of the FY 2011 appropriations bills and proposed legislation and regulations that were introduced, including requests in the Department of Transportation, Department of Homeland Security, Department of Commerce, State, Justice, Department of Defense, Department of Health and Human Services, and Veterans Affairs (VA) Research and Medical Care funding. The office assisted with the following: (1) End stage renal disease payment system proposed rule, (2) FAA reauthorization bill amendments for air ambulances, (3) Employee free choice bill regarding unionization, (4) IRS property-tax exemptions for nonprofits guidelines and community benefits analysis, (5) tax bill for employee pensions, charitable donations, (6) NIH appropriations and funding for health professions and AHEC and the reauthorization of the National Science Foundation, (7) changes proposed by HHS regarding conflict of interest rules, (8) the implementation of the Truth in Lending Act regarding student loans, (9) False Claims Act amendments, and (10) patents and intellectual property issues. At the state level, efforts were concentrated with the FY 2010-11 Medicaid budget including the six month expansion of FMAP funding contained in the federal stimulus package, the Medicaid Reimbursement Initiative and Upper Payment Limit provisions, on legislation regarding certificate-of-need laws, business incentive tax laws, including the mill tax credit for the Piedmont Triad Research Park, and funding for allied health professional training at the community colleges, including Forsyth Technical Community College.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
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Part I 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
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	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 for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of a certified historic structure</div><div><input type="checkbox"/> Preservation of open space</div></div>											
2	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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____											
4	Number of states where property subject to conservation easement is located ► _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	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.

1a	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	► \$ _____
	(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	
a	Revenues included in Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	3,788,351	4,470,108			
b Contributions	68,200	117,064			
c Investment earnings or losses	78,265	-780,842			
d Grants or scholarships					
e Other expenditures for facilities and programs	16,625	17,979			
f Administrative expenses					
g End of year balance	3,918,191	3,788,351			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 3.000 %

b

Permanent endowment ▶ 76.000 %

c

Term endowment ▶ 21.000 %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,241,574		9,241,574
b Buildings		609,952,295	343,857,513	266,094,782
c Leasehold improvements		7,442,141	5,458,593	1,983,548
d Equipment		510,245,574	407,100,212	103,145,362
e Other		44,926,267		44,926,267
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				425,391,533

Schedule D (Form 990) 2009

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	967,674,679
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	911,831,491
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	55,843,188
4	Net unrealized gains (losses) on investments	4	42,996,940
5	Donated services and use of facilities	5	13,566
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-45,870,795
9	Total adjustments (net) Add lines 4 - 8	9	-2,860,289
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	52,982,899

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	964,869,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	42,996,940
b	Donated services and use of facilities	2b	13,566
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-45,815,747
e	Add lines 2a through 2d	2e	-2,805,241
3	Subtract line 2e from line 1	3	967,674,679
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	967,674,679

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	911,831,491
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	911,831,491
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)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	911,831,491

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
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 XI, Line 8 - Other Adjustments		NET CHANGE IN RESTRICTED ASSETS -54925 LOSS FROM AFFILIATES -1837922 TRANSFERS TO AFFILIATES -2682367 CHANGE IN PENSION LIABILITY -13980400 AMORTIZATION OF CASH FLOW INTEREST RATE SWAP 9950525 NET LOSS FROM DISCONTINUED OPERATIONS -28172577 LOSS ON DEBT REFUNDING -2755730 CHANGE IN VALUE OF INTEREST RATE SWAP -6337903 OTHER ADJUSTMENTS 504
Part XII, Line 2d - Other Adjustments		LOSS FROM AFFILIATES -1837922 TRANSFERS TO AFFILIATES -2682367 CHANGE IN PENSION LIABILITY -13980400 AMORTIZATION OF CASH FLOW INTEREST RATE SWAP 9950525 NET LOSS FROM DISCONTINUED OPERATIONS -28172577 LOSS ON DEBT REFUNDING -2755730 CHANGE IN VALUE OF INTEREST RATE SWAP -6337903 OTHER ADJUSTMENT 627
		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, 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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input checked="" type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input checked="" type="checkbox"/> Other 20100.0000000000 %</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			40,070,889	5,128,780	34,942,109	3 980 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			161,792,153	162,131,520	-339,367	0 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			18,996,528	14,668,824	4,327,704	0 490 %
d Total Charity Care and Means-Tested Government Programs			220,859,570	181,929,124	38,930,446	4 470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,732,779	0	3,732,779	0 430 %
f Health professions education (from Worksheet 5)			61,315,763	19,433,343	41,882,420	4 770 %
g Subsidized health services (from Worksheet 6)			4,455,652		4,455,652	0 510 %
h Research (from Worksheet 7)			1,434,972		1,434,972	0 160 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			622,727		622,727	0 070 %
j Total Other Benefits			71,561,893	19,433,343	52,128,550	5 940 %
k Total. Add lines 7d and 7j			292,421,463	201,362,467	91,058,996	10 410 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			95,742		95,742	0.010 %
3Community support			122,572		122,572	0.010 %
4Environmental improvements			0			
5Leadership development and training for community members			133,697		133,697	0.020 %
6Coalition building			0			
7Community health improvement advocacy			473,321		473,321	0.050 %
8Workforce development			601,419		601,419	0.070 %
9Other			0			
10Total			1,426,751		1,426,751	0.160 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A.Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	13,654,776	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B.Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	295,909,823	
6Enter Medicare allowable costs of care relating to payments on line 5	6	312,981,689	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-17,071,866	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C.Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 THROUGH COMMUNITY BUILDING NORTH CAROLINA BAPTIST HELPS THE COMMUNITY BY OPERATING "BEST HEALTH" WHICH IS A RESOURCE CENTER LOCATED AT A LOCAL SHOPPING MALL THERE, THE PUBLIC CAN RESEARCH A WIDE VARIETY OF HEALTH AND WELLNESS TOPICS OUR COMMUNITY ALSO BENEFITS FROM OUR PHYSICIAN RECRUITMENT PROGRAM, COMMUNITY TRAINING AND NETWORKS AS WELL AS OUR LEADERSHIP WINSTON-SALEM PROGRAM WE FURTHER HELP OUR COMMUNITY BY SUPPORTING OUR LOCAL GOODWILL ENDEAVORS

