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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 private foundations)

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

NORTH CAROLINA BAPTIST HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

MEDICAL CENTER BLVD

City or town, state or province, country, and ZIP or foreign postal code

WINSTONSALEM, NC 27157

F Name and address of principal officer

JOHN D MCCONNELL MD

MEDICAL CENTER BLVD

WINSTONSALEM,NC 27157

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates 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 WAKEHEALTH EDU

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1923

M State of legal domicile NC

Part I	Summary																								
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>IMPROVING THE HEALTH OF OUR REGION, STATE AND NATION</div> <div></div> <div></div> <div></div>																								
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																								
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>16</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>15</td></tr><tr><td>5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>9,919</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,567</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>1,569,779</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>26,215</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	9,919	6 Total number of volunteers (estimate if necessary)	6	1,567	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,569,779	7b Net unrelated business taxable income from Form 990-T, line 34	7b	26,215						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>1,333,090</td><td>890,705</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>588,281,320</td><td>586,192,713</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>16b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>710,751,095</td><td>805,883,772</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>1,300,365,505</td><td>1,392,967,190</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>-13,521,930</td><td>38,392,977</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,333,090	890,705	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)	588,281,320	586,192,713	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	16b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	710,751,095	805,883,772	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,300,365,505	1,392,967,190	19 Revenue less expenses Subtract line 18 from line 12	-13,521,930	38,392,977
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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

Signature of officer

JOHN D MCCONNELL MD CEO

Type or print name and title

2016-05-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Firm's name KPMG LLP

Firm's address 300 NORTH GREENE STREET

GREENSBORO, NC 27401

Check ☐ if self-employed

PTIN P00008888

Firm's EIN 13-5565207

Phone no (336) 275-3394

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes

☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR CONTINUATION WAKE FOREST BAPTIST MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH OF THE REGION, STATE AND NATION BY - SERVING AS THE PREMIER HEALTH SYSTEM IN THE REGION, WITH SPECIFIC CENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CARE DESTINATIONS - GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREAT DISEASE - TRAINING TOMORROW'S LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
























SEE SCHEDULE O FOR COMPLETE DESCRIPTION NORTH CAROLINA BAPTIST HOSPITAL IS AN INTEGRAL PART OF WAKE FOREST BAPTIST MEDICAL CENTER, A PREEMINENT, INTERNATIONALLY RECOGNIZED ACADEMIC MEDICAL CENTER OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION THE FOLLOWING PARAGRAPHS ARE PROVIDED TO EXPLAIN THE RELATIONSHIP OF THE FILING ORGANIZATION WITH OTHER ORGANIZATIONS WHICH TOGETHER COMPRISE "WAKE FOREST BAPTIST MEDICAL CENTER", THE NAME, NOT OF ANY ONE CORPORATE ENTITY, BUT THAT IS USED GENERICALLY TO DESCRIBE A LARGE GROUP OF MOSTLY TAX-EXEMPT 501 (C)(3) ORGANIZATIONS PERFORMING VARIOUS ACADEMIC MEDICAL CENTER ACTIVITIES IN NORTHWEST NORTH CAROLINA, INCLUDING PATIENT CARE (THE "CLINICAL ENTERPRISE"), MEDICAL RESEARCH AND TECHNOLOGY TRANSFER (THE "INNOVATION ENTERPRISE") AND MEDICAL EDUCATION (THE "ACADEMIC ENTERPRISE") BECAUSE THESE ACTIVITIES ARE NOT ALL PERFORMED BY EACH ORGANIZATION, THE NARRATIVE THAT FOLLOWS WILL INCLUDE DESCRIPTIONS OF ACTIVITIES THAT ARE NOT PERFORMED BY THE FILING ORGANIZATION BUT BY A RELATED (OR UNRELATED BUT AFFILIATED) ORGANIZATION, THEY ARE AGAIN PROVIDED TO ILLUSTRATE A COMPLETE PICTURE OF THE FILING ORGANIZATION'S ROLE IN THIS INTEGRATED ACADEMIC MEDICAL CENTER'S COMPREHENSIVE ACTIVITIES WAKE FOREST BAPTIST MEDICAL CENTER IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP HOSPITALS AND INNOVATIVE RESEARCH CENTERS AND A PREMIER MEDICAL SCHOOL WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS A CORPORATION WHOSE MEMBERS ARE WAKE FOREST UNIVERSITY AND NORTH CAROLINA BAPTIST HOSPITAL THE MEDICAL CENTER OPERATES WAKE FOREST SCHOOL OF MEDICINE, WHICH HAS A FACULTY OF 1,215, INCLUDING PHYSICIANS AND BASIC SCIENTISTS THE MEDICAL CENTER HAS 1,060 ACUTE CARE AND REHABILITATION BEDS OPERATIVE ACROSS THE SYSTEM, WHICH ENCOMPASSES ITS MAIN CAMPUS (885 BEDS), WAKE FOREST BAPTIST HEALTH-LEXINGTON MEDICAL CENTER (94 BEDS) AND WAKE FOREST BAPTIST HEALTH-DAVIE MEDICAL CENTER (81 BEDS) IN DECEMBER 2015, THE MEDICAL CENTER BROKE GROUND ON A \$47 MILLION, 50-BED TOWER AT ITS DAVIE MEDICAL CENTER-BERMUDA RUN CAMPUS THE FACILITY IS EXPECTED TO OPEN IN THE SPRING OF 2017 OVERALL, WAKE FOREST BAPTIST MEDICAL CENTER SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA IT ALSO DRAWS PATIENTS FROM ACROSS THE NATION FOR SELECT SERVICES THE MEDICAL CENTER IS THE DRIVING FORCE BEHIND THE ESTABLISHMENT OF WAKE FOREST INNOVATION QUARTER, A GROWING URBAN-BASED DISTRICT FOR RESEARCH, BUSINESS AND EDUCATION IN BIOMEDICAL SCIENCE, INFORMATION TECHNOLOGY, CLINICAL SERVICES AND ADVANCED MATERIALS LOCATED IN DOWNTOWN WINSTON SALEM HOME TO MORE THAN 50 COMPANIES, FOUR LEADING INSTITUTIONS, MORE THAN 3,100 WORKERS AND 2,000 STUDENTS, THE INNOVATION QUARTER CURRENTLY COMPRISES 1.5 MILLION SQUARE FEET OF INSPIRATIONAL OFFICE, LABORATORY AND EDUCATIONAL SPACE ON ITS 145 DEVELOPABLE ACRES THE QUARTER HOUSES A WIDE RANGE OF PROGRAMS AND PROJECTS BRIDGING ART, SCIENCE AND TECHNOLOGY IN JULY 2016, WAKE FOREST SCHOOL OF MEDICINE WILL MOVE INTO THE BOWMAN GRAY CENTER FOR MEDICAL EDUCATION IN THE INNOVATION QUARTER THE \$50 MILLION PROJECT IS A STATE OF THE ART FACILITY WHERE FUTURE GENERATIONS OF PHYSICIANS AND RESEARCHERS WILL BE TRAINED IT IS THE RESULT OF RENOVATIONS TO A FORMER R J REYNOLDS TOBACCO CO BUILDING 1 CLINICAL SERVICES WAKE FOREST BAPTIST MEDICAL CENTER IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION ITS CLINICAL ENTERPRISE, WAKE FOREST BAPTIST HEALTH, OFFERS EXPERTISE IN MORE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZED CARE FOR ALL AGES THE MEDICAL CENTER NETWORK INCLUDES THE 167-BED COMPREHENSIVE CANCER CENTER AND THE 144-BED BRENNER CHILDREN'S HOSPITAL, BOTH OF WHICH ARE ON THE MAIN CAMPUS IN WINSTON SALEM, AS WELL AS COMMUNITY HOSPITALS IN NEIGHBORING DAVIDSON AND DAVIE COUNTIES ACROSS ITS SERVICE AREA OF NORTHWEST NORTH CAROLINA AND SOUTHWEST VIRGINIA, WAKE FOREST BAPTIST HAS 11 EMERGENCY DEPARTMENTS, 27 PRIMARY CARE CLINICS, 16 DIALYSIS CENTERS, AND FREESTANDING IMAGING AND ENDOSCOPY CENTERS THE MEDICAL CENTER EMPLOYS 1,215 PHYSICIANS, 2,985 REGISTERED NURSES, 578 RESIDENTS AND 129 FELLOWS, AND HAS A TOTAL STAFF OF 13,441 OVERALL IN FY 2015, WAKE FOREST BAPTIST HAD 40,251 INPATIENT ADMISSIONS, 108,583 EMERGENCY DEPARTMENT VISITS AND 1,111,409 OUTPATIENT ENCOUNTERS (AMBULATORY VISITS AND OUTPATIENT DEPARTMENTS) 2. OUTREACH WAKE FOREST BAPTIST MEDICAL CENTER CONTINUES A BROAD-BASED EFFORT TO REACH UNDERSERVED POPULATIONS ACROSS ITS SERVICE AREA THE MEDICAL CENTER'S ANNUAL COMMUNITY BENEFITS REPORT REFLECTS THIS COMMITMENT IN FISCAL 2014, THE MOST RECENT YEAR FOR WHICH FIGURES ARE AVAILABLE, THE MEDICAL CENTER SPENT \$272.6 MILLION TO SUPPORT THESE AREAS - SUBSIDIZED HEALTH COSTS- COMMUNITY HEALTH OUTREACH- CHARITY CARE- RESEARCH- EDUCATION ONE ANCHOR OF OUTREACH FOR THE MEDICAL CENTER IS ITS DOWNTOWN HEALTH PLAZA, A FULL-SERVICE, OUTPATIENT MEDICAL CLINIC THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINSURED RESIDENTS WITH A STATE OF THE ART MEDICAL HOME IN ADDITION TO CLINICAL CARE, THE DOWNTOWN HEALTH PLAZA OFFERS COMMUNITY HEALTH FAIRS, DIABETES EDUCATION AND A CENTERING PREGNANCY PROGRAM THAT IS REDUCING THE INCIDENCE OF LOW BIRTH WEIGHT BABIES ALTOGETHER, 67,103 PATIENT VISITS WERE RECORDED AT THE DOWNTOWN HEALTH PLAZA BETWEEN JULY 2014 AND JUNE 2015 THE MEDICAL CENTER'S PROGRAMS AND PARTNERSHIPS REFLECT INNOVATIVE EFFORTS TO REACH UNDERSERVED POPULATIONS THEY INCLUDE - REGULAR COMMUNITY-BASED HEALTH CLINICS, INCLUDING THE WEEKLY DELIVERING EQUAL ACCESS TO CARE (DEAC) CLINIC AT THE COMMUNITY CARE CENTER IN WINSTON SALEM, THE MONTHLY TRIAD FREE HEALTH CLINIC AT COMMUNITY MOSQUE IN WINSTON SALEM, THE MONTHLY GRACE CLINIC AT NEW LIGHT MISSIONARY BAPTIST CHURCH IN WINSTON SALEM AND THE ANNUAL SHARE THE HEALTH FAIR AT THE DOWNTOWN HEALTH PLAZA IN WINSTON SALEM THESE CLINICS, SPONSORED BY PRIVATE ORGANIZATIONS AND CHURCHES WITH VOLUNTEER ASSISTANCE FROM WAKE FOREST BAPTIST PHYSICIANS, NURSES, MEDICAL STUDENTS AND OTHERS, ATTRACT THOUSANDS OF PEOPLE TO SCREENINGS FOR ACUTE AND CHRONIC CONDITIONS - PROVIDING STAFF SUPPORT SERVICES TO A MENTAL HEALTH CLINIC DESIGNED TO HELP HOMELESS PEOPLE STABILIZE THEIR MENTAL HEALTH THE HOMELESS OPPORTUNITIES & TREATMENT (HOT) PROJECT IS CONDUCTED AT SAMARITAN MINISTRIES, A HOMELESS SHELTER IN WINSTON SALEM IT IS PART OF THE LARGER EMPOWERMENT PROJECT CONNECTING HOMELESS PEOPLE IN NEED WITH HOUSING, EDUCATION AND TRAINING - THE SCHOOL OF MEDICINE'S PHYSICIAN ASSISTANT (PA) PROGRAM, WHICH IS INCREASING THE NUMBER OF PAS WORKING IN PRIMARY CARE IN NORTH CAROLINA'S RURAL APPALACHIAN COUNTIES THROUGH ITS NEW SECOND CAMPUS AT APPALACHIAN STATE UNIVERSITY IN BOONE - FAITH HEALTH INC, AN INITIATIVE THAT CONNECTS THE CARING STRENGTHS OF CONGREGATIONS, THE CLINICAL EXPERTISE OF PROVIDERS AND A NETWORK OF COMMUNITY RESOURCES TO EASE THOSE ON THE JOURNEY TO HEALTH AND HEALING, WHILE STRENGTHENING COMMUNITIES IN THE PROCESS ALSO THIS YEAR, THE WAKE FOREST BAPTIST MEDICAL CENTER CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE (CTSI) RECEIVED A FOUR-YEAR, \$15.6 MILLION CLINICAL AND TRANSLATIONAL SCIENCE AWARD (CTSA) FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) THE PROGRAM GIVES WAKE FOREST BAPTIST ENTRY INTO THE NATIONAL CLINICAL AND TRANSLATIONAL SCIENCE AWARD CONSORTIUM, WHICH IS COMPRISED OF MORE THAN 60 ACADEMIC MEDICAL CENTERS AND PARTNER ORGANIZATIONS, WORKING COLLABORATIVELY TO ACCELERATE TRANSLATION OF DISCOVERIES INTO BETTER PREVENTIVE AND TREATMENT SOLUTIONS TO IMPROVE HEALTH THE CTSI WILL SPEED THE TRANSLATION OF DISCOVERIES TO IMPROVE HEALTH, EXPANDING OPPORTUNITIES FOR PATIENTS TO PARTICIPATE IN LEADING EDGE CLINICAL TRIALS AND STUDIES, MANY OF WHICH ARE AIMED AT REDUCING CHRONIC DISEASES SUCH AS DIABETES AND HYPERTENSION 3. EDUCATIONAL MISSION AND ACCOMPLISHMENTS THE CONSTITUENT ORGANIZATIONS OF WAKE FOREST BAPTIST MEDICAL CENTER OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS, GRADUATING SKILLED PRACTITIONERS IT ATTRACTS SOME OF THE WORLD'S MOST COMPETITIVE MEDICAL STUDENTS, RESIDENTS AND FELLOWS, AS WELL AS STUDENTS IN CLINICAL PASTORAL CARE, NURSE ANESTHESIA AND OTHER AREAS IN THE MOST RECENT REPORTING PERIOD, WAKE FOREST BAPTIST INVESTED MORE THAN \$77.5 MILLION IN THE EDUCATION OF TOMORROW'S HEALTH CARE AND BIOMEDICAL LEADERS THAT INVESTMENT SUPPORTED THE TRAINING OF 467 MEDICAL STUDENTS, 707 PHYSICIAN RESIDENTS AND FELLOWS, 291 GRADUATE STUDENTS AND 177 PHYSICIAN ASSISTANTS IN ADDITION, THE NORTHWEST AREA HEALTH EDUCATION CENTER, PART OF WAKE FOREST SCHOOL OF MEDICINE, OFFERED 1,908 CONTINUING MEDICAL EDUCATION ACTIVITIES THAT DREW 34,765 PARTICIPANTS FROM THROUGHOUT THE REGION

