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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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Doing Business As
VIDANT HEALTH

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2100 STANTONSBURG ROAD

City or town, state or country, and ZIP + 4
GREENVILLE, NC 27835

D Employer identification number
56-2141073

E Telephone number
(252)847-5129

G Gross receipts $ 108,003,806

F Name and address of principal officer
DAVID HUGHES
2100 STANTONSBURG ROAD
GREENVILLE,NC 27835

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW VIDANTHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1998 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ADVANCE AND SUPPORT THE HEALTHCARE NEEDS OF THE COMMUNITIES OF EASTERN NORTH CAROLINA

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	620
6	Total number of volunteers (estimate if necessary)	**6**	23
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	170,146	178,852
	9 Program service revenue (Part VIII, line 2g)	77,977,412	103,483,821
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,679,670	4,341,133
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,467,888	108,003,806
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,395,562	3,419,509
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,778,677	56,818,469
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	63,699,577	86,115,441
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	112,873,816	146,353,419
	19 Revenue less expenses Subtract line 18 from line 12	-38,405,928	-38,349,613

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	845,138,049	796,136,985
	21 Total liabilities (Part X, line 26)	629,789,619	609,681,430
	22 Net assets or fund balances Subtract line 21 from line 20	215,348,430	186,455,555

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** 2013-05-13
Signature of officer Date

DAVID HUGHES CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JOHN NORMAN | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P01506766

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CLIFTONLARSONALLEN LLP
101 N TRYON STREET SUITE 1000
CHARLOTTE, NC 28246

EIN ▶ 41-0746749

Phone no ▶ (704) 998-5200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 134,130,413 including grants of $ 3,419,509) (Revenue $ 103,483,821)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 134,130,413

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, 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 and IV*	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 and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	774		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	620			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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 ▶

CHRIS TOWNSEND
2100 STANTONSBURG ROAD
GREENVILLE, NC 27835
(252) 847-5129

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								10,920,716	694,749	2,700,066

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 90

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
EPIC SYSTEMS CORPORATION PO BOX 88314 MILWAUKEE, WI 53288	CONTRACTED SERVICES	1,634,833
JENNINGS & COMPANY 104A NORTH ELLIOTT RD CHAPEL HILL, NC 75254	MARKETING SERVICES	1,406,577
PHILIPS HEALTHCARE INFORMATICS 4100 EAST THIRD AVE FOSTER CITY, CA 94404	SERVICE CONTRACTS	1,376,324
VHA INC 75 REMITTANCE DRIVE SUITE 1855 CHICAGO, IL 60675	CONSULTING SERVICES	1,147,521
K&L GATES LLP 210 SIXTH AVE PITTSBURGH, PA 15222	CONSULTING SERVICES	639,590

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 38

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				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 178,852				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	178,852			
Program Service Revenue			Business Code			
	2a	INTERCOMPANY REVENUE	900099	103,483,821	103,483,821	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		103,483,821		
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		4,341,133		4,341,133
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
			(i) Real	(ii) Personal		
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
			(i) Securities	(ii) Other		
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶				
	12	**Total revenue.** See Instructions . . . ▶	108,003,806	103,483,821	0	4,341,133

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,419,509	3,419,509		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	11,832,974	11,832,974		
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	36,371,809	36,371,809		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	5,313,015	5,313,015		
10	Payroll taxes	3,300,671	3,300,671		
11	Fees for services (non-employees)				
a	Management				
b	Legal	732,611		732,611	
c	Accounting				
d	Lobbying	143,567		143,567	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	1,242,972	1,242,972		
g	Other	22,280,094	11,140,047	11,140,047	
12	Advertising and promotion	5,089,287	5,089,287		
13	Office expenses	4,733,410	4,526,629	206,781	
14	Information technology	4,251,004	4,251,004		
15	Royalties . .	17,784	17,784		
16	Occupancy	1,489,533	1,489,533		
17	Travel	1,267,016	1,267,016		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	25,941,757	25,941,757		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,106,077	8,106,077		
23	Insurance	8,784,958	8,784,958		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEMBERSHIP DUES	704,466	704,466		
b	ACADEMIC LOANS	468,880	468,880		
c					
d					
e					
f	All other expenses	862,025	862,025		
25	**Total functional expenses.** Add lines 1 through 24f	146,353,419	134,130,413	12,223,006	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		18,130,400	2	16,090,963
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,530,058	9	3,734,117
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 35,154,123			
	b	Less accumulated depreciation	10b 6,174,844	11,003,910	10c	28,979,279
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	305,374
	15	Other assets See Part IV, line 11		810,473,681	15	747,027,252
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		845,138,049	16	796,136,985
Liabilities	17	Accounts payable and accrued expenses		43,797,078	17	39,154,049
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		555,508,661	20	541,188,843
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		30,483,880	25	29,338,538
	26	**Total liabilities.** Add lines 17 through 25		629,789,619	26	609,681,430
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		215,348,430	27	186,455,555
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	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		215,348,430	33	186,455,555
	34	Total liabilities and net assets/fund balances		845,138,049	34	796,136,985

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,003,806
2	Total expenses (must equal Part IX, column (A), line 25)	2	146,353,419
3	Revenue less expenses Subtract line 2 from line 1	3	-38,349,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	215,348,430
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,456,738
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	186,455,555

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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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

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

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?

	Yes	No
(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? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) PITT COUNTY MEMORIAL HOSPITAL INC	560585243	3	Yes		Yes		Yes		12,281,753
(B) EAST CAROLINA HEALTH INC (CENTRAL)	562003393	3	Yes		Yes		Yes		1,135,777
(C) EAST CAROLINA HEALTH INC (GROUP)	911997979	3	Yes		Yes		Yes		4,665,628
(D) PCMH MANAGEMENT INC	561690740	9	Yes		Yes		Yes		133,962
(E) HEALTHACCESS INC	561396133	9	Yes		Yes		Yes		89,640
Total									18,306,760

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the 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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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 ▶☐

b **33 1/3% support tests—2010.** 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 ▶☐

20 **Private 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC	56-2141073

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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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		
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-		

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

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? ☐ **Yes** ☐ **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) 2008	(b) 2009	(c) 2010	(d) 2011	(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) Yes	(a) No	(b) 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?		No	
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		48,463
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			48,463
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
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	PAID STAFF SPECIFICALLY INVOLVED WITH LOBBYING ACTIVITIES TO INFLUENCE LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENT OFFICIALS ON ISSUES THAT DIRECTLY IMPACT VIDANT HEALTH AND ITS RELATED ORGANIZATIONS

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,388,006		1,388,006
b Buildings		645,011	20,283	624,728
c Leasehold improvements				
d Equipment		31,456,515	6,077,700	25,378,815
e Other		1,664,591	76,861	1,587,730
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				28,979,279

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	469,724,785
(2) ASSETS LIMITED FOR IMPROVEMENTS	200,308,501
(3) ASSETS LIMITED FOR LIABILITY LOSSES	25,957,423
(4) ASSETS HELD BY TRUSTEE	24,329,206
(5) OTHER ASSETS	5,805,831
(6) OTHER RECEIVABLES	20,901,506
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	747,027,252