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

See additional data

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

NC

Additional Data

Software ID:
Software Version:
EIN: 56-0552787
Name: NORTH CAROLINA BAPTIST HOSPITAL

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c THE ORGANIZATION USES A SLIDING SCALE OF THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE BETWEEN 201% AND 300%, THE DISCOUNT IS 75% BETWEEN 301% AND 400%, THE DISCOUNT IS 50% AT 200% OR BELOW, THE INDIVIDUAL IS ELIGIBLE FOR FREE CARE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 THE ORGANIZATION USED THE WORKSHEETS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H TO COMPUTE ITS COST-TO-CHARGE RATIO FOR PURPOSES OF THE 2009 SCHEDULE H

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f THE ORGANIZATION'S BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS WAS \$34,270,889 FOR THE FISCAL YEAR THIS AMOUNT HAS BEEN REMOVED FROM THE CALCULATION OF CHARITY CARE FOR PART I, LINE 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A DISCRETE FOOTNOTE EXPLAINING BAD DEBT EXPENSE BAD DEBT HAS NOT BEEN INCLUDED IN THE COMPUTATION OF COMMUNITY BENEFIT ON PART I, LINE 7 THE ORGANIZATION HAS A THOROUGH PROCESS OF EVALUATING BAD DEBT ACCOUNTS AS INFORMATION BECOMES AVAILABLE AND RECLASSIFIES BAD DEBT ACCOUNTS AS CHARITY CARE AS PROVIDED BY THE CHARITY CARE POLICY AMOUNTS USED TO COMPUTE CHARITY CARE AND BAD DEBT ON SCHEDULE H USE THE MOST CURRENT DATA AVAILABLE AT TIME OF FILING

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 FOR THE FISCAL YEAR, THE PORTION OF PAYORS FOR WHICH MEDICARE WAS THE PRIMARY SOURCE OF PAYMENT WAS 32.6% OF THAT PORTION OF PATIENTS, 30.2% WERE FOUND TO HAVE ALSO QUALIFIED FOR MEDICAID AS A SECONDARY INSURANCE, THEREFORE BASED ON THIS RATIO, APPROXIMATELY 30%, OR \$5.1 MILLION OF THE MEDICARE SHORTFALL MAY BE CONSIDERED A COMMUNITY BENEFIT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b PATIENT FINANCIAL RESOURCE SERVICES WORKS WITH THE PATIENT FOR ANY PATIENT LIABILITY OUR MAIN FOCUS IS PRIOR TO SERVICES AND/OR DISCHARGE, HOWEVER, WE DO WORK WITH PATIENTS AFTER SERVICES HAVE BEEN RECEIVED AND BILLED PATIENT FINANCIAL RESOURCES SERVICES IS REALLY TWO AREAS IN ONE--THE RESOURCE RECOVERY SPECIALIST/RRS (FORMERLY FINANCIAL COUNSELING) AND THE MEDICAID ELIGIBILITY TEAM/MPS THESE TWO AREAS WORK TOGETHER TO FIND A RESOLUTION TO PATIENT LIABILITY, SELF PAY OR INSURED THE RRS WORKS TO NOTIFY THE PATIENT OF ANY PATIENT LIABILITY AND ASK FOR PAYMENT FOR THAT LIABILITY IF THE PATIENT INDICATES THAT HE NEEDS ASSISTANCE, THEN THE RRS WILL COMPLETE A FINANCIAL STATEMENT ON THE PATIENT WHILE TAKING THAT FINANCIAL STATEMENT THE RRS IS LOOKING FOR INFORMATION THAT COULD QUALIFY THE PATIENT FOR MEDICAID OR FOR OTHER AGENCY PROGRAMS THAT ARE AVAILABLE TO THE MEDICAL CENTER WHEN THAT INFORMATION IS IDENTIFIED THE RRS WILL LET THE PATIENT KNOW THAT A REFERRAL WILL BE MADE FOR MEDICAID OR OTHER ASSISTANCE AND A MPS WILL BE IN TOUCH WITH HIM THE RRS ALSO EXPLAINS TO THE PATIENT OR FAMILY THAT CHARITY CARE IS A LAST RESORT AND THEY MUST COOPERATE WITH ANY OTHER ASSISTANCE PROGRAMS THAT WE HAVE IDENTIFIED AND BE FOUND INELIGIBLE BEFORE CHARITY CARE WILL BE APPROVED/APPLIED IT IS ALSO COMMUNICATED WITH THE PATIENT OR FAMILY IF ANY SUPPORTING DOCUMENTATION IS NEEDED FOR ANY ASSISTANCE, WHETHER THAT BE CHARITY, MEDICAID, OR OTHER PROGRAMS