[illegible][illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶	1,233,074,506
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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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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 Yes	
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, line 10? 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 Yes	
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	No
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 and XII 	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 and XII 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, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	250	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	9,919
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b. If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
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?			
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. See the instructions for additional information the organization must report on Schedule O.		13a	
b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c. Enter the 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? <i>If "No," provide an explanation in Schedule O.</i>		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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
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 this 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	Yes
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	Yes

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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

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Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	13,295,644	0	1,891,070

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▶432

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
ARAMARK 2300 WARRENVILLE ROAD DOWNER GROVE, IL 60515	MANAGEMENT SERVICES	5,472,369
ORACLE AMERICA INC 500 ORACLE PKWY REDWOOD SHORES, CA 94065	TECHNOLOGY	4,242,397
ANGELICA TEXTILE SERVICES INC 4 ANSON ST DURHAM, NC 27703	LINENS & TEXTILE SRV	4,084,498
MEDCOST BENEFIT SERVICES 165 KIMEL PARK DRIVE WINSTON SALEM, NC 27103	TPA	3,416,020
HCCA INTERNATIONAL 12 CADILLAC DRIVE BRENTWOOD, TN 37027	STAFFING SERVICES	3,235,688
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 ▶121		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	1,000,000			
	e	Government grants (contributions) 1e	915,864			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,665,627			
	g	Noncash contributions included in lines 1a-1f \$	119,508			
	h	Total. Add lines 1a-1f	4,581,491			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 621990	1,363,026,955	1,363,026,955	
	b	COST RECOVERY & OTHER	621990	5,849,554	6,267,039	-417,485
	c	MEDICAL/LAB SERVICE	621500	4,646,257	2,943,677	1,702,580
	d	DIETARY	722210	4,498,529	4,213,845	284,684
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,378,021,295			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	16,454,170			16,454,170
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 608,625	(ii) Personal		
	b	Less rental expenses	0			
	c	Rental income or (loss)	608,625			
	d	Net rental income or (loss)	608,625			608,625
	7a	Gross amount from sales of assets other than inventory	(i) Securities 25,283,215	(ii) Other 4,262,977		
	b	Less cost or other basis and sales expenses	0	3,477,971		
	c	Gain or (loss)	25,283,215	785,006		
	d	Net gain or (loss)	26,068,221			26,068,221
	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	PARKING FEES	900099	3,359,163		3,359,163
	b	GIFT SHOP REVENUE	453220	1,406,913		1,406,913
	c	TUITION	900099	860,289	860,289	
	d	All other revenue				
	e	Total. Add lines 11a-11d	5,626,365			
	12	Total revenue. See Instructions	1,431,360,167	1,377,311,805	1,569,779	47,897,092