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RESERVE FOR PROFESSIONAL LIABILITY LOSSES	29,338,533
OTHER LIABILITIES	5
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	29,338,538

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC (D/B/A VIDANT HEALTH) IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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 . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PITT MEMORIAL HOSPITAL FOUNDATION (DBA VMC FOUNDATION) PO BOX 8489 GREENVILLE,NC 27835	58-1399266	501(C)(3)	1,700,000				CHARITABLE
(2) CRYSTAL COAST HOSPICE HOUSEPO BOX 483 MOREHEAD CITY,NC 28557	26-2806108	501(C)(3)	100,000				CHARITABLE
(3) FOUNDATION FOR NURSINGPO BOX 2129 RALEIGH,NC 27602	56-0340470	501(C)(3)	10,000				CHARITABLE
(4) EAST CAROLINA UNIVERSITY120 READE STREET GREENVILLE,NC 27858	56-6000403	501(C)(3)	1,356,861				CHARITABLE
(5) ROANOKE CHOWAN COMMUNITY HEALTH CENTER120 HEALTH CENTER DRIVE AHOSKIE,NC 27910	42-1638714	501(C)(3)	252,648				CHARITABLE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ _____

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT MONITORING PRIMARY OVERSIGHT RESPONSIBILITY FOR ALL GRANTS RECEIVED BY VIDANT HEALTH ORGANIZATIONS RESTS WITH THE ENTITY RECEIVING THE FUNDS EACH ENTITY IS RESPONSIBLE FOR DOCUMENTING THE RECEIPT OF FUNDS, ASSIGNING A COST CENTER TO TRACK EXPENSES AND/OR CREATING A RESTRICTED LIABILITY FOR DEPOSIT OF THE FUNDS, DOCUMENTING EXPENDITURES AND COMPLETING ALL GRANTOR REQUIRED REPORTING THEIR COMPLIANCE WITH THE TERMS OF THE AGREEMENT RELATED TO PROJECT IMPLEMENTATION AND MANAGEMENT, FUND EXPENDITURES AND REPORTING IS MONITORED BY THE GRANTING AGENCY'S DESIGNATED CONTACT PERSON WITH ASSISTANCE FROM THE VIDANT HEALTH GRANTS OFFICE NOTE THE MAJORITY OF THE GRANT FUNDS RECEIVED FOR PROGRAMS AT PCMH (D/B/A VIDANT MEDICAL CENTER) ARE ACQUIRED THROUGH THE VMC FOUNDATION WHICH HAS A COMPLIANCE AUDIT COMPLETED EACH YEAR GRANT FUNDS FOR VIDANT HEALTH ARE SENT TO THE VIDANT HEALTH FOUNDATION AND HAVE THE SAME AUDIT PROCEDURES ALL GRANT FUNDS ARE RECORDED/MONITORED BY THE CORPORATE ACCOUNTANT AND THE ASSISTANT VICE PRESIDENT OF FINANCIAL SERVICES SELECTION CRITERIA/PROCESS GRANTS PROVIDED BY THE VIDANT HEALTH AND VMC FOUNDATIONS REQUIRE THE APPLICANT TO BE A 501(C)(3) OR GOVERNMENT ENTITY AND RECIPIENTS ARE REQUIRED TO PROVIDE PROOF OF THEIR STATUS BY SUBMITTING A COPY OF THEIR IRS LETTER OF DETERMINATION REQUESTS MUST BE RELATED TO DISEASE PREVENTION AND DISEASE MANAGEMENT OR WELLNESS THERE ARE DIFFERENT HEALTH RELATED FOCUS AREAS FOR EACH OF THE HOSPITALS COMMUNITY BENEFITS GRANT PROGRAMS EACH HOSPITAL'S PROGRAM HAS THEIR OWN LOCAL COMMUNITY BENEFITS GRANTS REVIEW COMMITTEE COMPRISED OF LOCAL REPRESENTATIVES FROM THEIR RESPECTIVE COMMUNITIES THESE COMMITTEES REVIEW LETTERS OF INTENT, DECIDE WHICH ORGANIZATIONS ARE TO BE INVITED TO SUBMIT A GRANT APPLICATION, THEN REVIEW THE GRANT APPLICATIONS AND MAKE FUNDING RECOMMENDATIONS THEIR FUNDING RECOMMENDATIONS ARE THEN REVIEWED BY THE VIDANT HEALTH FOUNDATION COMMUNITY BENEFITS COMMITTEE AND FINAL DECISIONS ARE CONFIRMED BY THE VIDANT HEALTH FOUNDATION BOARD

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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**		No
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 accured 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**		

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

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other 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 reportable compensation				
See Additional Data Table								

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	DAVE MCRAE, DAVID HERMAN, STEVE LAWLER, ROGER ROBERTSON, PHIL FLOWERS, DAVID WOMACK, JOEL BUTLER, ANISSA DAVENPORT AND JEFF CHAMBERS ARE PROVIDED WITH FIRST-CLASS OR CHARTER TRAVEL TOTALS DURING THE YEAR AMOUNTED TO $101,879 ALLAN HARVIN ($150 00), ART KENNEY ($150 00), WILLIAM JONES ($300 00), BRUCE GRAY ($150 00), JOANNE BURGDORFF ($300 00), MELVIN MCLAWHORN ($150 00), RALPH HALL ($300 00), THOMASINE KENNEDY ($250 00), WALTER POFAHL ($150 00) WERE ALLOWED TRAVEL FOR COMPANIONS DURING THE YEAR THE ORGANIZATION PAID FOR SOCIAL CLUB DUES FOR DAVE MCRAE IN THE AMOUNT OF $3,624 DURING THE YEAR
	PART I, LINE 4B	COMPENSATION OF DIANE POOLE OF THE COMPENSATION REPORTED IN COLUMN III, $1,924,759 IS RELATED TO A DISTRIBUTION FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF THIS AMOUNT, $866,142 WAS PAID TO FEDERAL AND STATE GOVERNMENTS AS WITHHELD TAXES THE REMAINDER IS HELD BY A TRUSTEE WITH ACTUARIALLY DETERMINED MONTHLY PAYMENTS CONSISTING OF PRINCIPAL AND EARNINGS BEING PAID TO THE RECIPIENT OVER A SPECIFIED NUMBER OF YEARS THIS COMPENSATION WAS EARNED BY MS POOLE BASED ON 28 YEARS OF SERVICE DAVE C MCRAE WAS A PARTICIPANT IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DURING THE YEAR AMOUNTS IN COLUMN F OF PART II, SCHEDULE J ARE PERIODIC PAYMENTS FROM A SERP DISTRIBUTION PREVIOUSLY REPORTED AS INCOME COMPENSATION OF JACK HOLSTEN OF THE COMPENSATION REPORTED IN COLUMN III, $1,756,045 IS ATTRIBUTABLE TO A DISTRIBUTION FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF THE TOTAL AMOUNT $790,220 WAS PAID TO FEDERAL AND STATE GOVERNMENT AS WITHHELD TAXES THE REMAINDER IS HELD BY A TRUSTEE WITH ACTUARIALLY DETERMINED MONTHLY PAYMENTS, CONSISTING OF PRINCIPAL AND EARNINGS, BEING MADE TO MR HOLSTEN OVER A SPECIFIED NUMBER OF YEARS THIS COMPENSATION WAS EARNED BY THE RECIPIENT FOR 19 YEARS OF SERVICE COMPENSATION OF PRESTON COMEAUX OF THE COMPENSATION REPORTED IN COLUMN III, $303,334 IS ATTRIBUTABLE TO A DISTRIBUTION FROM A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN OF THE TOTAL AMOUNT $136,500 WAS PAID TO FEDERAL AND STATE GOVERNMENT AS WITHHELD TAXES THE REMAINDER IS HELD BY A TRUSTEE WITH ACTUARIALLY DETERMINED MONTHLY PAYMENTS, CONSISTING OF PRINCIPAL AND EARNINGS, BEING MADE TO MR COMEAUX OVER A SPECIFIED NUMBER OF YEARS THIS COMPENSATION WAS EARNED BY THE RECIPIENT OVER 11 YEARS OF SERVICE