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 DATA IS COLLECTED THROUGH PRIMARY AND SECONDARY COLLECTION PROCESSES POPULATION, PREGNANCY, BIRTH AND MORTALITY, AND MORBIDITY DATA IS REVIEWED TO ASSESS THE POPULATION'S HEALTH PRIMARY DATA COLLECTION INCLUDES DOOR-TO-DOOR INTERVIEWS WITH HIGH RISK COMMUNITIES, FOCUS GROUPS, AND A COMMUNITY HEALTH OPINION SURVEY THAT IS CONDUCTED THROUGH THE SCHOOL SYSTEM SECONDARY DATA IS COLLECTED THROUGH DATA FROM THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL STATISTICS, AND SURVEILLANCE REPORTS OTHER COMMUNITY REPORTS SUCH AS THE UNITED WAY ANNUAL REPORT AND US CENSUS BUREAU COMMUNITY PROFILES ARE REVIEWED AS WELL WFUBMC ALSO REGULARLY PULLS MARKET DATA TO IDENTIFY WHAT HEALTH SERVICES ARE BEING USED BY THE PUBLIC AND TO GAUGE THE AVAILABILITY OF THOSE SERVICES WITHIN THE COMMUNITIES THEY LIVE THE PURPOSE OF DATA COLLECTION IS TO IDENTIFY FACTORS THAT AFFECT THE HEALTH OF FORSYTH COUNTY'S POPULATION AND DETERMINE THE AVAILABILITY OF RESOURCES WITHIN THE COMMUNITY TO ADEQUATELY ADDRESS THESE FACTORS WFUBMC PARTICIPATES IN A COLLABORATIVE PROCESS WITH OTHER COMMUNITY LEADERS, PUBLIC HEALTH AGENCIES, HOSPITALS, AND PRIVATE PRACTITIONERS TO ANSWER THE KEY QUESTIONS OF (1) WHAT HEALTH CONCERNS OR NEEDS DOES THE COMMUNITY HAVE, AND (2) WHAT RESOURCES ARE AVAILABLE AND WHAT DO WE NEED IN THE COMMUNITY TO ADDRESS THESE CONCERNS WORKGROUPS WHICH INCLUDE MEMBERS FROM WFUBMC, ALONG WITH A STATISTICIAN FROM THE PUBLIC HEALTH DEPARTMENT MEET TO DISCUSS THE PRIMARY AND SECONDARY DATA COLLECTED TO SYNTHESIZE TRENDS AND RANK PRIORITIZE THE TOP NEEDS SUCH AS "REDUCING INFANT MORTALITY" AND "REDUCING THE INCIDENCE OF COLON CANCER " RATES ARE MEASURED AGAINST PEER COUNTY AND STATE RANKINGS STRATEGIES ARE RECOMMENDED AND VOTED UPON BY THE COMMUNITY ASSESSMENT TASK FORCE, WHICH INCLUDES COMMUNITY LEADERS, PUBLIC HEALTH AGENCIES, HOSPITALS, PRIVATE PRACTITIONERS, AND OTHER NON-PROFIT AGENCIES THE LAST ASSESSMENT WAS IN 2009 AND THE LATEST ASSESSMENT OF COMMUNITY NEEDS WAS INITIATED IN OCTOBER 2010 WORK IS PLANNED TO BE COMPLETED BY SEPTEMBER 2011 WFUBMC HAS SEVERAL REPRESENTATIVES ON THE TASK FORCE MANAGED BY THE FORSYTH COUNTY HEALTH DEPARTMENT AND SEVERAL EMPLOYEES PARTICIPATE DIRECTLY IN DATA WORK GROUPS AND ARE PART OF REVIEWING THE EXISTING AND COLLECTING NEW COMMUNITY SPECIFIC DATA WFUBMC EMPLOYEES ARE ALSO ON VARIOUS COMMUNITY HEALTH BOARDS WORKING TO ADDRESS SPECIFIC COMMUNITY HEALTH NEEDS SUCH AS THE INFANT MORTALITY REDUCTION BOARD, FORSYTH FUTURES, AND UNITED WAY, ALL OF WHICH ADDRESS DIFFERENT HEALTH DISPARITIES IN FORSYTH COUNTY

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 THE ORGANIZATION USES A VARIETY OF MEANS TO EDUCATE AND INFORM PATIENTS OF THEIR CHARITY CARE OPTIONS, INCLUDING INFORMATION ON A WEBSITE, BILLING PAMPHLETS AVAILABLE IN CLINICAL OFFICES AND THE BUSINESS OFFICE, SIGNS IN CHECK-IN AREAS, INFORMATION ON PATIENT BILL STATEMENTS, AND FROM STAFF MEMBERS DURING CONVERSATIONS CONCERNING A PATIENT'S LIABILITY FOR SERVICES IF A PATIENT QUALIFIES FOR 100% CHARITY CARE PRIOR TO THE ACCOUNT BEING BILLED TO THE PATIENT, THE ACCOUNT IS CODED AND THE ADJUSTMENT IS TAKEN THE TIME THE BALANCE DROPS TO THE PATIENT AND WOULD NOT PROCEED THROUGH ANY FURTHER STATEMENTS OR COLLECTION PROCESS IF THE PATIENT QUALIFIES FOR PARTIAL CHARITY, THE ADJUSTMENT IS TAKEN AND THE REMAINING BALANCE IS BILLED TO THE PATIENT AND WOULD FOLLOW THE NORMAL COLLECTION PRACTICES AND POSSIBLE BAD DEBT PLACEMENT IF THE PATIENT QUALIFIES FOR 100% CHARITY AFTER BEING BILLED, THE ACCOUNT IS CODED AND THE ADJUSTMENT IS TAKEN AT THAT TIME AND WOULD NO LONGER RECEIVE ANY STATEMENTS OR COLLECTION ACTIVITY IF THE PATIENT QUALIFIES FOR PARTIAL CHARITY, THE ACCOUNT IS ADJUSTED ACCORDINGLY AND HE WOULD STILL BE RESPONSIBLE FOR THE REMAINING BALANCE AND CONTINUE TO RECEIVE STATEMENTS OR COLLECTION CALLS AND BE SUBJECT FOR BAD DEBT PLACEMENT

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 NORTH CAROLINA BAPTIST HOSPITAL IS PART OF WAKE FOREST UNIVERSITY MEDICAL CENTER AND IS NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER SERVING A 26-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA NORTH CAROLINA BAPTIST HOSPITAL IS ONE OF TWO MEDICAL CENTERS OPERATING WITHIN FORSYTH COUNTY THE POPULATION OF OUR PRIMARY SERVICE AREA IS 2,491,984 ACCORDING TO THOMPSON-REUTERS HEALTHCARE MARKET PLANNER 10.8% OF THE POPULATION IS AT OR BELOW THE POVERTY LINE 78.8% OF THE POPULATION IS WHITE, 17.8% IS BLACK, AND 3.4% IS MADE UP OF OTHER RACES THE UNEMPLOYMENT LEVEL AS OF SEPTEMBER 2010 WAS 9.9% THE MEDIAN INCOME IS \$40,632 THE GROWTH RATE OF THE COMMUNITY IS 1%