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	825,205	825,205		
2	Grants and other assistance to domestic individuals See Part IV, line 22	65,500	65,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,774,644		7,774,644	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	299,035		299,035	
7	Other salaries and wages	465,648,347	383,016,582	82,631,765	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,334,136	9,250,602	3,083,534	
9	Other employee benefits	71,112,731	57,506,112	13,606,619	
10	Payroll taxes	29,023,820	21,767,865	7,255,955	
11	Fees for services (non-employees)				
a	Management				
b	Legal	24,900	18,675	6,225	
c	Accounting	277,983		277,983	
d	Lobbying	558,276	558,276		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	3,866,718	1,933,359	1,933,359	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	176,729,258	161,245,428	15,483,830	
12	Advertising and promotion	2,688,357	1,357,943	1,330,414	
13	Office expenses	42,268,460	30,927,515	11,340,945	
14	Information technology	18,781,986	14,086,490	4,695,496	
15	Royalties				
16	Occupancy	36,523,107	28,833,801	7,689,306	
17	Travel	706,531	393,984	312,547	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,302,552	806,813	495,739	
20	Interest	19,628,224	19,271,429	356,795	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,208,101	79,208,101		
23	Insurance	7,089,707	6,267,170	822,537	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	291,202,251	291,202,251		
b	BAD DEBT	80,727,492	80,727,492		
c	PROVIDER ASSESSMENT	43,803,913	43,803,913		
d	INCOME TAXES	495,956		495,956	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,392,967,190	1,233,074,506	159,892,684	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		59,843,783	1	125,810,492
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		308,239,500	4	232,727,473
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net		29,178,976	7	25,630,737
	8	Inventories for sale or use		30,843,735	8	35,527,359
	9	Prepaid expenses and deferred charges		4,024,279	9	12,568,734
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	1,464,130,719		
	b	Less: accumulated depreciation	10b	834,099,841	10c	630,030,878
	11	Investments—publicly traded securities		644,739,683	11	534,318,259
	12	Investments—other securities. See Part IV, line 11.			12	130,137,782
	13	Investments—program-related. See Part IV, line 11.		65,321,353	13	78,478,785
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11.		13,506,115	15	715,331
	16	Total assets. Add lines 1 through 15 (must equal line 34).		1,812,990,944	16	1,805,945,830
Liabilities	17	Accounts payable and accrued expenses		196,034,485	17	236,381,542
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		499,980,630	20	489,181,693
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other 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.		164,515,619	25	125,728,438
	26	Total liabilities. Add lines 17 through 25.		860,530,734	26	851,291,673
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		947,453,029	27	948,890,434
	28	Temporarily restricted net assets		2,798,551	28	3,408,625
	29	Permanently restricted net assets		2,208,630	29	2,355,098
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		952,460,210	33	954,654,157
	34	Total liabilities and net assets/fund balances		1,812,990,944	34	1,805,945,830

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,431,360,167
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,392,967,190
3	Revenue less expenses Subtract line 2 from line 1	3	38,392,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	952,460,210
5	Net unrealized gains (losses) on investments	5	-31,912,675
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,286,355
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	954,654,157

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) RON D KESSINGER CHAIRMAN	2 00 6 00	X		X				0	0	0
(1) ARTHUR A GIBEL TRUSTEE	2 00 4 00	X						0	0	0
(2) KATHRYN H HAMRICK TRUSTEE	2 00 2 00	X						0	0	0
(3) A LEE HERRING TRUSTEE	2 00 4 00	X						0	0	0
(4) J WAYNE MEREDITH MD TRUSTEE	2 00 2 00	X						0	0	0
(5) CAROL F POLK TRUSTEE	2 00 2 00	X						0	0	0
(6) WILLIAM C WARDEN JR VICE - CHAIRMAN	2 00 4 00	X		X				0	0	0
(7) SHEREE B WATSON TRUSTEE	2 00 0 00	X						0	0	0
(8) RAY N HOWELL III D MIN TRUSTEE	2 00 2 00	X						0	0	0
(9) JOHN D KIMBERLY TO 111014 TRUSTEE	2 00 0 00	X						0	0	0
(10) STEPHEN L ROBERTSON TRUSTEE	2 00 6 00	X						0	0	0
(11) EDWIN L WELCH JR TRUSTEE	2 00 4 00	X						0	0	0
(12) LINWOOD L DAVIS TRUSTEE	2 00 0 00	X						0	0	0
(13) BRENDA B DIGGS TRUSTEE	2 00 0 00	X						0	0	0
(14) LOUIS B BALDWIN JR TRUSTEE	2 00 0 00	X						0	0	0
(15) GEORGE D RENFRO TRUSTEE	2 00 4 00	X						0	0	0
(16) JOHN D MCCONNELL MD TRUSTEE & CEO	19 00 21 00	X		X				1,551,136	0	232,372
(17) H GREG BRAY ASST SECRETARY	30 00 10 00			X				221,679	0	24,425
(18) J MCLAIN WALLACE JR VP GENERAL COUNSEL/SECR	27 90 12 10			X				458,252	0	105,752
(19) KAREN H HUEY VP FACILITIES	23 00 17 00			X				301,785	0	65,113
(20) ERIC TOMLINSON CHIEF INNOVATION OFFICER	0 00 40 00			X				548,647	0	94,369
(21) NORMAN D POTTER JR VP DEVELOPMENT & ALUMNI AF	20 00 20 00			X				331,464	0	73,190
(22) CHERYL EH LOCKE VP CHIEF HUMAN RESOURCES	30 00 10 00			X				394,692	0	84,972
(23) LISA M WYATT VP CHIEF COMM & MARKETING	20 00 20 00			X				342,656	0	71,045
(24) EDWARD ABRAHAM MD DEAN, SCHOOL OF MEDICINE	0 00 40 00			X				619,588	0	153,776

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 (list any hours for related organizations below dotted line)	(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			
(26) C MICHAEL RUTHERFORD CFO/TREASURER	22 00 18 00			X				0	0	0
(1) BRADLEY A CLARK ASSISTANT TREASURER	23 00 17 00			X				229,845	0	28,451
(2) TERRY G WILLIAMS EXEC VP STRAT & NET WK DE	21 00 19 00			X				572,543	0	165,039
(3) K BARBARA CARBONE MD PRESIDENT/COO	14 00 26 00			X				895,532	0	197,496
(4) CHAD A ECKES CFO, TREAS , CIO	23 00 17 00			X				390,305	0	88,718
(5) KEVIN P HIGH MD EVP, HS AFFAIRS	14 00 26 00			X				439,852	0	26,774
(6) DEETTE M EMON CIO	20 00 20 00			X				145,538	0	6,124
(7) BETTY PETREE DIRECTOR NURSE ANESTHESIA	40 00 0 00					X		266,675	0	8,186
(8) MICHAEL RIEKER DIRECTOR OF NURSE ANESTHES	40 00 0 00					X		226,101	0	27,085
(9) VANCE MCVAY JR CLINICAL INSTRUCTOR CRNA	40 00 0 00					X		244,726	0	26,151
(10) MICHAEL T WAID VP CLINICAL OPERATIONS	40 00 0 00					X		267,650	0	68,515
(11) JOHN K LEW AVP - HR	20 00 20 00					X		243,872	0	20,761
(12) JOANNE C RUHLAND FORMER OFFICER	25 00 15 00						X	269,000	0	58,292
(13) EDWARD G CHADWICK FORMER OFFICER	0 00 0 00						X	1,588,175	0	20,524
(14) THOMAS E SIBERT MD FORMER OFFICER	0 00 0 00						X	1,403,531	0	21,223
(15) RUSSELL M HOWERTON MD FORMER OFFICER	22 00 18 00						X	555,519	0	143,586
(16) SHEILA M SANDERS FORMER OFFICER	0 00 0 00						X	155,697	0	6,842
(17) MAUREEN E SINTICH FORMER OFFICER	39 00 1 00						X	227,642	0	15,129
(18) DONNY C LAMBETH FORMER OFFICER	0 00 0 00						X	272,778	0	6,504
(19) SHARON ENGBRETSON FORMER OFFICER	34 00 6 00						X	130,764	0	50,656