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 56-2141073

Name: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

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				
DAVID MCRAE	(I)	1,018,659	231,808	303,845	262,000	16,936	1,833,248	294,157
	(II)	0	0	0	0	0	0	0
JACK HOLSTEN	(I)	448,247	63,806	1,759,286	139,200	13,317	2,423,856	0
	(II)	0	0	0	0	0	0	0
ROGER ROBERTSON	(I)	325,134	55,728	1,446	133,100	9,839	525,247	0
	(II)	0	0	0	0	0	0	0
JANET MULLANEY	(I)	327,403	57,173	932	142,500	7,748	535,756	0
	(II)	0	0	0	0	0	0	0
STUART JAMES	(I)	285,779	23,665	358	58,500	7,583	375,885	0
	(II)	0	0	0	0	0	0	0
KATHY BARGER	(I)	293,485	21,987	705	91,547	8,912	416,636	0
	(II)	0	0	0	0	0	0	0
STEPHEN LAWLER	(I)	0	0	0	0	0	0	0
	(II)	582,233	106,818	5,698	208,900	7,790	911,439	0
NANCY AYCOCK	(I)	303,993	45,845	1,621	119,984	12,387	483,830	0
	(II)	0	0	0	0	0	0	0
JOEL BUTLER	(I)	230,193	37,791	1,357	86,798	8,974	365,113	0
	(II)	0	0	0	0	0	0	0
JOAN WYNN	(I)	199,486	12,386	360	81,187	6,704	300,123	0
	(II)	0	0	0	0	0	0	0
TIMOTHY MCDONNELL	(I)	203,910	17,463	495	62,137	9,366	293,371	0
	(II)	0	0	0	0	0	0	0
JOHN FALCETANO	(I)	177,960	14,689	664	72,265	6,491	272,069	0
	(II)	0	0	0	0	0	0	0
TRAVIS DOUGLAS	(I)	266,171	44,612	0	53,100	7,800	371,683	0
	(II)	0	0	0	0	0	0	0
DIANE POOLE	(I)	330,689	16,868	2,440	68,069	10,146	428,212	0
	(II)	0	0	0	0	0	0	0
DAVID C HERMAN MD	(I)	415,091	93,750	44,580	137,000	3,931	694,352	0
	(II)	0	0	0	0	0	0	0
JEFFREY CHAMBERS	(I)	135,095	0	5,073	13,509	14,168	167,845	0
	(II)	0	0	0	0	0	0	0
ANISSA BDAVENPORT	(I)	201,361	12,520	300	49,388	6,372	269,941	0
	(II)	0	0	0	0	0	0	0
DAVID S HUGHES	(I)	291,992	17,862	743	81,000	7,795	399,392	0
	(II)	0	0	0	0	0	0	0

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				
PRESTON COMEAUX III	(I)	191,912	15,915	304,476	55,783	6,292	574,378	0
	(II)	0	0	0	0	0	0	0
MARY COLLIER	(I)	177,520	12,704	400	59,022	5,781	255,427	0
	(II)	0	0	0	0	0	0	0
LYNN LANIER	(I)	191,186	15,556	501	65,674	4,704	277,621	0
	(II)	0	0	0	0	0	0	0
CARMEN VINCENT	(I)	172,382	13,790	391	58,617	5,628	250,808	0
	(II)	0	0	0	0	0	0	0
SETH VAN ESSENDELFT	(I)	187,665	13,673	0	50,134	6,709	258,181	0
	(II)	0	0	0	0	0	0	0
SHARON TANNER	(I)	378,524	51,552	7,223	83,000	7,120	527,419	0
	(II)	0	0	0	0	0	0	0
RAYMOND OWINGS	(I)	232,788	18,154	0	46,100	7,770	304,812	0
	(II)	0	0	0	0	0	0	0
WILLIAM CASE	(I)	223,931	16,698	2,376	65,063	7,639	315,707	0
	(II)	0	0	0	0	0	0	0
MICHELLE BROOKS	(I)	159,908	12,752	0	34,766	6,541	213,967	0
	(II)	0	0	0	0	0	0	0
TREY MCMILLIAN	(I)	154,845	11,550	5,538	34,712	2,568	209,213	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DCB5	12-10-2008	112,690,000	PROCEEDS WERE USED TO REFUND ALL OF THE OUTSTANDING SERIES 2006A-D BONDS		X		X		X
B	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DCC3	12-10-2008	123,850,000	PROCEEDS WERE USED TO REFUND ALL OF THE OUTSTANDING SERIES 2006A-D BONDS		X		X		X
C	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DBF7	12-10-2008	74,455,000	PROCEEDS WERE USED TO REFUND ALL OF THE OUTSTANDING SERIES 2006A-D BONDS	X			X		X
D	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DBW0	12-10-2008	119,715,000	PROCEEDS WERE USED TO REFUND ALL OF THE OUTSTANDING SERIES 2006A-D BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased			71,525,000	
3	Total proceeds of issue	112,380,208	123,510,128	72,621,918	111,025,083
4	Gross proceeds in reserve funds			776,604	11,222,501
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	497,140	747,060	201,418	322,582
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2009	2009	2009
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	No	No	No	No
15	Were the bonds issued as part of an advance refunding issue?	Yes	Yes	Yes	Yes
16	Has the final allocation of proceeds been made?	Yes	Yes	Yes	Yes
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes	Yes	Yes	Yes

Part III Private Business Use

		A		B		C		D	
		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?	Yes		Yes		Yes		Yes	
2	Are there any lease arrangements that may result in private business use of bond-financed property?		No		No		No		No