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 NORTH CAROLINA BAPTIST HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF OUR REGION, STATE AND NATION BY 1) GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREAT DISEASE 2) TRAINING LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE 3) SERVING AS THE PREMIER HEALTH SYSTEM IN OUR REGION, WITH SPECIFIC CENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CARE DESTINATIONS THE HOSPITAL OPERATES THE FOLLOWING PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS REPORTED ON PART I, LINE 7E WS/FC SCHOOLS ALLIED HEALTH PROGRAM \$ 5,000PHYSICIAN RECRUITMENT FEES 1,500,000COMMUNITY HEALTH/HEALTHCARE ACCESS 15,655CHURCH COMMUNITY RELATIONS 357,785COMMUNITY HEALTH SALARIES 633,900PHYSICIANS COMMUNITY HEALTH ACCESS 201,331CARENET/PASTORAL COUNSELING 251,733ACCELLERATED BSN PROGRAM 696,816COUNTY RENT ON CLEVELAND DENTAL 70,559TOTAL TO PART I, LINE 7E 3,732,779

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 NORTH CAROLINA BAPTIST HOSPITAL IS PART OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, WHICH IS NORTHWESTERN NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP 50 RANKED HOSPITALS AND A PREMIER MEDICAL SCHOOL WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS A CORPORATION ONE-HALF CONTROLLED BY WAKE FOREST UNIVERSITY AND ONE-HALF CONTROLLED BY NORTH CAROLINA BAPTIST HOSPITAL THE MEDICAL CENTER OPERATES A HOSPITAL SYSTEM WITH 1,004 LICENSED ACUTE CARE AND REHABILITATION BEDS ACROSS THE SYSTEM, WHICH ENCOMPASSES NORTH CAROLINA BAPTIST HOSPITAL (885 BEDS), BRENNER CHILDREN'S HOSPITAL (160 BEDS, INCLUDED IN NCBH TOTAL), LEXINGTON MEMORIAL HOSPITAL (94 BEDS, AND ITS RELATED PHYSICIAN PRACTICE OF 32 LEXMED DOCTORS), AND DAVIE COUNTY HOSPITAL (25 BEDS) WAKE FOREST BAPTIST SERVES A PRIMARY 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA AND DRAWS PATIENTS FROM ACROSS THE STATE AND NATION FOR SELECT SERVICES

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number
56-0552787

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

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations	2
3	Enter total number of other organizations	0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number

56-0552787

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input checked="" type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]

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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	CERTAIN EXECUTIVES WITHIN NCBH RECEIVE, AS PART OF THEIR APPROVED COMPENSATION PACKAGE, TAX INDEMNIFICATION AND GROSS-UP PAYMENTS, RELOCATION ASSISTANCE INCLUDING A HOUSING ALLOWANCE, AND HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES. IN ADDITION, IF APPROVED BY A SUPERIOR AND RELATED DIRECTLY TO THE CONDUCT OF NCBH BUSINESS, CERTAIN EXECUTIVES UTILIZED SPOUSAL TRAVEL.
	Part I, Line 4a	SEVERANCE PAYMENTS. THE FOLLOWING FORMER EMPLOYEES RECEIVED COMPENSATION FROM A SEVERANCE PACKAGE IN 2009: PLEASE SEE PART II, COLUMN C FOR DETAILS. LEN B. PRESLAR, PATRICIA A. JOHNSON, GEORGE D. ATKINSON, PAUL LORUSSO. DURING THE TAX PERIOD, THE FILING ORGANIZATION AND ITS AFFILIATE, WAKE FOREST UNIVERSITY HEALTH SCIENCES ("WFUHS") WERE OPERATING UNDER AN AGREEMENT THAT PROVIDED FOR A SINGLE EXECUTIVE GROUP TO PROVIDE FOR THE MANAGEMENT OF BOTH THE FILING ORGANIZATION AND WFUHS, WHICH ENTITIES TOGETHER HAVE COMBINED OPERATING REVENUES FOR THE TAX PERIOD OF \$1.814 BILLION. THESE INDIVIDUALS WERE SOUGHT AND HIRED AFTER NATIONAL SEARCHES IN A HIGHLY COMPETITIVE ENVIRONMENT, AND THE MEDICAL CENTER SOUGHT ONLY INDIVIDUALS AT THE HIGHEST LEVELS OF ABILITY, GIVEN THEIR TASK OF INITIATING THE NEW MANAGEMENT STRUCTURE DESIGNED TO OPTIMIZE THE EFFECTIVENESS OF BOTH ORGANIZATIONS IN THEIR TAX-EXEMPT MISSIONS. TWO EXECUTIVES (JOHN D. MCCONNELL, M.D., MEDICAL CENTER CEO, AND EDWARD G. CHADWICK, MEDICAL CENTER CFO), RECEIVED ONE-TIME RECRUITMENT BONUSES THAT INCLUDED RELOCATION INCENTIVES. ADDITIONALLY, DR. MCCONNELL RECEIVED A DEFERRED COMPENSATION ARRANGEMENT THAT REPLACED SIMILAR NON-VESTED BENEFITS FORFEITED FROM HIS PREVIOUS EMPLOYER. THE BONUSES WERE PAID BY ITS AFFILIATE, WFUHS, AND THE DETERMINATION OF THE AMOUNT OF THE BONUSES FOLLOWED THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE FORM 990. THE COMPENSATION FOR EXECUTIVES JOHN D. MCCONNELL, M.D., MEDICAL CENTER CEO, AND EDWARD G. CHADWICK, MEDICAL CENTER CFO, IS PAID TO THEM BY AN AFFILIATE ORGANIZATION, WFUHS, BUT 50% OF THAT COMPENSATION IS REIMBURSED BY THE FILING ORGANIZATION.
Supplemental Information	Part III	COMPENSATION BY UNRELATED ORGANIZATIONS. THE FOLLOWING INDIVIDUALS WERE COMPENSATED BY WFUHS, AN AFFILIATE, FOR SERVICES PERFORMED FOR NORTH CAROLINA BAPTIST HOSPITAL: JOHN D. MCCONNELL, NORMAN D. POTTER, JR., EDWARD G. CHADWICK, JOANNE C. RUHLAND, MICHAEL L. FREEMAN, CHERYL E. H. LOCKE. PART I, LINE 3: THE NCBH COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL OFFICER COMPENSATION. THE COMMITTEE UTILIZED INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEYS, AND STUDIES TO DETERMINE THE APPROPRIATENESS OF EACH OFFICER'S COMPENSATION. AN EXTERNAL COMPENSATION CONSULTANT EXPERIENCED IN HEALTH CARE AND HIGHER EDUCATION COMPENSATION PRESENTS TOTAL COMPENSATION COMPARABILITY DATA FOR THE POSITIONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE DATA IS REVIEWED BY THE COMPENSATION COMMITTEE OF THE ORGANIZATION'S GOVERNING BOARD AT ITS MEETING. NONE OF THE MEMBER OF THAT COMMITTEE ARE EMPLOYEES OF THE ORGANIZATION. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY RECORDED. IN THE EVENT THAT ANY MEMBER OF THE COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST, THAT COMMITTEE MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL PROCESS, AND THEIR ABSTENTION FROM THE PROCESS IS REFLECTED IN THE MINUTES. THE COMPENSATION COMMITTEE'S RECOMMENDATIONS ON COMPENSATION ARE MADE TO THE FULL GOVERNING BOARD (OR ITS EXECUTIVE COMMITTEE, WHEN NECESSARY) AT ITS MEETING, WHERE FURTHER DISCUSSION AND THE FINAL APPROVAL TAKES PLACE. MINUTES OF THE FINAL APPROVAL ACTIONS ARE ALSO CONTEMPORANEOUSLY RECORDED.