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
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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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		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		376,927
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?	Yes		181,349
j Total Add lines 1c through 1i				558,276
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	SUPPORT OF GOVT RELATIONS OFFICE AND PRORATA PORTION OF DUES PAID TO STATE AND LOCAL 501(C)(6) ORGANIZATIONS THAT REPRESENTS LOBBYING ON BEHALF OF ITS MEMBERS GOVERNMENT RELATIONS THE OFFICE OF GOVERNMENT RELATIONS WAS ACTIVELY INVOLVED WITH SEVERAL FEDERAL AND STATE ISSUES THE OFFICE ASSISTED IN DEVELOPING POLITICAL ADVOCACY STRATEGIES REGARDING THE PERMANENT REPEAL OF THE PHYSICIAN SUSTAINABLE GROWTH RATE (SGR) FORMULA AND THE DEVELOPMENT OF A REPLACEMENT FORMULA, FUNDING FOR RESOURCES FOR DESIGNATED EBOLA PREPAREDNESS TREATMENT FACILITIES, OPPOSITION TO THE EXTENSION OF THE MEDICARE SEQUESTER IN THE REAUTHORIZATION OF THE TRADE ADJUSTMENT ASSISTANCE (TAA) PROGRAM, LEGISLATION TO MAKE MUCH NEEDED IMPROVEMENTS TO THE CENTER FOR MEDICARE & MEDICAID SERVICES' (CMS) RECOVERY AUDIT CONTRACT (RAC) PROGRAM, BILLS TO INCREASE PHYSICIAN RESIDENCY SLOTS BY 15,000 OVER FIVE YEARS AT TEACHING HOSPITALS, HEALTH RESOURCES AND SERVICES' (HRSA) PROPOSED 340(B) DRUG PRICING PROGRAM MEGA GUIDANCE, FY 2016 INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) RULE, TWO-MIDNIGHT/PATIENT STATUS RULE AND LAWSUIT RULING AND REPEAL, SITE NEUTRAL PAYMENTS REGARDING PROPOSED PAYMENT CUTS FOR EVALUATION AND MANAGEMENT (E/M) SERVICES AND CERTAIN OTHER PROCEDURES PROVIDED IN HOSPITAL OUTPATIENT DEPARTMENTS (HOPD'S), REPEAL OF THE MEDICAL DEVICE TAX AND INDEPENDENT PAYMENT ADVISORY BOARD (IPAB) PROVISIONS OF THE AFFORDABLE CARE ACT, REDUCTIONS TO PAYMENTS FOR INDIRECT MEDICAL EDUCATION (IME) AND DIRECT GRADUATE MEDICAL EDUCATION (DGME) TO TEACHING HOSPITALS, LEGISLATION FOR AN EXTENSION AND MORE FLEXIBILITY FOR HOSPITALS TO MEET THEIR FY 15 ELECTRONIC HEALTH RECORD (EHR) REQUIREMENTS STAFF WORKED ON THE FY2016 BUDGET, AND THE CY 2016 MEDICARE PHYSICIAN FEE SCHEDULE AND OTHER CHANGES TO MEDICARE PART B STAFF ALSO WORKED ON MANY OF THE FY 2016 APPROPRIATIONS BILLS AND PROPOSED LEGISLATION AND REGULATIONS THAT WERE INTRODUCED, INCLUDING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING THE NATIONAL INSTITUTES OF HEALTH (NIH) BUDGET, AND VETERANS AFFAIRS (VA) RESEARCH AND MEDICAL CARE FUNDING TO EASE ACCESS FOR VETERANS SEEKING HEALTH CARE FROM NON-VA PROVIDERS, AND LEGISLATION REGARDING PATENT TROLLING AND INTELLECTUAL PROPERTY ISSUES AT THE STATE LEVEL, EFFORTS WERE CONCENTRATED ON MEDICAID REORGANIZATION AND TRANSFORMATION, CONTINGENCY RESERVE FUNDING FOR MEDICAID, PREVENTING ELIMINATION OF MEDICAID GRADUATE MEDICAL EDUCATION FUNDING, INCREASES TO THE MEDICAID PROVIDER ASSESSMENT, CHANGES TO THE STATE HEALTH INFORMATION EXCHANGE (HIE) PROGRAM, INCREASE IN AUTOPSY AND MEDICAL EXAMINER FEES, INSURANCE COVERAGE FOR AUTISM PATIENTS, ORAL CHEMOTHERAPY AND REQUIRED LIABILITY INSURANCE FOR MOPED OWNERS, FUNDING FOR THE WAKE FOREST ARMED FORCES INSTITUTE FOR REGENERATIVE MEDICINE (AFIRM), REPEAL OF THE CERTIFICATE OF NEED LAW, LEGISLATION TO REVISE THE HISTORIC MILL RESTORATION TAX CREDIT IMPACTING THE WAKE FOREST INNOVATION QUARTER, REVISIONS TO THE HEALTH CARE COST REDUCTION AND TRANSPARENCY ACT, FUNDING FOR ADDITIONAL INPATIENT PSYCHIATRIC BEDS, PROTECTION OF THE \$45 MILLION HOSPITAL SALES TAX REFUND CAP, THE EXTENSION OF THE LAW PROTECTING EMERGENCY DEPARTMENT PROVIDERS FROM ASSAULT TO ALL HOSPITAL PERSONNEL AND LEGISLATION PROHIBITING OWNERS OF TANNING EQUIPMENT OR FACILITIES FROM PROVIDING TANNING SERVICES TO ANYONE UNDER THE AGE OF 18

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

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

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that 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 XIII
- 5

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

☐ 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 XIII and complete the following table

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,007,181	4,768,404	8,088,305	7,303,928	5,383,158
b Contributions	2,132,638	1,443,959	616,961	1,221,778	841,681
c Net investment earnings, gains, and losses	26,445	389,849	185,112	-65,209	576,477
d Grants or scholarships				124,978	113,868
e Other expenditures for facilities and programs	1,402,541	1,595,031	4,121,974	709,300	738,112
f Administrative expenses				-462,086	-1,354,592
g End of year balance	5,763,723	5,007,181	4,768,404	8,088,305	7,303,928

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

☐
- b

Permanent endowment

☐ 40 860 %
- c

Temporarily restricted endowment

☐ 59 140 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		29,369,819		29,369,819
b Buildings		842,136,320	479,756,187	362,380,133
c Leasehold improvements		1,387,454	790,418	597,036
d Equipment		525,067,380	353,553,236	171,514,144
e Other		66,169,746		66,169,746
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				630,030,878

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE HOSPITAL'S ENDOWMENT FUNDS ARE USED TO PROVIDE SUPPORT FOR EDUCATION, SCHOLARSHIPS, INDIGENT CARE, AND OTHER DEPARTMENTAL FUNDING
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS FOR ITS FISCAL YEARS ENDED JUNE 30, 2015 AND 2014, INCLUDING A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF ITS FOR-PROFIT SUBSIDIARIES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2015 AND 2014.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		153,292,369
(2) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FOREIGN INVESTMENTS		12,500,000
(3)					
(4)					
(5)					
3a Sub-total	0	0			165,792,369
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			165,792,369

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3

Enter total number of other organizations or entities ▶

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			59,686,844	10,367,151	49,319,693	3 760 %
b Medicaid (from Worksheet 3, column a)			229,763,284	230,448,886	-685,602	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			40,483,731	25,643,000	14,840,731	1 130 %
d Total Financial Assistance and Means-Tested Government Programs			329,933,859	266,459,037	63,474,822	4 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,561,190		2,561,190	0 200 %
f Health professions education (from Worksheet 5)			96,986,865	22,546,262	74,440,603	5 670 %
g Subsidized health services (from Worksheet 6)			2,089,791		2,089,791	0 160 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			920,474		920,474	0 070 %
j Total Other Benefits			102,558,320	22,546,262	80,012,058	6 100 %
k Total. Add lines 7d and 7j			432,492,179	289,005,299	143,486,880	10 990 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			97,421		97,421	0.010 %
4Environmental improvements						
5Leadership development and training for community members			248,383		248,383	0.020 %
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			345,804		345,804	0.030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

26,334,025

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

398,374,546

6Enter Medicare allowable costs of care relating to payments on line 5.