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		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		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X		X			X		X
b	Name of provider	CITIBANK NA		CITIBANK NA					
c	Term of hedge	27 000000000000		27 000000000000					
d	Was the hedge superintegrated?		X		X				
e	Was a hedge terminated?		X		X				
4a	Were gross proceeds invested in a GIC?		X		X		X		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		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DBU4	12-10-2008	77,900,000	PROCEEDS WERE USED TO REFUND ALL OF THE OUTSTANDING SERIES 2006A-D BONDS	X			X		X
B	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONEAVAIL	06-23-2011	50,000,000	TO PURCHASE CAPITAL EQUIPMENT, BUILDINGS AND LAND		X		X		X
C	NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DKH3	05-03-2012	159,226,894	PROCEEDS USED TO PARTIALLY REFUND 2008C AND 2008E		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased	75,935,000			
3	Total proceeds of issue	77,332,631	50,000,000	159,226,894	
4	Gross proceeds in reserve funds	463,923			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	212,631		1,577,921	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		50,000,000		
11	Other spent proceeds			157,648,973	
12	Other unspent proceeds				
13	Year of substantial completion	2009	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			
15	Were the bonds issued as part of an advance refunding issue?	X			X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		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?	X			X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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?	X			X	X			

Part IV Arbitrage

		A		B		C		D	
		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		X		X		
2	Is the bond issue a variable rate issue?		X	X			X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		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		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) PHIL FLOWERS	BUSINESS RELATIONSHIP	148,740	MR FLOWERS OWNS OR HAS A MATERIAL INTEREST IN ROCK SPRINGS, WHICH CATERS FROM TIME TO TIME FOR VIDANT HEALTH ENTITIES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC	56-2141073

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	OVERVIEW OF UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, D B A VIDANT HEALTH ("VH") AT VIDANT HEALTH ("VH"), WE ARE COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITIES EASTERN NORTH CAROLINA RESIDENTS LOOK TO OUR HOSPITALS FOR QUALITY HEALTH CARE WE WORK HARD TO U PHOLD THE TRUST THAT OUR COMMUNITIES PLACE IN US THROUGH A CLEAR VISION, DISCIPLINED LEAD ERSHIP AND COMMITTED EMPLOYEES, VH SERVES THE NEEDS OF THE REGION, INCLUDING THOSE WHO ARE UNDERSERVED AND NEED US THE MOST OUR MISSION AT VH - TO ENHANCE THE QUALITY OF LIFE FOR THE PEOPLE AND COMMUNITIES WE SERVE, TOUCH AND SUPPORT - DRIVES US FAR BEYOND CARING FOR P ATIENTS WITHIN THE CONFINES OF OUR HOSPITAL WALLS IT CALLS US TO HELP MAKE EASTERN NORTH CAROLINA A BETTER, HEALTHIER PLACE TO LIVE VH IS A NORTH CAROLINA NON-PROFIT CORPORATION WITH HEADQUARTERS IN GREENVILLE, NORTH CAROLINA VH AND ITS AFFILIATES OPERATE AN INTEGRAT ED HEALTH CARE DELIVERY SYSTEM THAT SERVES A TOTAL MARKET OF APPROXIMATELY 1 4 MILLION PEO PLE IN 29 CONTIGUOUS COUNTIES IN EASTERN NORTH CAROLINA THE HEALTH SYSTEM INCLUDES HOSPIT ALS, PHYSICIAN PRACTICES, OUTPATIENT SERVICES, LONG-TERM CARE, HOME HEALTH, HOSPICE, AND W ELLNESS SERVICES THE HEALTH SYSTEM'S OWNED HOSPITALS ARE VIDANT MEDICAL CENTER ("VMC"), W HICH IS A TERTIARY CARE HOSPITAL AND AN ACADEMIC MEDICAL CENTER, AND EIGHT OTHER ACUTE CAR E HOSPITALS VIDANT ROANOKE-CHOWAN HOSPITAL, VIDANT EDGECOMBE HOSPITAL, VIDANT CHOWAN HOSP ITAL, VIDANT BERTIE HOSPITAL, VIDANT DUPLIN HOSPITAL, VIDANT BEAUFORT HOSPITAL, VIDANT PUN GO HOSPITAL AND THE OUTER BANKS HOSPITAL VH ALSO MANAGES ALBEMARLE HOSPITAL VMC SERVES A S THE TEACHING HOSPITAL FOR THE BRODY SCHOOL OF MEDICINE, EAST CAROLINA SCHOOLS OF NURSING AND ALLIED HEALTH AND PITT COMMUNITY COLLEGE THE SYSTEM ALSO SERVES AS A REGIONAL REFERR AL CENTER FOR EASTERN NORTH CAROLINA THE SYSTEM'S NINE OWNED ACUTE CARE HOSPITALS ARE LIC ENSED TO OPERATE 1,514 BEDS EACH HOSPITAL IS LICENSED BY THE DIVISION OF FACILITY SERVICE S OF THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES AND APPROVED AS A PROVIDER BY THE MEDICARE AND MEDICAID PROGRAMS VH AND ITS HOSPITALS AND AFFILIATE ORGANIZATIONS P ROVIDE SERVICES TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY IN FISCAL YEAR 2012 VH COMBINED PATIENT CARE STATISTICS WERE INPATIENT ADMISSIONS, 68,618, INPATIENT DAYS OF CA RE, 358,299, SURGERIES, 47,501, BIRTHS, 6,157, AND OUTPATIENT VISITS, 500,712 OUR SYSTEM' S WORKFORCE INCLUDED 11,688 EMPLOYEES EACH OF VH'S HOSPITALS OPERATES AN EMERGENCY ROOM, WHICH IS OPEN 24 HOURS A DAY VMC ALSO OFFERS A FULL SPECTRUM OF TRAUMA SERVICES EMERGENT AND TRAUMA SERVICES ARE PROVIDED TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY IN F ISCAL YEAR 2012 VH PROVIDED CARE TO 257,591 EMERGENCY ROOM PATIENTS DURING A PORTION OF 2 012, VH AND VMC HAD THE SAME GOVERNING BOARD, WHICH WAS COMPRISED OF 20 VOTING MEMBERS THA T MEET MONTHLY THE BOARD OF COMMISSIONERS OF PITT COUNTY APPOINTS 11 MEMBERS, AND 9 MEMBE RS ARE APPOINTED BY THE BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA THE BOARD MEMBERS HAVE DIVERSE BACKGROUNDS AND ARE SELECTED TO REPRESENT THE CITIZENS OF EASTERN CAR OLINA EFFECTIVE MARCH 1, 2012, VH'S BOARD OF DIRECTORS CONSISTS OF 11 VOTING MEMBERS, SIX OF WHOM MUST BE CURRENT OR FORMER PITT COUNTY, NORTH CAROLINA APPOINTEES OF VMC'S BOARD O F TRUSTEES AND FIVE OF WHOM MUST BE CURRENT OF FORMER BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA APPOINTEES OF VMC'S BOARD OF TRUSTEES VMC, IN AFFILIATION WITH THE BRO DY SCHOOL OF MEDICINE, WHICH IS OWNED BY THE STATE OF NORTH CAROLINA, OPERATES 30 RESIDENT -TRAINING PROGRAMS WITH OVER 340 MEDICAL RESIDENTS THIS RELATIONSHIP ENABLES VMC AND THE BRODY SCHOOL OF MEDICINE TO COMBINE THEIR RESOURCES FOR THE PROVISION OF QUALITY PATIENT C ARE, MEDICAL EDUCATION AND RESEARCH FOR THE RESIDENTS OF EASTERN NORTH CAROLINA THE BRODY SCHOOL OF MEDICINE HAS THREE IMPORTANT GOALS EDUCATING PRIMARY CARE PHYSICIANS, MAKING M EDICAL CARE MORE READILY AVAILABLE TO THE PEOPLE OF EASTERN NORTH CAROLINA, AND PROVIDING OPPORTUNITIES TO MINORITY AND DISADVANTAGED STUDENTS AS A NON-PROFIT ORGANIZATION, VH REI NVESTS ALL EXCESS OF REVENUES OVER EXPENSES IN PROGRAMS, SERVICES, AND FACILITIES THAT PRO VIDE ACCESS TO PATIENT CARE AND HEALTH SERVICES TO THE CITIZENS OF EASTERN CAROLINA OVERV IEW OF VIDANT HEALTH COMMUNITY BENEFIT PROGRAMS 1 EASTERN NORTH CAROLINA IS COMPRISED OF 1 4 MILLION PEOPLE LIVING IN 14,000 SQUARE MILES BOUNDARIES ARE FROM I-95 EAST TO THE CO AST, AND FROM THE VIRGINIA LINE UP TO AND INCLUDING ONSLOW COUNTY THE AREA IS LARGELY RUR AL AND LARGELY POOR, WITH HIGHER THAN STATE OR NATIONAL AVERAGE RATES FOR POVERTY AND UNIN SURED HEALTH STATUS INDICATORS SHOW INCREASED INCIDENCE OF DISEASE IN THE REGION, ESPECIA LLY CANCER, HEART DISEASE AND STROKE VH DETERMINES PRIORITIES FOR TARGET POPULATIONS BY W ORKING IN CONCERT WITH MEDICAL AND COMMUNITY AGENCY PARTNERS IN ONGOING ASSESSMENT OF THE MOST PRESSING HEALTH CARE NEEDS MANY EFFORTS OVER