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOHN D MCCONNELL MD	(i) (ii)	831,288 0	266,667 0	115,661 0	441,589 0	26,475 0	1,681,680 0	0 0
DONNY C LAMBETH	(i) (ii)	604,495 0	70,030 0	16,972 0	136,459 0	21,565 0	849,521 0	0 0
G DOUGLAS ATKINSON	(i) (ii)	0 0	20,727 0	265,562 0	28,728 0	10,763 0	325,780 0	0 0
KAREN H HUEY	(i) (ii)	175,202 0	21,096 0	3,477 0	12,033 0	16,444 0	228,252 0	0 0
A PATRICIA JOHNSON	(i) (ii)	0 0	52,000 0	356,149 0	41,668 0	12,472 0	462,289 0	0 0
RONALD H SMALL	(i) (ii)	271,424 0	24,063 0	5,605 0	100,690 0	14,118 0	415,900 0	0 0
STEVEN C SNELGROVE	(i) (ii)	256,208 0	27,846 0	20,314 0	23,813 0	18,852 0	347,033 0	0 0
J MCLAIN WALLACE JR	(i) (ii)	228,397 0	24,214 0	8,325 0	9,175 0	16,153 0	286,264 0	0 0
ROBERT S PARKER SR	(i) (ii)	223,318 0	21,956 0	6,015 0	28,095 0	11,742 0	291,126 0	0 0
SHARON ENGEBRETSON	(i) (ii)	85,773 0	5,677 0	41,963 0	14,880 0	9,292 0	157,585 0	0 0
MAUREEN E SINTICH	(i) (ii)	206,801 0	18,864 0	6,934 0	16,291 0	13,119 0	262,009 0	0 0
H GREGORY BRAY	(i) (ii)	171,066 0	9,481 0	4,147 0	8,084 0	14,683 0	207,461 0	0 0
JOANNE C RUHLAND	(i) (ii)	157,332 0	43,000 0	774 0	10,696 0	18,878 0	230,680 0	0 0
NORMAN D POTTER JR	(i) (ii)	183,764 0	47,900 0	2,260 0	11,917 0	25,933 0	271,774 0	0 0
MICHAEL L FREEMAN	(i) (ii)	178,581 0	23,860 0	414 0	12,092 0	19,866 0	234,813 0	0 0
CHERYL EH LOCKE	(i) (ii)	336,309 0	70,700 0	121,885 0	15,052 0	24,728 0	568,674 0	0 0
EDWARD G CHADWICK	(i) (ii)	294,218 0	350,000 0	46,063 0	16,476 0	27,525 0	734,282 0	0 0
VANCE MCVAY JR	(i) (ii)	204,121 0	0 0	0 0	13,187 0	13,348 0	230,656 0	0 0
ERIC STIEFEL	(i) (ii)	208,564 0	0 0	0 0	6,482 0	13,128 0	228,174 0	0 0
BETTY PETREE	(i) (ii)	275,548 0	0 0	0 0	11,959 0	8,808 0	296,315 0	0 0
MICHAEL REIKER	(i) (ii)	211,276 0	0 0	6,128 0	4,944 0	14,359 0	236,707 0	0 0
LINDA TRIMBLE	(i) (ii)	201,019 0	0 0	0 0	21,867 0	10,381 0	233,267 0	0 0
LEN B PRESLAR JR	(i) (ii)	0 0	0 0	420,679 0	0 0	14,572 0	435,251 0	0 0
GERALD T FINLEY	(i) (ii)	164,466 0	20,117 0	2,536 0	29,014 0	9,491 0	225,624 0	0 0
PAUL M LORUSSO	(i) (ii)	0 0	0 0	241,894 0	0 0	10,007 0	251,901 0	0 0
GINA B RAMSEY	(i) (ii)	182,964 0	31,093 0	4,845 0	13,379 0	11,245 0	243,526 0	0 0
WILLIAM G YATES	(i) (ii)	78,633 0	15,968 0	45,959 0	16,781 0	6,740 0	164,081 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number
56-0552787

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820HD67	03-01-2010	334,002,408	CURRENT REFUNDING		X		X

Part II Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	334,002,408									
2	Gross proceeds in reserve funds										
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds	34,000									
5	Issuance costs from proceeds	3,307,037									
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds										
8	Year of substantial completion	2010									
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		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?										
3c	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 section 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 section 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?										