6

483,520,044

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-85,145,498

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

NORTH CAROLINA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.WAKEHEALTH.EDU/HCI/</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>12</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
	<u>WWW.WAKEHEALTH.EDU/HCI/NEEDS-ASSESSMENT-AND-</u>		
a	If "Yes" (list url) <u>IMPLEMENTATION-REPORTS.HTM</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

NORTH CAROLINA BAPTIST HOSPITAL		
Name of hospital facility or letter of facility reporting group		
		<div>YesNo</div>
Financial Assistance Policy (FAP)		
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<div>13Yes</div>
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%	
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)	
c	<input type="checkbox"/> Asset level	
d	<input checked="" type="checkbox"/> Medical indigency	
e	<input checked="" type="checkbox"/> Insurance status	
f	<input checked="" type="checkbox"/> Underinsurance discount	
g	<input type="checkbox"/> Residency	
h	<input checked="" type="checkbox"/> Other (describe in Section C)	
14	14 Explained the basis for calculating amounts charged to patients?	<div>14Yes</div>
15	15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<div>15Yes</div>
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application	
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application	
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process	
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications	
e	<input type="checkbox"/> Other (describe in Section C)	
16	16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<div>16Yes</div>
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW WAKEHEALTH EDU/HCI/NEEDS-ASSESSMENT-AND-IMPLEMENTATION-REPORTS H	
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW WAKEHEALTH EDU/FINANCIAL-ASSISTANCE HTM	
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW WAKEHEALTH EDU/FINANCIAL-ASSISTANCE HTM	
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)	
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)	
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)	
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility	
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP	
i	<input type="checkbox"/> Other (describe in Section C)	
Billing and Collections		
17	17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<div>17Yes</div>
18	18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP	
a	<input type="checkbox"/> Reporting to credit agency(ies)	
b	<input type="checkbox"/> Selling an individual's debt to another party	
c	<input type="checkbox"/> Actions that require a legal or judicial process	
d	<input type="checkbox"/> Other similar actions (describe in Section C)	
e	<input type="checkbox"/> None of these actions or other similar actions were permitted	

Part V

Facility Information (continued)

NORTH CAROLINA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **33**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 3C	THE ORGANIZATION ALSO EVALUATES CERTAIN CREDIT FILE DATA ELEMENTS TO IDENTIFY POTENTIAL SOURCES OF HIDDEN INCOME TO MORE ACCURATELY INFORM CHARITY CARE ELIGIBILITY ASSESSMENTS PATIENTS WITH ESTIMATED HOUSEHOLD INCOME BELOW 200% OF FPG, WHO ARE IDENTIFIED AS HAVING COMMERCIAL CREDIT ACCOUNTS THAT ARE BEING SERVICED IN A MANNER THAT SUGGESTS ADDITIONAL SOURCES OF INCOME, ARE NOT AUTOMATICALLY GRANTED PRESUMPTIVE CHARITY CARE

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION USED THE WORKSHEETS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H TO COMPUTE ITS COST-TO-CHARGE RATIO FOR PURPOSES OF THE 2014 SCHEDULE H PART I, LINE 7B MEDICAID DIRECT OFF-SETTING REVENUE THE HOSPITAL PARTICIPATES IN A PROVIDER ASSESSMENT PROGRAM ADMINISTERED BY THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES UNDER THE PROGRAM, A FEE IS ASSESSED AGAINST NON-MEDICAID NET PATIENT SERVICE REVENUES OF PRIVATE HOSPITALS THE FEDERAL GOVERNMENT MATCHES THE ASSESSMENT AT A RATE OF NEARLY 2 TO 1, AND THESE AMOUNTS ARE ALLOCATED TO NORTH CAROLINA HOSPITALS ON A QUARTERLY BASIS

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE ORGANIZATION'S PATIENT BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS WAS \$80,727,492 FOR THE FISCAL YEAR ENDED JUNE 30, 2015 THIS AMOUNT HAS BEEN REMOVED FROM THE CALCULATION OF CHARITY CARE FOR PART I, LINE 7