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	THE PAST DECADE HAVE FOCUSED ON DIABETES, PEDIATRIC ASTHMA, SCHOOL HEALTH, INJURY PREVENT ION, ACCESS TO CARE, NUTRITION ENHANCEMENT, PHYSICAL ACTIVITIES AND CHRONIC DISEASE SCREEN INGS ALSO, SPECIAL PROGRAMS TO MANAGE THE CARE OF MEDICAID ENROLLEES, ADDRESS ACCESS TO B OTH MEDICAL CARE AND MEDICATIONS FOR THE UNINSURED, AND COORDINATION OF SERVICES FOR CHILD REN WITH OBESITY HAVE BEEN UNDERTAKEN THE POPULATIONS THAT ARE SERVED BY ADDRESSING THESE ISSUES ARE LARGELY THE POOR, THE UNDERSERVED, AND MINORITIES DETERMINATION OF SPECIFIC P OPULATIONS TO ADDRESS OCCURS WHEN PARTNERS SUCH AS THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, LOCAL HEALTH DEPARTMENTS, COUNTY HEALTHY CAROLINIAN TASK FORCES, AND PHYSICIANS IDENTIFY A QUANTIFIABLE NEED, AND COMMUNITY PARTNERS ARE ENGAGED TO WORK TOGETH ER WITH THE HEALTH SYSTEM 2 FUNDING FOR COMMUNITY HEALTH PROGRAMS IS OBTAINED FROM BOTH THE OPERATING FUNDS OF VH ENTITIES AND EXTERNAL GRANT-AWARDING ORGANIZATIONS THE VH BOARD ANNUALLY PROVIDES FINANCIAL SUPPORT FOR THE COMMUNITY BENEFIT INITIATIVES PROGRAM OF ITS FOUNDATION THESE FUNDS ARE THEN AWARDED TO COMMUNITY AGENCIES THAT SUCCESSFULLY DEMONSTRA TE BOTH NEED AND A WELL-DESIGNED PLAN TO ADDRESS ONE OF THE FOUNDATION'S PRIORITY CATEGORI ES IN ADDITION, EACH VH HOSPITAL FINANCIALLY SUPPORTS COMMUNITY HEALTH RESOURCES WITHIN I TS OPERATING BUDGET PROGRAMS VARY ACCORDING TO THE HOSPITAL'S FINANCIAL ABILITY AND COMMU NITY NEED, BUT ALL INCLUDE COLLABORATIVE EFFORTS WITH LOCAL HEALTH DEPARTMENTS, INCLUDING HEALTH SCREENINGS AND EDUCATION TO TARGETED POPULATIONS VH ALSO HAS A SUCCESSFUL TRACK RE CORD OF OBTAINING COMMUNITY HEALTH PROGRAM SUPPORT FROM EXTERNAL AGENCIES THAT AWARD GRANT FUNDING TO APPROVED PROJECTS THE VH GRANTS OFFICE WAS ESTABLISHED IN 2008 AND SERVES AS THE CENTRAL POINT FOR GRANT MINING, ACQUISITION AND MANAGEMENT OF GRANTS AWARDED TO VH HOS PITALS FOR COMMUNITY-BASED PROGRAMS GRANT FUNDS ARE UTILIZED TO DEMONSTRATE THE EFFECTIVE NESS OF A PROPOSED COMMUNITY PROGRAM, MEASURE THE OUTCOMES ACHIEVED, AND GARNER LONG-TERM SUSTAINABILITY FROM EITHER THE HEALTH SYSTEM, OTHER COMMUNITY AGENCIES OR AS A COLLABORATI VE PROGRAM MANY COMMUNITY HEALTH PROGRAMS ARE COLLABORATIVE IN NATURE WITH LOCAL SERVICE AGENCIES, AND OFTEN A PORTION OF THE GRANT FUNDS ARE USED TO SUPPORT RESOURCES OR SERVICES IN THESE AGENCIES 3 COMMUNITY HEALTH PRIORITIES ARE DETERMINED IN SEVERAL WAYS IN PART NERSHIP WITH THE LOCAL HEALTH DEPARTMENTS, THE RESULTS OF STATE-MANDATED COMMUNITY HEALTH ASSESSMENTS ARE STUDIED BY EACH LOCAL HEALTHY CAROLINIANS TASK FORCE THOSE TASK FORCE GRO UPS THEN COMPILE A LIST OF THE MOST PRESSING ISSUES IN THEIR COMMUNITIES BASED ON DATA COM MUNITY INPUT BOTH ESTABLISHED RESOURCES WITHIN VARIOUS AGENCIES AND POTENTIAL OPPORTUNITI ES TO GARNER NEW SUPPORT ARE REVIEWED