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X									
b	Name of provider	LOOP FINANCIAL PRODUCTS I LLC									
c	Term of hedge	5 000000000000									
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	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?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 56-0552787
Name: NORTH CAROLINA BAPTIST HOSPITAL

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANN FLYNN	FAMILY MEMBER OF DOUGLAS ATKINSON, OFFICER	37,404	COMPENSATION AS EMPLOYEE OF HOSPITAL		No
DAVID BRANN	FAMILY MEMBER OF DONNY LAMBETH, OFFICER	70,158	COMPENSATION AS EMPLOYEE OF HOSPITAL		No
THOMAS P JOHNSON	FAMILY MEMBER OF A PATRICIA JOHNSON, OFFICER	11,779	COMPENSATION AS EMPLOYEE OF HOSPITAL		No
SCOTT JOHNSON	FAMILY MEMBER OF A PATRICIA JOHNSON, OFFICER	21,372	COMPENSATION AS EMPLOYEE OF HOSPITAL		No
JUDY SLOCUM	FAMILY MEMBER OF MAUREEN SINTICH, OFFICER	45,004	COMPENSATION AS EMPLOYEE OF HOSPITAL		No
ROBIN LEWIS	FAMILY MEMBER OF KENNETH LEWIS, BOARD MEMBER	63,833	COMPENSATION AS EMPLOYEE OF HOSPITAL		No
MEDCOST LLC	OFFICERS OF ORGANIZATION SERVE AS OFFICERS OF MEDCOST, LLC	2,733,991	FEES PAID BY NCBH FOR VARIOUS INVESTMENT AND PENSION PLAN ADMINISTRATION		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,921	FMV
5 Clothing and household goods	X		19,983	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	5	8,130	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		Yes	No
b	If "Yes," describe the arrangement in Part II			No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?			No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?			No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 56-0552787
Name: NORTH CAROLINA BAPTIST HOSPITAL

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Edward G Chadwick, H Gregory Bray, and Steven C Snelgrove have a business relationship through their board/leadership position in MedCost, LLC, and unrelated organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		AMENDMENTS TO THE FILING ORGANIZATION'S BYLAWS WERE ADOPTED BY THE FILING ORGANIZATION, AND APPROVED (AS REQUIRED IN THE BYLAWS) BY THE BOARD OF THE FILING ORGANIZATION'S PARENT, WAKE FOREST UNIVERSITY ("WFU"), ON JULY 16, 2009 THE AMENDED BYLAWS CONFORM THE FILING ORGANIZATION'S BYLAWS TO THE PROVISIONS OF THE FUNCTIONAL INTEGRATION AGREEMENT (THE "FIA") ENTERED INTO AMONG THE FILING ORGANIZATION, ITS AFFILIATED HOSPITAL, NORTH CAROLINA BAPTIST HOSPITAL ("NCBH"), AND ITS (AND WFU'S) RELATED, SUPPORTING ORGANIZATION, WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") THE AMENDMENTS RELATE TO 1) THE WFUBMC CEO'S EX OFFICIO MEMBERSHIP ON THE FILING ORGANIZATION'S BOARD, 2) THE APPOINTMENT, REPORTING, AND REMOVAL OF THE FILING ORGANIZATION'S PRESIDENT, AND 3) THE LIMITATION REGARDING FURTHER AMENDMENT OF THESE PROVISIONS WITHOUT THE WRITTEN CONSENT OF THE OTHER PARTIES TO THE FIA

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		WFUBMC Financial Services will distribute to the Corporation's Board of Trustees copies of the Form 990 prior to their scheduled meeting The Board has asked the Audit and Compliance committees of WFUHS and NCBH to review the detail of the Form 990 with the Corporation's Chief Financial Officer or a delegate from Financial Services Members of the Corporation's management team will answer questions and address any concerns the Committee Members or other Trustees raise The minutes of the joint Audit and Compliance Committee Meeting will note that the Committee Members and other Trustees and Directors have reviewed and discussed the Form 990 with the Corporation's management If modifications are required, Financial Services will redistribute the revised Form 990 to all Trustees and Directors, along with a report noting the modifications