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>THE HOSPITAL IS RESPONSIVE TO THE COMMUNITIES IT SERVES THROUGH A NUMBER OF ACTIVITIES, PROGRAMS AND INITIATIVES. THE HOSPITAL IS CURRENTLY ALIGNED WITH THE FORSYTH COUNTY HEALTH DEPARTMENT AND LEADS AND/OR PARTICIPATES IN A WIDE VARIETY OF PARTNERSHIPS AND LOCAL COALITIONS. THESE INCLUDE THE BE HEALTH- OBESITY COALITION, HEAT- HEALTH DISPARITIES AND THE CHRONIC DISEASE COALITION. COLLECTIVELY THESE COALITIONS ARE TASKED WITH IMPROVING THE HEALTH STATUS OF THE COMMUNITIES THEY SERVE WITH A SPECIFIC FOCUS ON CHRONIC DISEASE, PHYSICAL ACTIVITY/NUTRITION AND TOBACCO USE. SPECIFICALLY, THE COALITIONS ARE WORKING COLLABORATIVELY TO 1) REDUCE THE CARDIOVASCULAR DISEASE MORTALITY RATE, 2) DECREASE THE INCIDENCE OF DIABETES, 3) INCREASE THE PERCENTAGE OF ADULTS REPORTING GOOD, VERY GOOD OR EXCELLENT HEALTH, 4) INCREASE THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO ARE NEITHER OVERWEIGHT NOR OBESE, 5) INCREASE THE PERCENTAGE OF ADULTS WHO REPORT THAT THEY CONSUME FRUITS AND VEGETABLES FIVE OR MORE TIMES PER DAY, 6) INCREASE THE PERCENTAGE OF ADULTS GETTING THE RECOMMENDED AMOUNT OF PHYSICAL ACTIVITY, AND 7) DECREASE THE PERCENTAGE OF HIGH SCHOOL STUDENTS REPORTING CURRENT USE OF ANY TOBACCO PRODUCT. THE HOSPITAL IS SPECIFICALLY RESPONSIVE TO THE CHRONIC HEALTH NEEDS OF THE COMMUNITY BY PROVIDING FREE CARE TO ITS RESIDENTS AND PROVIDES \$4 MILLION IN SUBSIDY FUNDING FOR THE DOWNTOWN HEALTH PLAZA, A LEVEL 3 NCQA SITE AND NATIONAL HEALTH SERVICE CORP SITE. DURING FY15, DOWNTOWN HEALTH PLAZA HAD OVER 67,000 PATIENT VISITS, INCLUDING 28,800 ADULTS, 27% OF WHICH ARE SELF-PAY, 19,400 OB/GYN PATIENTS, 41% ARE SELF-PAY, AND 18,900 PEDIATRIC PATIENTS, 8% OF WHICH ARE SELF-PAY. MANY OF THE SELF-PAY PATIENTS ARE MANAGING CHRONIC DISEASES SUCH AS DIABETES, KIDNEY FAILURE AND HEART FAILURE, AND DHP PROVIDES CARE AND COUNSELING AT NO COST FOR THESE CONDITIONS. SPECIFICALLY DHP PROVIDES SIGNIFICANT BENEFIT TO THE COMMUNITY THROUGH THE FOLLOWING INITIATIVES: COLLABORATION WITH NORTHWEST COMMUNITY CARE NETWORK THROUGH ONSITE PEDIATRIC AND INTERNAL MEDICINE MANAGERS, AS A PARTICIPATING WIC SITE, PROVIDES A COMMUNITY GARDEN PROVIDING FRESH VEGETABLES AND HERBS TO PATIENTS, PROVIDES A FREE FOOD PANTRY TO PATIENTS, OFFERS A CO-LOCATED MENTAL HEALTH COUNSELOR FOR CHILDREN IN PARTNERSHIP WITH THE CHILDREN'S HOME, AND A CO-LOCATED PARENT EDUCATOR PROGRAM IN PARTNERSHIP WITH IMPRINTS TO HELP FAMILIES ADDRESS DEVELOPMENTAL DELAYS. DHP ALSO COORDINATES WITH NORTHWEST COMMUNITY CARE NETWORK AND CENTERPOINT TO PROVIDE AN INNOVATIVE COMPREHENSIVE CARE MANAGEMENT FOR A HIGH RISK POPULATION (INCLUSIVE OF THE UNINSURED) THROUGH AN INTENSIVE CARE COORDINATION PROGRAM (HIGHER RISK FOR READMISSIONS AND ED VISITS). DHP ALSO PROVIDES AN ANNUAL SHARE THE HEALTH FREE HEALTH FAIR, PROVIDING FREE HEALTH SCREENINGS AND OTHER HEALTH-RELATED SERVICES AVAILABLE TO EVERYONE (ADULTS AND CHILDREN) REGARDLESS OF AGE, INSURANCE COVERAGE, AND INCOME LEVEL OR IMMIGRATION STATUS. THE HEALTH FAIR SERVES APPROXIMATELY 650 CHILDREN AND ADULTS ON AN ANNUAL BASIS. BRENNER FIT (FAMILIES IN TRAINING) HAS THE LONGEST TRACK RECORD AND THE MOST EXPERIENCE IN PROVIDING PREVENTION AND TREATMENT PROGRAMS FOR OVERWEIGHT AND OBESE POPULATIONS IN THE HOSPITAL'S SERVICE AREA. IN FY 2015, BRENNER FIT PROVIDED THE FOLLOWING: * RECEIVED 584 REFERRALS, BEGAN TREATMENT OF 130 NEW PATIENTS, INCREASED ORIENTATION ATTENDANCE BY 49% * INITIATED REDESIGN OF BRENNER FIT'S CLINICAL TREATMENT, DEVELOPING ADDITIONAL EXPERIENTIAL EDUCATION COMPONENTS AND INCREASING CLINIC VOLUME * GAVE 13 ACADEMIC PRESENTATIONS WITH OVER 600 PROFESSIONALS IN ATTENDANCE * REACHED OVER 1,900 INDIVIDUALS THROUGH COMMUNITY EDUCATION * FEATURED 11 TIMES IN BOTH REGIONAL AND NATIONAL MEDIA TOTALING OVER \$900,000 IN VALUE FOR THE MEDICAL CENTER AND REACHING NEARLY 9 MILLION INDIVIDUALS * TAUGHT NEARLY 1,100 SCHOOL CHILDREN BRENNER FIT'S MESSAGE * PARTICIPATED IN 15 COMMUNITY HEALTH FAIRS REACHING AN ESTIMATED 68,000 INDIVIDUALS * OFFERED 91 COOKING CLASSES, TEACHING 1,202 COMMUNITY MEMBERS ABOUT HEALTHY EATING * OFFERED 45 CLASSES FOCUSED ON PHYSICAL ACTIVITY REACHING 562 COMMUNITY MEMBERS * CONTRIBUTED TO ACADEMIC AND MEDICAL LITERATURE THROUGH 7 JOURNAL PUBLICATIONS AND 5 RESEARCH PRESENTATIONS. THE HOSPITAL ALSO PROVIDES A NUMBER OF PUBLIC EDUCATIONAL PROGRAMS THROUGH BEST HEALTH. BESTHEALTH, THE COMMUNITY WELLNESS OUTREACH PROGRAM OF WAKE FOREST BAPTIST HEALTH, OFFERED 145 CLASSES AND SCREENINGS IN FY 2015. MORE THAN HALF OF THESE EVENTS FOCUSED ON NUTRITION, HEART DISEASE, OBESITY AND EXERCISE. BESTHEALTH PROVIDED 7 COOKING CLASSES, 16 EXERCISE CLASSES, 28 SCREENINGS AND 94 SEMINARS FREE TO THE PUBLIC. IN ADDITION, BESTHEALTH COMMUNICATES MONTHLY TO THE COMMUNITY ABOUT ACCESS TO THE MANY SUPPORT GROUPS AND CLINICAL TRIALS AVAILABLE AT WAKE FOREST BAPTIST HEALTH. AS A HEART AND VASCULAR CENTER OF EXCELLENCE, THE HOSPITAL ALSO SPONSORS SEVERAL HEART RELATED SCREENINGS EACH YEAR INCLUDING FREE EKG SCREENINGS, HEART HEALTH</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>TALKS, FREE COMMUNITY CPR CLASSES, COORDINATION WITH THE BE HEALTHY COALITION TO ENCOURAGE PHYSICAL ACTIVITY AMONG ALL FORSYTH COUNTY RESIDENTS THROUGH A TWO-MONTH PROGRAM WITH STE P UP FORSYTH, A FREE COMMUNITY WIDE PROGRAM COLLABORATION WITH THE YMCA, A SIX WEEK CHRONI C DISEASE MANAGEMENT WORKSHOP AND HEART AND STROKE PREVENTION CLASSES AT COUNTY GOVERNMENT WORKSITES AS A CANCER CENTER OF EXCELLENCE AND AN NCI DESIGNATED CANCER CENTER, OUTREACH TO THE COMMUNITY IS A VITAL COMPONENT TO SERVING PATIENTS AND FAMILIES OUTREACH AND COLL ABORATIONS INCLUDE ANNUAL SKIN CANCER SCREENINGS, NUTRITION CLASSES, FREE YOGA FOR BREAST CANCER PATIENTS AND SURVIVORS, AS WELL AS SEVERAL FREE LUNCH AND LEARN WORKSHOPS ON CANCER AWARENESS AND PREVENTION THE HOSPITAL'S DIVISION OF FAITH AND HEALTH MINISTRIES HAS A NEW INITIATIVE, FAITHHEALTHNC FAITHHEALTHNC IS A DYNAMIC PARTNERSHIP BETWEEN FAITH COMMUNITI ES, HEALTH SYSTEMS AND HEALTHCARE PROVIDERS FOCUSED ON IMPROVING HEALTH IN THE COMMUNITY SINCE ITS IMPLEMENTATION, 222 NORTH CAROLINA CONGREGATIONS ACROSS 14 COUNTIES HAVE PARTNER ED WITH FAITHHEALTH NC TO SHARE IN THE MISSION OF HEALING FAITHHEALTHNC PROVIDES HEALTH C ARE LIAISONS WHO ASSIST THE COMMUNITY'S CLERGY AND FAITH VOLUNTEERS TO ENSURE THAT THEIR M EMBERS' HEALTHCARE NEEDS ARE MET DURING TIMES OF ILLNESS THE HOSPITAL IS AN ACTIVE PARTICI PANT IN THE FORSYTH BEHAVIORAL HEALTH COALITION WHICH INCLUDES REPRESENTATIVES FROM WAKE F OREST BAPTIST MEDICAL CENTER, FORSYTH MEDICAL CENTER, CENTERPOINT AND NORTHWEST COMMUNITY CARE NETWORK (NCCN) DURING THE FISCAL YEAR, THE COALITION WORKED WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION ON A COMPREHENSIVE PLAN TO TAKE TO THE NORTH CAROLINA STATE LEGISLATU RE WITH THE FOLLOWING PRIORITIES - DEVELOPMENT AND OBTAIN FUNDING FOR A COUNTY ED CRISIS I NTERVENTION PROGRAM, AS THERE IS NO CURRENT CRISIS INTERVENTION SUPPORT IN FORSYTH OR SURR OUNDING COUNTIES, AND- OBTAIN LEGISLATIVE SUPPORT FOR A WET SHELTER PROGRAM THE COALITION IS ALSO WORKING TO ENSURE THAT WE HAVE STRUCTURES AND PROCESSES IN PLACE TO IMPROVE THE PA TIENT FLOW AND TO ELIMINATE DUPLICATION OF SERVICES LASTLY, NCCN IS WORKING WITH CENTERPO INT TO ENSURE THE BIDIRECTIONAL FLOW OF ELECTRONIC INFORMATION</p>

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A DISCRETE FOOTNOTE EXPLAINING BAD DEBT EXPENSE. BAD DEBT HAS NOT BEEN INCLUDED IN THE COMPUTATION OF COMMUNITY BENEFIT ON PART I, LINE 7. AMOUNTS USED TO COMPUTE CHARITY CARE AND BAD DEBT ON SCHEDULE H USE THE MOST CURRENT DATA AVAILABLE AT THE TIME OF FILING. THE ORGANIZATION USED WORKSHEET 2 OF THE 2014 SCHEDULE H INSTRUCTIONS TO COMPUTE A COST TO CHARGES RATIO USED TO CALCULATE BAD DEBT AT COST.

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL USES AN OVERALL COST TO CHARGE RATIO CALCULATION BASED ON AUDITED FINANCIAL STATEMENTS BUT REMOVES COST ASSOCIATED WITH BAD DEBT, GME, COMMUNITY BUILDING, AND CHARITY CARE SO AS NOT TO COUNT THOSE COSTS TWICE