Identifier	Return Reference	Explanation
		4 COMMUNITY PRIORITIES ARE ALSO ESTABLISHED IN RESPONSE TO A COMPELLING NEED IDENTIFIED BY HEALTH PRACTITIONERS OR COMMUNITY GROUPS EXAMPLES INCLUDE THE PEDIATRIC ASTHMA PROGRAM THAT HAS BEEN IN PLACE FOR OVER 10 YEARS IN PITT COUNTY, AND EXPANDED TO OTHER COMMUNITIES IN THE REGION THIS MAJOR COMMUNITY-BASED PROGRAM WAS ESTABLISHED FOLLOWING A PLEA FOR ASSISTANCE BY PEDIATRICIANS AND PEDIATRIC CLINICAL NURSE SPECIALISTS CARING FOR CHILDREN WITH ASTHMA IN THE ACUTE CARE SETTING THE PITT COUNTY SCHOOL SYSTEM AND LOCAL PARENTS IDENTIFIED A LACK OF HEALTH CARE SUPPORT IN THE SCHOOLS, RESULTING IN AN AWARD-WINNING SCHOOL NURSE PROGRAM THAT HAS BEEN REPLICATED IN SEVERAL COUNTIES MOST RECENTLY, THE FOCUSED ATTENTION ON PEDIATRIC OBESITY AND ASSOCIATED DISEASES HAS RESULTED IN MULTIPLE COMMUNITY-BASED PROGRAMS DIRECTED AT IMPROVING NUTRITION, PHYSICAL ACTIVITY, AND CASE MANAGEMENT FOR THAT POPULATION VH IS FORTUNATE TO HAVE A STRONG COLLABORATIVE PARTNERSHIP WITH EAST CAROLINA UNIVERSITY, AND WORKS CLOSELY WITH THE SCHOOLS WITHIN THE HEALTH SCIENCES DIVISION, ESPECIALLY THE BRODY SCHOOL OF MEDICINE BSOM IS AN ACTIVE PARTICIPANT IN ALMOST EVERY COMMUNITY HEALTH INITIATIVE, SUPPORTING THE RESEARCH AND EVALUATION OF THESE PROGRAMS, AND CONTRIBUTES TO PROGRAMS FOR THE UNDER AND UNINSURED IN MULTIPLE WAYS ECU AND OTHER EDUCATIONAL INSTITUTIONS WHOSE STUDENTS MATRICULATE THROUGH VH FACILITIES ALSO PROVIDE OPPORTUNITIES FOR COLLABORATION AND PARTICIPATION IN VARIOUS COMMUNITY HEALTH INITIATIVES 5 PROVIDED BELOW ARE A FEW HIGHLIGHTS OF THE COMMUNITY BENEFIT AND EDUCATION ACTIVITIES 5A COMMUNITY HEALTH IMPROVEMENT SERVICES - COMMUNITY HEALTH IMPROVEMENT SERVICES ARE PROGRAMS AND SERVICES THAT MEET AN IDENTIFIED NEED AND ARE OFFERED TO THE COMMUNITY AT LITTLE OR NO CHARGE VH HOSPITALS SPONSOR PROGRAMS THAT IMPROVE ACCESS TO HEALTH CARE FOR THE UNDERSERVED AND ENHANCE THE IDENTIFICATION AND MANAGEMENT OF CHRONIC DISEASES, SUCH AS CANCER, DIABETES AND HEART DISEASE HERE ARE A FEW EXAMPLES OF THESE PROGRAMS - MEDICATION ASSISTANCE PROGRAMS FOR UNINSURED PATIENTS - THE PEDIATRIC HEALTHY WEIGHT PROGRAM - SUPPORT FOR HEALTH CAROLINIANS COLLABORATIVES, INCLUDING PITT PARTNERS FOR HEALTH, THE HERTFORD PARTNERSHIP FOR HEALTH AND THREE RIVERS HEALTHY CAROLINIANS - SCHOOL NURSE PROGRAMS - SUPPORT FOR THE COMMUNITY CARE PLAN OF EASTERN CAROLINA FOR MEDICAID RECIPIENTS AND HEALTHASSIST FOR THE UNINSURED - SUPPORT OF LOCAL FEDERALLY QUALIFIED HEALTH CENTER 5B HEALTH PROFESSIONAL EDUCATION - PREPARING FUTURE HEALTH CARE PROFESSIONALS IS IMPORTANT TO US OUR HOSPITALS PROVIDE CLINICAL SETTINGS FOR STUDENTS OF HEALTH PROFESSIONS, SUCH AS FUTURE PHYSICIANS, NURSES AND OTHER ALLIED HEALTH PROFESSIONALS WE ALSO SUPPORT STUDENTS THROUGH DEFERRED FORGIVABLE LOANS AND INTERNSHIPS INCLUDING RESIDENT TRAINING, NURSING CLINIC SITES, ALLIED HEALTH PROFESSIONALS, AND FINANCIAL SUPPORT OF NURSING PROGRAMS 5C RESEARCH - EAST CAROLINA UNIVERSITY (ECU) CONDUCTS RESEARCH TO EVALUATE NEW TREATMENTS AND PROTOCOLS THESE STUDIES HELP HEALTH PROFESSIONALS EVERYWHERE PROVIDE QUALITY CARE TO PATIENTS VH SUPPORTS THIS THROUGH VARIOUS MEANS INCLUDING SUPPORTING THE INSTITUTIONAL REVIEW BOARD AT ECU AND PROVIDING STUDY SITES 5D FINANCIAL AND IN-KIND CONTRIBUTIONS - VH DONATES MONEY AND IN-KIND SERVICES TO COMMUNITY GROUPS AND ACTIVITIES THAT SHARE OUR MISSION OF IMPROVING HEALTH THEY INCLUDE MEALS ON WHEELS, AMERICAN RED CROSS BLOOD DRIVES, MEDICAL SUPPLIES TO EMERGENCY MEDICAL SERVICES, AND FREE MEDICATIONS TO QUALIFYING PATIENTS VH HOSPITALS ARE KEY PARTNERS IN FUNDRAISING FOR ORGANIZATIONS SUCH AS THE UNITED WAY, AMERICAN HEART ASSOCIATION, JUVENILE DIABETES ASSOCIATION AND THE AMERICAN CANCER SOCIETY VH CONTRIBUTED $1 0 MILLION TO THE COMMUNITY BENEFITS GRANTS PROGRAM WHICH AWARDS GRANTS TO LOCAL NON-PROFITS FOR HEALTH RELATED PROGRAMS 5E COMMUNITY BUILDING - COMMUNITY-BUILDING ACTIVITIES INCLUDE PROGRAMS THAT ARE NOT DIRECTLY RELATED TO HEALTH CARE BUT ADDRESS UNDERLYING ISSUES THAT IMPACT THE HEALTH OF COMMUNITIES POVERTY, CRIME, HOMELESSNESS, WORKFORCE DEVELOPMENT AND ECONOMIC DEVELOPMENT ALL AFFECT THE OVERALL HEALTH OF COMMUNITIES VH HAS PROVIDED SUPPORT FOR OUR LOCAL CHAMBERS OF COMMERCE, FINANCIAL SUPPORT FOR ROAD IMPROVEMENTS, INVESTMENTS IN COMMUNICATION INFRASTRUCTURE VIA INFORMATION TECHNOLOGY CONNECTIONS, SUPPORT FOR THE TEEN LEADERSHIP ACADEMY, RECRUITMENT OF PHYSICIANS TO OUR RURAL COMMUNITIES, AND PROGRAMS THAT ENCOURAGE STUDENTS TO PURSUE HEALTH CAREERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS MADE AVAILABLE TO BOARD MEMBERS BY POSTING TO A BOARD MEMBER'S WEBSITE. ANY BOARD MEMBER WHO DOES NOT HAVE THE ABILITY TO ACCESS THE RETURN IN THIS MANNER WILL RECEIVE A COPY VIA ELECTRONIC OR REGULAR MAIL. THE RETURN IS ALSO REVIEWED BY THE CHIEF FINANCIAL OFFICER, CHIEF GENERAL COUNSEL AND THE CHIEF AUDIT AND COMPLIANCE OFFICER OF UNIVERSITY HEALTH SYSTEMS PRIOR TO FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO COMPLETE A COMPREHENSIVE CONFLICT OF INTEREST QUESTIONNAIRE. THESE ARE REVIEWED BY LEGAL COUNSEL AND ANY POTENTIAL OR ACTUAL CONFLICTS ARE BROUGHT TO THE BOARD FOR DISPOSITION. BOARD MEMBERS ARE REQUIRED TO RECUSE THEMSELVES FROM VOTING ON ISSUES IN WHICH THEY ARE DEEMED TO HAVE A CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE TOP MANAGEMENT OFFICIAL IS THE CEO WHO IS AN EMPLOYEE OF UHSEC THE COMPENSATION IS DETERMINED BY THE UHSEC BOARD USING COMPARATIVE DATA FROM LIKE ORGANIZATIONS AND INPUT FROM CONSULTANTS THIS PROCESS IS PERFORMED EVERY THREE YEARS, THE LAST YEAR BEING 2010 IT WILL BE PERFORMED AGAIN IN FISCAL YEAR 2013 COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE UHSEC BOARD USING COMPARATIVE DATA FROM LIKE ORGANIZATIONS AND INPUT FROM CONSULTANTS THIS PROCESS IS PERFORMED EVERY THREE YEARS, THE LAST YEAR BEING 2010 IT WILL BE PERFORMED AGAIN IN FISCAL YEAR 2013