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 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, FINANCIAL SERVICES & COMPLIANCE AND LEGAL OFFICES REVIEW 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		IT IS THE POLICY OF NORTH CAROLINA BAPTIST HOSPITAL (NCBH) TO ESTABLISH EXECUTIVE COMPENSATION AT A LEVEL APPROPRIATE TO ATTRACT AND RETAIN EXECUTIVE LEVEL PERSONNEL IN A MANNER THAT COMPLIES WITH INTERNAL REVENUE SERVICES' GUIDELINES FOR APPROVAL OF EXECUTIVE MANAGEMENT COMPENSATION, INCORPORATING PRACTICES CURRENTLY IN PLACE FROM THE COMPENSATION COMMITTEE RESPONSIBILITIES, EXECUTIVE COMPENSATION PHILOSOPHY AND THE MANAGEMENT INCENTIVE COMPENSATION PLAN THE FOLLOWING POSITIONS AND CLASSES OF POSITIONS WILL BE COVERED UNDER THIS POLICY ("COVERED INDIVIDUALS") - PRESIDENT - VICE PRESIDENTS INCLUDING CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER AND CHIEF NURSING OFFICER - OTHER EMPLOYEES THAT MEET THE IRS'S DEFINITION OF A "KEY EMPLOYEE" THE REVIEW AND APPROVAL OF COMPENSATION OF ANY COVERED INDIVIDUAL WILL BE PERFORMED BY THE COMPENSATION COMMITTEE OF NCBH'S BOARD OF TRUSTEES, VIA DELEGATED AUTHORITY OF THE BOARD OF TRUSTEES AS FOLLOWS COMMITTEE PURPOSES THE PRIMARY PURPOSE OF THE COMPENSATION COMMITTEE IS TO OVERSEE THE HOSPITAL'S EXECUTIVE COMPENSATION PROGRAM TO INSURE THAT IT IS ADMINISTERED IN A MANNER WHICH IS CONSISTENT WITH THE COMPENSATION PHILOSOPHY ADOPTED BY THE BOARD OF TRUSTEES SPECIFIC RESPONSIBILITIES OF COMMITTEE THE COMPENSATION COMMITTEE SHALL PROVIDE SYSTEMATIC REVIEW AND EVALUATION OF THE PRESIDENT'S PERFORMANCE AND SHALL OVERSEE THE HOSPITAL'S EXECUTIVE COMPENSATION PROGRAM TO INSURE THAT IT IS ADMINISTERED IN A MANNER THAT IS CONSISTENT WITH ANY POLICIES AND PLANS ADOPTED BY THE BOARD OF TRUSTEES AND IN COMPLIANCE WITH ANY APPLICABLE LEGAL REQUIREMENTS THE COMPENSATION COMMITTEE SHALL INITIATE AND REVIEW THE HOSPITAL'S EXECUTIVE SUCCESSION PLANNING POLICIES AND PROCEDURES THE MEMBERS OF THE COMPENSATION COMMITTEE SHALL BE THE CHAIRMAN OF THE CORPORATION, WHO SHALL BE THE CHAIRMAN OF THE COMPENSATION COMMITTEE, THE VICE CHAIRMAN OF THE CORPORATION, THE CHAIRMAN OF THE FINANCE COMMITTEE, AND THE CHAIRMAN OF THE GOVERNANCE AND NOMINATING COMMITTEE AND ANY OTHER TRUSTEES DEEMED NECESSARY TO SERVE THE COMMITTEE PURPOSE AND ELECTED BY THE BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		PHOTOCOPIES OF THE FORM 1023 AND RECENT FILINGS OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE

Identifier	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

Identifier	Return Reference	Explanation
		SCHEDULE K, PART II, LINE 5 UNDERWRITER'S DISCOUNT \$ 2,574,830 OTHER ISSUANCE COSTS 732,207 TOTAL LINE 5 \$ 3,307,037

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OVERVIEW WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP 50 RANKED HOSPITALS AND A PREMIER MEDICAL SCHOOL WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS A CORPORATION ONE-HALF CONTROLLED BY WAKE FOREST UNIVERSITY AND ONE-HALF CONTROLLED BY NORTH CAROLINA BAPTIST HOSPITAL THE MEDICAL CENTER OPERATES THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE, WAKE FOREST UNIVERSITY HEALTH SCIENCES (INCLUDING ITS FACULTY PHYSICIAN PRACTICE OF MORE THAN 600 DOCTORS), A HOSPITAL SYSTEM WITH 1,004 LICENSED ACUTE CARE AND REHABILITATION BEDS ACROSS THE SYSTEM, WHICH ENCOMPASSES NORTH CAROLINA BAPTIST HOSPITAL (885 BEDS), BRENNER CHILDREN'S HOSPITAL (160 BEDS, INCLUDED IN NCBH TOTAL), LEXINGTON MEMORIAL HOSPITAL (94 BEDS, AND ITS RELATED PHYSICIAN PRACTICE OF 32 LEXMED DOCTORS), AND DAVIE COUNTY HOSPITAL (25 BEDS) WAKE FOREST BAPTIST SERVES A PRIMARY 26-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA AND DRAWS PATIENTS FROM ACROSS THE STATE AND NATION FOR SELECT SERVICES CLINICAL SERVICES ACHIEVEMENTS AND STRENGTHS WAKE FOREST BAPTIST IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION IT HAS BEEN RANKED AS ONE OF "AMERICA'S BEST HOSPITALS" BY U S NEWS & WORLD REPORT SINCE 1993, HOLDS THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION, THE NATION'S ESTEEMED STANDARDS-SETTING AND ACCREDITING BODY FOR HEALTH CARE QUALITY, AND IS RANKED 27TH IN THE NATION BY AMERICA'S TOP DOCTORS FOR THE NUMBER OF ITS PHYSICIANS WHO ARE CONSIDERED BEST BY THEIR PEERS THE "BEST DOCTORS IN AMERICA" 2011-2012 LISTING INCLUDES 293 WAKE FOREST BAPTIST PHYSICIANS, AN INCREASE OF 37 PERCENT OVER THE PREVIOUS YEAR, 92 PERCENT OF THE DOCTORS LISTED FOR FORSYTH COUNTY ARE WAKE FOREST DOCTORS THE MEDICAL CENTER WAS FIRST IN THE CAROLINAS TO EARN MAGNET DESIGNATION FOR NURSING EXCELLENCE FROM THE AMERICAN NURSES CREDENTIALING CENTER, A DISTINCTION HELD SINCE 1999 IT ALSO HOLDS THE DISTINCTION OF BEING THE MOST PREFERRED HOSPITAL OF AREA RESIDENTS ACCORDING TO INDEPENDENT RESEARCH FROM THE NATIONAL RESEARCH CORPORATION WAKE FOREST BAPTIST OFFERS EXPERTISE IN MORE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZED CARE FOR ALL AGES IT INCLUDES 21 SUBSIDIARY OR AFFILIATE HOSPITALS, AND OPERATES MORE THAN 120 OUTREACH ACTIVITIES, INCLUDING SATELLITE SPECIALTY CLINICS ACROSS NORTHWEST NORTH CAROLINA THAT EXTEND THE BENEFIT OF WAKE FOREST BAPTIST SUBSPECIALTY EXPERTISE THROUGHOUT THE REGION AS PART OF A BUSY TERTIARY CARE CENTER, N C BAPTIST HOSPITAL RECORDED 34,854 INPATIENT ADMISSIONS IN FY 2010, AND A TOTAL OF 818,089 OUTPATIENT ENCOUNTERS (ED, DOWNTOWN HEALTH PLAZA, DAY HOSPITAL, AMBULATORY VISITS) TOTAL PATIENT ENCOUNTERS NUMBERED 852,943 IN ADDITION TO ITS CLINICAL LEADERSHIP, WAKE FOREST BAPTIST IS A MAJOR RESEARCH CENTER WITH MORE THAN 2,500 RESEARCH STUDIES UNDER WAY IN THE ARENA OF CANCER RESEARCH ALONE, THERE ARE MORE THAN 475 STUDIES BEING CONDUCTED THE MEDICAL CENTER OPERATES A TRANSLATIONAL SCIENCE INSTITUTE COMMITTED TO MULTI-DISCIPLINARY RESEARCH THAT WILL SPEED FINDINGS FROM THE LABORATORY TO THE BEDSIDE TO BENEFIT PATIENTS ONE OF THE MEDICAL CENTER'S MOST INNOVATIVE AND GROWING PROGRAMS IS THE WAKE FOREST INSTITUTE FOR REGENERATIVE MEDICINE, WHERE SCIENTISTS ARE ACTIVELY ADVANCING KNOWLEDGE ABOUT BUILDING ORGANS AND VESSELS FROM PATIENTS' OWN TISSUE -- ADVANCING THE HORIZONS OF MEDICAL POSSIBILITY