Form and Line Reference	Explanation
PART III, LINE 9B	<p>PATIENT FINANCIAL RESOURCES SERVICES WORKS WITH THE PATIENT FOR ANY PATIENT LIABILITY OUR MAIN FOCUS IS PRIOR TO SERVICESAND/OR DISCHARGE, HOWEVER, WE DO WORK WITH PATIENTS AFTER SERVICES HAVEBEEN RECEIVED AND BILLED PATIENT FINANCIAL RESOURCES SERVICES IS REALLYTWO AREAS IN ONE--THE RESOURCE RECOVERY SPECIALIST/RRS (FORMERLY FINANCIALCOUNSELING) AND THE MEDICAID ELIGIBILITY TEAM/MPS THESE TWO AREAS WORKTOGETHER TO FIND A RESOLUTION TO PATIENT LIABILITY, SELF PAY OR INSURED THE RRS WORKS TO NOTIFY THE PATIENT OF ANY PATIENT LIABILITY AND ASK FORPAYMENT FOR THAT LIABILITY IF THE PATIENT INDICATES THAT HE/SHE NEEDSASSISTANCE, THEN THE RRS WILL COMPLETE A FINANCIAL STATEMENT ON THEPATIENT WHILE TAKING THAT FINANCIAL STATEMENT THE RRS IS LOOKING FORINFORMATION THAT COULD QUALIFY THE PATIENT FOR MEDICAID OR FOR OTHERAGENCY PROGRAMS THAT ARE AVAILABLE TO THE MEDICAL CENTER WHEN THATINFORMATION IS IDENTIFIED THE RRS WILL LET THE PATIENT KNOW THAT AREFERRAL WILL BE MADE FOR MEDICAID OR OTHER ASSISTANCE AND A MPS WILL BEIN TOUCH WITH HIM/HER THE RRS ALSO EXPLAINS TO THE PATIENT OR FAMILY THATCHARITY CARE IS A LAST RESORT AND THEY MUST COOPERATE WITH ANY OTHERASSISTANCE PROGRAMS THAT WE HAVE IDENTIFIED AND BE FOUND INELIGIBLE BEFORECHARITY CARE WILL BE APPROVED/APPLIED IT IS ALSO COMMUNICATED WITH THEPATIENT OR FAMILY IS INFORMED IF ANY SUPPORTING DOCUMENTATION IS NEEDED FOR ANY ASSISTANCE, WHETHER THAT BE CHARITY, MEDICAID, OR OTHER PROGRAMS</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>TO COMPLETE A COMPREHENSIVE ASSESSMENT OF THE NEEDS OF THE COMMUNITY, AN INTERNAL COMMUNITY HEALTH TEAM RELIED ON THE ASSOCIATION FOR COMMUNITY HEALTH IMPROVEMENT'S (ACHI) 6-STEP COMMUNITY HEALTH ASSESSMENT PROCESS AND PARTICIPATED WITH THE NORTH CAROLINA DIVISION OF PUBLIC HEALTH IN THEIR ASSESSMENT PROCESS. A COMMUNITY WIDE TEAM COMPRISED OF THE FORSYTH COUNTY HEALTH DEPARTMENT, WAKE FOREST BAPTIST MEDICAL CENTER, FORSYTH MEDICAL CENTER AND VARIOUS COMMUNITY GROUPS INCLUDING THE UNITED WAY, THE YMCA, YWCA AND THE COUNTY GOVERNMENT AMONG MANY OTHERS HAS CONVENED TO CONDUCT A COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS WITH INPUT FROM KEY COMMUNITY LEADERS, THE ACADEMIC COMMUNITY, THE SCHOOL DISTRICT, THE PUBLIC AND OTHERS. FOUNDED ON THE PRINCIPLES OF COLLABORATION, COMMUNITY MOBILIZATION AND EMPOWERMENT, THE COMMUNITY HEALTH ASSESSMENT PROCESS IS USED TO IDENTIFY PRIORITY HEALTH ISSUES AND TO PLAN INTERVENTIONS TO BUILD HEALTHIER COMMUNITIES WITH THE ULTIMATE GOAL OF MAKING NORTH CAROLINA, INCLUDING FORSYTH COUNTY, ONE OF THE HEALTHIEST STATES IN THE NATION. THE HOSPITAL'S INTERNAL TEAM HAS ADOPTED THE ACHI PROCESS TO ENSURE BOTH PUBLIC HEALTH AND THE REQUIRED COMMUNITY HEALTH NEEDS ASSESSMENT REQUIREMENTS INCLUDED IN THE AFFORDABLE CARE ACT WOULD BE MET. THE FIVE STEP PROCESS INCLUDES:</p> <ol style="list-style-type: none"> 1) DEFINE AND UNDERSTAND THE SERVICE AREA STEP 1: DEFINE SERVICE AREA STEP 2: RESEARCH THE SERVICE AREA'S DEMOGRAPHICS STEP 3: IDENTIFY ZIP CODES WITH HIGH SOCIOECONOMIC NEEDS 2) ANALYZE SECONDARY DATA STEP 1: COMPARE DATA TO OTHER LOCATIONS STEP 2: COMPARE DATA TO HEALTHY PEOPLE 2020 STEP 3: COMPARE DATA TO A PREVIOUS YEAR STEP 4: IDENTIFY DISPARITIES 3) GATHER COMMUNITY INPUT ABOUT HEALTH NEEDS IDENTIFY COMMUNITY INPUT SOURCES, PRIMARILY FOCUSING ON: <ul style="list-style-type: none"> A) COMMUNITY PERSPECTIVE THROUGH RESIDENT INTERVIEWS AND FOCUS GROUPS B) HEALTH EXPERTS C) COMMUNITY-KEY INFORMANT LEADERS 4) DETERMINE SIGNIFICANT HEALTH NEEDS DETERMINE IF SOMETHING IS A SIGNIFICANT HEALTH NEED, BY USING SPECIFIC CRITERIA TO PRIORITIZE THE SIGNIFICANT HEALTH NEEDS. SUCH CRITERIA INCLUDES: <ul style="list-style-type: none"> - MULTIPLE INDICATORS TRENDING POORLY - LARGE DISPARITIES AMONG DIFFERENT GROUPS - ROOT CAUSES TO SEVERAL CHRONIC CONDITIONS - COMMON THEMES DISCUSSED BY FOCUS GROUPS/KEY INFORMANTS - SIGNIFICANT HEALTH PROBLEMS IDENTIFIED DURING COMMUNITY INPUT - SIGNIFICANT POPULATION IS AFFECTED 5) UNDERSTAND COMMUNITY RESOURCES <p>AN IMPORTANT PART OF ASSESSING THE HEALTH OF OUR COMMUNITY NEEDS IS ANALYZING ACTIVITIES CURRENTLY AVAILABLE.</p> <ol style="list-style-type: none"> STEP 1: COMPILE CURRENT COMMUNITY PROGRAMS AND ASSET INVENTORY STEP 2: CONTACT COMMUNITY ORGANIZATIONS TO DETERMINE THE CURRENT PROGRAM'S VALIDITY

Form and Line Reference	Explanation
PART VI, LINE 3	THE ORGANIZATION USES A VARIETY OF MEANS TO EDUCATE AND INFORM PATIENTS OF THEIR CHARITY CARE OPTIONS, INCLUDING INFORMATION ON A WEBSITE, INFORMATION ON PATIENT BILL STATEMENTS, AND FROM STAFF MEMBERS DURING CONVERSATIONS CONCERNING A PATIENT'S LIABILITY FOR SERVICES THE HOSPITAL EMPLOYS A ROBUST PRE-SERVICE FINANCIAL CLEARANCE PROCESS THAT SCREENS PATIENTS PRIOR TO SERVICE DELIVERY FOR EXISTING OR AVAILABLE PAYER SOURCES AS A MEANS OF AVOIDING BAD DEBT AND INAPPROPRIATE BILLING TO PATIENTS WITHOUT THE MEANS TO PAY IF A PAYER SOURCE IS IDENTIFIED, HOSPITAL STAFF ASSIST THE PATIENT WITH ENROLLMENT

Form and Line Reference	Explanation
PART VI, LINE 4	<p>IN FISCAL YEAR 2015, THE MEDICAL CENTER PROVIDED CARE TO A NINETEEN COUNTY SERVICE AREA THE MEDICAL CENTER WAS RESPONSIBLE FOR 3 7% OF TOTAL INPATIENT DISCHARGES FOR THE STATE OF NORTH CAROLINA DURING ITS YEAR ENDED JUNE 30, 2015 THE PRIMARY AND SECONDARY SERVICE AREA INCLUDE PRIMARY SERVICE AREA COUNTIES - FORSYTH, DAVIE, DAVIDSON, GUILFORD, STOKES, SURRY, YADKINSECONDARY SERVICE AREA COUNTIES - ROCKINGHAM, RANDOLPH, ROWAN, IREDELL, CATAWBA, ALEXANDER, WILKES, ALLEGHANY, ASHE, WATAUGA, CALDWELL, BURKE PERCENT OF UNINSURED INPATIENTS 6 3%PERCENT OF INPATIENTS WHO ARE MEDICAID RECIPIENTS 19 9%THE HOSPITAL IS LOCATED IN CENTRAL FORSYTH COUNTY, WHICH MAKES UP THE SINGLE LARGEST COUNTY IN TOTAL INPATIENT DISCHARGES IN FISCAL YEAR 2015, FORSYTH COUNTY ACCOUNTED FOR 13,239 OR 33% OF ALL DISCHARGES FROM THE MEDICAL CENTER ACCORDINGLY, THE HOSPITAL SERVES A WIDE SERVICE AREA, HOWEVER, IT IS RESOURCE PROHIBITIVE TO PARTICIPATE AND FUND HEALTH ASSESSMENTS IN EACH COMMUNITY/COUNTY FROM WHICH ITS PATIENT POPULATION ORIGINATES THEREFORE, THE PRIMARY COMMUNITY BENEFIT SERVICE AREA (CBSA) IS FORSYTH COUNTY, NORTH CAROLINA BELOW IS A DEMOGRAPHIC SNAPSHOT OF FORSYTH COUNTY BASED ON 2010 CENSUS DATA POPULATION AND GEOGRAPHY TOTAL POPULATION 350,670POPULATION CHANGE SINCE 2000 + 12 7%LAND AREA 408 1 SQUARE MILESPOPULATION DENSITY 859 5 PERSONS PER SQUARE MILE POPULATION BY RACE/ETHNICITYWHITE 58 7%BLACK/AFRICAN-AMERICAN 25 5%HISPANIC 11 9%ASIAN 1 8%AMERICAN INDIAN/0 3%ALASKA NATIVE NATIVE HAWAIIAN/0 04%PACIFIC ISLANDERMULTIRACIAL 1 5%OTHER 0 2% POPULATION BY AGE DISTRIBUTIONUNDER 5 YEARS OLD 6 8%UNDER 18 YEARS OLD 24 4%= 65 YEARS OLD 13 0%MEDIAN AGE 37 5 YEARS POPULATION BY SEXMALE 47 5%FEMALE 52 5% POPULATION BY EDUCATIONAL ATTAINMENT PERCENT OF PERSONS = 25 YEARS OLD WHO HAVE < HIGH SCHOOL DIPLOMA OR GED 13 8%A HIGH SCHOOL DIPLOMA OR GED 28 2%A BACHELOR'S DEGREE 20 7% GRADUATE DEGREE 10 0%PERCENTAGE OF FAMILIES LIVING BELOW POVERTY LEVELALL FAMILIES 11 0%FAMILIES WITH A HOUSEHOLDER WHO IS WHITE 4 6%BLACK/AFRICAN AMERICAN 21 6%HISPANIC 31 4%ASIAN 6 6%AMERICAN INDIAN/ 17 2%OTHER RACE 34 7 PERCENTAGE OF POPULATION LIVING BELOW POVERTY LEVELCHILDREN (0-17YR OLD) 22 8%ADULTS (18-64YR OLD) 12 9%SENIORS (= 65YR OLD) 7 1% COUNTY SCHOOLSK-12 ENROLLMENT 53,627GRADUATION RATE 72 7% UNEMPLOYMENT UNEMPLOYMENT RATE 9 9%LOST JOBS & LAYOFFS 1,900 INCOMEMEDIAN FAMILY HOUSEHOLD \$55,075MEDIAN NON-FAMILY HOUSEHOLD \$28,023</p>