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION B, LINE 1	COMBINED FORMS 1099 WERE ISSUED BY THE VIDANT HEALTH SYSTEM TO THE INDEPENDENT CONTRACTORS IN THE FOLLOWING AMOUNTS $874,207 TO K&L GATES, LLP THE REPORTED COMPENSATION ON PART VII INCLUDES ONLY THOSE AMOUNTS PAID DIRECTLY BY VIDANT HEALTH

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 35,905,634 CAPITAL CONTRIBUTIONS AND TRANSFERS WITH AFFILIATES, NET -48,970,535 UNRESTRICTED CONTRIBUTION ELIMINATION 22,521,639 TOTAL TO FORM 990, PART XI, LINE 5 9,456,738

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	NO CHANGE IN METHOD FROM PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Employer identification number
56-2141073

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	(g) Section 512(b)(13) controlled organization Yes	(g) Section 512(b)(13) controlled organization No
(1) PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-0585243	HOSPITAL	NC	501(C)(3)	LINE 3	N/A		No
(2) SURGICENTER SERVICES OF PITT INC 102 BETHESDA DRIVE GREENVILLE, NC 27835 56-1690553	HEALTHCARE	NC	501(C)(3)	LINE 11B, II	N/A		No
(3) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 91-1997979	HOSPITAL	NC	501(C)(3)	LINE 3	N/A		No
(4) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS CENTRAL) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-2003393	HOSPITAL	NC	501(C)(3)	LINE 3	N/A		No
(5) PCMH MANAGEMENT INC (DBA VIDANT PROPERTIES) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-1690740	HEALTHCARE	NC	501(C)(3)	509(A)(3)	N/A		No
(6) HEALTHACCESS INC 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-1396133	HEALTHCARE	NC	501(C)(3)	LINE 11B, II	N/A		No
(7) VIDANT MEDICAL GROUP INC 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 38-3740839	HEALTHCARE	NC	501(C)(3)	LINE 11A, I	N/A		No

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(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, 35A, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 56-2141073
Name: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

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	g Section 512(b)(13) controlled organization	
PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-0585243	HOSPITAL	NC	501(C)(3)	LINE 3	N/A		No
SURGICENTER SERVICES OF PITT INC 102 BETHESDA DRIVE GREENVILLE, NC 27835 56-1690553	HEALTHCARE	NC	501(C)(3)	LINE 11B, II	N/A		No
EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 91-1997979	HOSPITAL	NC	501(C)(3)	LINE 3	N/A		No
EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS CENTRAL) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-2003393	HOSPITAL	NC	501(C)(3)	LINE 3	N/A		No
PCMH MANAGEMENT INC (DBA VIDANT PROPERTIES) 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-1690740	HEALTHCARE	NC	501(C)(3)	509(A)(3)	N/A		No
HEALTHACCESS INC 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 56-1396133	HEALTHCARE	NC	501(C)(3)	LINE 11B, II	N/A		No
VIDANT MEDICAL GROUP INC 2100 STANTONSBURG ROAD GREENVILLE, NC 27835 38-3740839	HEALTHCARE	NC	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER)	A	12,281,753	ACTUAL CASH PAYMENT
(2) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	A	3,654,856	ACTUAL CASH PAYMENT
(3) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	A	571,612	ACTUAL CASH PAYMENT
(4) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	A	170,882	ACTUAL CASH PAYMENT
(5) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	A	1,135,777	ACTUAL CASH PAYMENT
(6) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	A	133,962	ACTUAL CASH PAYMENT
(7) HEALTHACCESS INC	A	89,640	ACTUAL CASH PAYMENT
(8) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	A	268,278	ACTUAL CASH PAYMENT
(9) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	721,502	ACTUAL CASH PAYMENT
(10) PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER)	P	8,175,810	ACTUAL CASH PAYMENT
(11) HEALTHACCESS INC	P	83,591	ACTUAL CASH PAYMENT
(12) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	128,515	ACTUAL CASH PAYMENT
(13) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	127,309	ACTUAL CASH PAYMENT
(14) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	85,350	ACTUAL CASH PAYMENT
(15) PCMH MANAGEMENT INC (DBA VIDANT PROPERTIES)	P	3,129,927	ACTUAL CASH PAYMENT
(16) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	315,610	ACTUAL CASH PAYMENT
(17) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	642,908	ACTUAL CASH PAYMENT
(18) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	P	502,562	ACTUAL CASH PAYMENT
(19) SURGICENTER SERVICES OF PITT INC	P	323,601	ACTUAL CASH PAYMENT
(20) HEALTHACCESS INC	K	1,170,107	ACTUAL CASH PAYMENT

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21) PCMH MANAGEMENT INC (DBA VIDANT PROPERTIES)	K	312,458	ACTUAL CASH PAYMENT
(22) VIDANT MEDICAL GROUP LLC	K	2,526,703	ACTUAL CASH PAYMENT
(23) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	138,312	ACTUAL CASH PAYMENT
(24) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	1,417,484	ACTUAL CASH PAYMENT
(25) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	3,523,332	ACTUAL CASH PAYMENT
(26) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	5,292,561	ACTUAL CASH PAYMENT
(27) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	2,867,794	ACTUAL CASH PAYMENT
(28) PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER)	K	69,769,288	ACTUAL CASH PAYMENT
(29) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	1,183,725	ACTUAL CASH PAYMENT
(30) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	649,582	ACTUAL CASH PAYMENT
(31) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	K	228,244	ACTUAL CASH PAYMENT
(32) PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER)	O	121,574	ACTUAL CASH PAYMENT
(33) HEALTHACCESS INC	O	196,409	ACTUAL CASH PAYMENT
(34) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	N	543,857	ACTUAL CASH PAYMENT
(35) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	N	279,055	ACTUAL CASH PAYMENT
(36) PITT COUNTY MEMORIAL HOSPITAL INC (DBA VIDANT MEDICAL CENTER)	L	123,797	ACTUAL CASH PAYMENT
(37) VIDANT MEDICAL GROUP LLC	N	115,492	ACTUAL CASH PAYMENT
(38) PCMH MANAGEMENT INC (DBA VIDANT PROPERTIES)	J	1,015,227	ACTUAL CASH PAYMENT
(39) HEALTHACCESS INC	C	306,118	ACTUAL CASH PAYMENT
(40) VIDANT MEDICAL GROUP LLC	B	49,000,000	ACTUAL CASH PAYMENT