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k

1l

1m

1n

1o Yes

1p Yes

1q Yes

1r Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION MEDICAL CENTER BLVD WINSTON SALEM, NC27157 56-1685120	SUPPORTING ORGANIZATION	NC	501(c)(3)	Line 11a, I	
STOKES-REYNOLDS MEMORIAL HOSPITAL HWY 8 89 NORTH DANBURY, NC27016 56-1793620	HEALTHCARE	NC	501(c)(3)	Line 3	
THE REHABILITATION & SKILLED NURSING FACILITY AT OAK SUMMIT MEDICAL CENTER BLVD WINSTON SALEM, NC27157 56-1826396	HEALTHCARE	NC	501(c)(3)	Line 9	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION
DAVIE COUNTY EMERGENCY HEALTH CORP 223 HOSPITAL STREET MOCKSVILLE, NC27028 56-2276994	HEALTHCARE	NC	501(c)(3)	Line 3	
BAPTIST HOSPITAL RX MEDICAL CENTER BLVD WINSTON SALEM, NC27157 54-2136894	HEALTHCARE	NC	501(c)(3)	Line 9	
THE HAWTHORNE INN & CONFERENCE CENTER INC 420 HIGH STREET WINSTON SALEM, NC27101 56-1793617	LODGING/ CONFERENCE ACCOMMODATION	NC	501(c)(3)	Line 11a, I	
CARENET INC 2000 WEST FIRST STREET SUITE 410 WINSTON SALEM, NC27104 56-1977341	HEALTHCARE	NC	501(c)(3)	Line 11b, II	
WAKE FOREST UNIV BAPTIST MEDICAL CNTR COMMUNITY PHYSICIANS 3540 CLEMMONS ROAD CLEMMONS, NC27012 23-1903275	HEALTHCARE	NC	501(c)(3)	Line 3	
CENTER FOR CONGREGATIONAL HEALTH INC MEDICAL CENTER BLVD WINSTON SALEM, NC27157 23-7426944	HEALTHCARE	NC	501(c)(3)	Line 9	

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	A	228,649
(2)	STOKES REYNOLDS MEMORIAL HOSPITAL	A	14,610
(3)	WFUBMC COMMUNITY PHYSICIANS	A	107,939
(4)	STOKES REYNOLDS MEMORIAL HOSPITAL	B	29,186,185
(5)	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	C	15,000
(6)	WFUBMC COMMUNITY PHYSICIANS	C	13,480
(7)	THE HAWTHORNE INN & CONFERENCE CENTER INC	J	227,760
(8)	DAVIE COUNTY EMERGENCY HEALTH CORP	O	4,153
(9)	THE HAWTHORNE INN & CONFERENCE CENTER INC	O	52,397
(10)	CARENET INC	P	1,983,173
(11)	DAVIE COUNTY EMERGENCY HEALTH CORP	P	423,478
(12)	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	P	503,055
(13)	STOKES REYNOLDS MEMORIAL HOSPITAL	P	1,817,426
(14)	THE HAWTHORNE INN & CONFERENCE CENTER INC	P	428,972
(15)	CENTER FOR CONGREGATIONAL HEALTH INC	P	203,040
(16)	WFUBMC COMMUNITY PHYSICIANS	P	1,414,768
(17)	WFUBMC COMMUNITY PHYSICIANS	P	52,131
(18)	STOKES REYNOLDS MEMORIAL HOSPITAL	Q	11,896
(19)	WFUBMC COMMUNITY PHYSICIANS	Q	2,695,847
(20)	WFUBMC COMMUNITY PHYSICIANS	Q	22,571
(21)	STOKES REYNOLDS MEMORIAL HOSPITAL	R	53,259
(22)	THE HAWTHORNE INN & CONFERENCE CENTER INC	R	508,735
(23)	WFUBMC COMMUNITY PHYSICIANS	R	80,074