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41) EAST CAROLINA HEALTH INC (DBA VIDANT COMMUNITY HOSPITALS GROUP)	B	1,600,708	ACTUAL CASH PAYMENT

Additional Data

Software ID:
Software Version:
EIN: 56-2141073
Name: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

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			
MARCUS S ALBERNAZ MD BOARD DIRECTOR	2 00	X						0	0	0
BRUCE N AUSTIN BOARD DIRECTOR	2 00	X						0	0	0
NOEL L BAUCOM BOARD DIRECTOR	2 00	X						0	0	0
JANET M BULLOCK BOARD DIRECTOR	2 00	X						0	0	0
JOANNE K BURGDORFF BOARD DIRECTOR	2 00	X						0	0	0
JANICE H FAULKNER BOARD DIRECTOR	2 00	X						0	0	0
PHILLIP K FLOWERS BOARD DIRECTOR	2 00	X						0	0	0
BRUCE E GRAY BOARD DIRECTOR	2 00	X						0	0	0
RALPH R HALL JR BOARD DIRECTOR	2 00	X						0	0	60,000
W DAVID HARRIS BOARD DIRECTOR	2 00	X						0	0	0
ALLAN B HARVIN MD BOARD DIRECTOR	2 00	X						0	0	0
WILLIAM J JONES JR PHD BOARD DIRECTOR	2 00	X						0	0	0
ARTHUR H KEENEY III BOARD DIRECTOR	2 00	X						0	0	0
THOMASINE S KENNEDY BOARD DIRECTOR	2 00	X						0	0	0
J BRYANT KITTRELL III BOARD DIRECTOR	2 00	X						0	0	0
MELVIN C MCLAWHORN BOARD DIRECTOR	2 00	X						0	0	0
WALTER E POFAHL II MD BOARD DIRECTOR	2 00	X						0	0	0
A RAY ROGERS BOARD DIRECTOR	2 00	X						0	0	0
JEFFREY B TURNER BOARD DIRECTOR	2 00	X						0	0	0
DAVID WOMACK BOARD DIRECTOR	2 00	X						0	0	0
S LAWRENCE DAVENPORT BOARD DIRECTOR	2 00	X						0	0	0
ERNEST L EVANS BOARD DIRECTOR	2 00	X						0	0	0
CASSIUS S WILLIAMS BOARD DIRECTOR	2 00	X						0	0	0
DAVID MCRAE CHIEF EXECUTIVE OFFICER - VH	40 00			X				1,554,312	0	278,936
JACK HOLSTEN CHIEF FINANCIAL OFFICER - VH	40 00			X				2,271,339	0	152,517

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			
ROGER ROBERTSON PRESIDENT, ECH & HA - VH	40 00			X				382,308	0	142,939
JANET MULLANEY CHIEF ADMINISTRATIVE OFFICER	40 00			X				385,508	0	150,248
STUART JAMES CHIEF INFORMATION OFFICER	40 00			X				309,802	0	66,083
KATHY BARGER CHIEF SYS DEV & GROWTH OFFICER	40 00			X				316,177	0	100,459
STEPHEN LAWLER PRESIDENT VMC	40 00			X				0	694,749	216,690
NANCY AYCOCK IN-HOUSE GENERAL COUNSEL - VH	40 00			X				351,459	0	132,371
JOEL BUTLER CHIEF EXT AFF OFF - PRES FOU	40 00			X				269,341	0	95,772
JOAN WYNN CHIEF QUALTY &PATIENT SAF	40 00			X				212,232	0	87,891
TIMOTHY MCDONNELL CHIEF DESIGN - CONST OFFICER	40 00			X				221,868	0	71,503
JOHN FALCETANO CHIEF, ADT-COMPL OFFICER	40 00			X				193,313	0	78,756
TRAVIS DOUGLAS EXECUTIVE VICE PRES/DIRECT	40 00			X				310,783	0	60,900
DIANE POOLE CHIEF CLINICAL OFFICER	40 00			X				349,997	0	78,215
DAVID C HERMAN MD PRESIDENT - COO VH	40 00			X				553,421	0	140,931
JEFFREY CHAMBERS CHIEF HUMAN RESOUCES OFFICER	40 00			X				140,168	0	27,677
ANISSA BDAVENPORT CHIEF STRATEGIC DEV & MARKETING OFFICER	40 00			X				214,181	0	55,760
DAVID S HUGHES SR VP, FINANCIAL SERVICES	40 00			X				310,597	0	88,795
PRESTON COMEAUX III VP, SUPPLY CHAIN MANAGEMENT	40 00				X			512,303	0	62,075
MARY COLLIER VP, SERVICE & PATIENT FAMILY	40 00				X			190,624	0	64,803
LYNN LANIER VP, ECH FINANCIAL SERVICES - U	40 00				X			207,243	0	70,378
CARMEN VINCENT VP, CORP ACCRED & REG COMP	40 00				X			186,563	0	64,245
SETH VAN ESSENDELFT VP, FINANCIAL OPERATIONS	40 00				X			201,338	0	56,843
SHARON TANNER PRESIDENT - ALBEMARLE HEALTH	40 00					X		437,299	0	90,120
RAYMOND OWINGS VP, FINANCIAL SVS-ALBEMARLE	40 00					X		250,942	0	53,870
WILLIAM CASE PRESIDENT, DUPLIN - UHS	40 00					X		243,005	0	72,702
MICHELLE BROOKS VP, COM BENEFIT & GOV AFFAIRS - UHS	40 00					X		172,660	0	41,307

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			
TREY MCMILLIAN VP, INFORMATION SYSTEMS - UHS	40 00					X		171,933	0	37,280

Additional Data

Software ID:

Software Version:

EIN: 56-2141073

Name: UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA INC

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) PITT COUNTY MEMORIAL HOSPITAL INC	560585243	3	Yes		Yes		Yes		12281753
(B) EAST CAROLINA HEALTH INC (CENTRAL)	562003393	3	Yes		Yes		Yes		1135777
(C) EAST CAROLINA HEALTH INC (GROUP)	911997979	3	Yes		Yes		Yes		4665628
(D) PCMH MANAGEMENT INC	561690740	9	Yes		Yes		Yes		133962
(E) HEALTHACCESS INC	561396133	9	Yes		Yes		Yes		89640