Form and Line Reference	Explanation
PART VI, LINE 6	WAKE FOREST BAPTIST MEDICAL CENTER'S MISSION IS TOIMPROVE THE HEALTH OF OUR REGION, STATE AND NATION BY 1) GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREATDISEASE 2) TRAINING LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE 3) SERVING AS THE PREMIER HEALTH SYSTEM IN OUR REGION, WITH SPECIFICCENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CAREDESTINATIONS THE HOSPITAL, WHICH IS THE INPATIENT COMPONENT OF WAKE FOREST BAPTIST MEDICAL CENTER, OPERATES THE FOLLOWING PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS REPORTED ON PART I,LINE 7E WINSTON-SALEM/FORSYTH CTY SCHOOLS'ALLIED HEALTH PROGRAM \$5,000COMMUNITY HEALTHCARE ACCESS \$96,325COMMUNITY EMS PREPAREDNESS \$104,252PALLIATIVE CARE PROGRAMS \$146,188COMMUNITY HEALTH SALARIES \$270,638PHYSICIANS COMMUNITY HEALTH ACCESS \$475,726CARENET/PASTORAL COUNSELING \$1,343,097BRENNER FIT \$101,974FAMILY RESOURCES \$17,990TOTAL TO PART I, LINE 7E \$2,561,190

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	NC

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
NORTH CAROLINA BAPTIST HOSPITAL	
NORTH CAROLINA BAPTIST HOSPITAL	PART V, SECTION B, LINE 6A THE HOSPITAL'S CHNA WAS CONDUCTED IN COLLABORATION WITH FORSYT H MEMORIAL HOSPITAL (DBA FORSYTH MEDICAL CENTER), A TAX-EXEMPT HOSPITAL IN FORSYTH COUNTY
NORTH CAROLINA BAPTIST HOSPITAL	PART V, SECTION B, LINE 11 THE COMMUNITY'S HEALTH NEEDS IDENTIFIED THROUGH THE MOST RECENT ASSESSMENT INCLUDE (1) PHYSICAL ACTIVITY & NUTRITION, (2) CHRONIC DISEASE PREVENTION & MANAGEMENT, (3) MATERNAL & INFANT HEALTH, (4) SOCIAL DETERMINANTS OF HEALTH, (5) ACCESS TO CARE, (6) MENTAL HEALTH, AND (7) SUBSTANCE ABUSE PREVENTION NORTH CAROLINA BAPTIST HOSPITAL (NCBH) PRIORITIZED THE FOLLOWING FOUR SIGNIFICANT COMMUNITY HEALTH NEEDS FOR ITS CURRENT CHNA BASED ON INTERNAL STRATEGIC PRIORITIES (1) PHYSICAL ACTIVITY & NUTRITION, (2) CHRONIC DISEASE PREVENTION & MANAGEMENT, (3) ACCESS TO CARE, AND (4) BEHAVIORAL/MENTAL HEALTH MATERNAL AND INFANT HEALTH WAS NOT INCLUDED IN THE HOSPITAL'S TOP PRIORITIZED HEALTH NEEDS BECAUSE THE HOSPITAL DOES NOT DELIVER BABIES, EXCEPT IN EMERGENCY SITUATIONS FORSYTH MEMORIAL HOSPITAL IS THE PRIMARY PROVIDER OF MATERNITY SERVICES IN THE COMMUNITY THE NCBH ACTION PLANS OUTLINE THE PROBLEMS, STRATEGIES, ACTIVITIES AND DESIRED OUTCOMES FOR EACH OF THE PRIORITIZED HEALTH NEEDS IDENTIFIED IN THE CHNA THE ACTION PLANS WERE DEVELOPED THROUGH EVALUATION OF NCBH PROGRAMS AND THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES "HEALTHY PEOPLE 2020" TOPICS SPECIFICALLY, THE HOSPITAL IS ADDRESSING THESE SIGNIFICANT NEEDS AS FOLLOWS 1 PHYSICAL ACTIVITY AND NUTRITION NCBH OFFERS SEVERAL PROGRAMS TO ADDRESS THE COMMUNITY'S OBESITY NEEDS, INCLUDING BRENNER FIT (FAMILIES IN TRAINING), A COMPREHENSIVE PEDIATRIC WEIGHT MANAGEMENT PROGRAM FOUNDED ON THE PRINCIPLES OF BEHAVIOR CHANGE, FAMILY-CENTERED CARE THROUGH ITS COMMUNITY WELLNESS OUTREACH PROGRAM, BEST HEALTH, FREE HEALTHY COOKING CLASSES AT ITS DIABETES CENTER TEST KITCHEN AND FREE BMI SCREENINGS, NUTRITION AND FITNESS PROGRAMS OFFERED THROUGHOUT FORSYTH COUNTY 2 CHRONIC DISEASE PREVENTION AND MANAGEMENT-DIABETES NCBH OFFERS COMMUNITY BASED SERVICES INCLUDING A DIABETES EDUCATION GROUP AT DOWNTOWN HEALTH PLAZA AS WELL AS GLUCOSE SCREENINGS ADDITIONALLY, THE NCBH DIABETES CENTER PROVIDES COORDINATED CARE FOR DIABETES PATIENTS OFFERING THE CONVENIENCE OF ALL PATIENT APPOINTMENTS IN ONE SETTING - AN ENDOCRINOLOGIST, AN OPHTHALMOLOGIST, A PODIATRIST AND A DIABETES EDUCATOR WORK TOGETHER IN ONE LOCATION TO TREAT AND DEVELOP THE PATIENT CARE PLAN ALL OF THE AFOREMENTIONED PROGRAMS ARE INTENDED TO INCREASE AWARENESS OF DIABETES, PROVIDE PREVENTION AND MANAGEMENT TECHNIQUES AND SUPPORT PATIENTS IN THEIR DIAGNOSIS NCBH WORKS IN CONJUNCTION WITH THE JERRY LONG FAMILY YMCA TO SUPPORT THEIR DIABETES PREVENTION PROGRAM, WHICH ASSESSES PRE-DIABETES AND PROVIDES A 16 WEEK COURSE, WITH NUTRITION, EXERCISE AND COACHING TO REDUCE RISK FACTORS ASSOCIATED WITH THE ONSET OF DIABETES 3 ACCESS TO CARE FOR FORSYTH COUNTY CONTINUES TO HAVE A HIGH PERCENTAGE OF UNINSURED RESIDENTS WHEN COMPARED TO STATE AND NATIONAL BENCHMARKS DESPITE THE FACT THAT THE MEDIAN INCOME OF FORSYTH COUNTY RESIDENTS IS ABOVE THE STATE AND NATIONAL AVERAGE, MANY RESIDENTS ARE WITHOUT HEALTH INSURANCE BARRIERS LIKE LACK OF HEALTH INSURANCE AND THE HIGH COST OF MEDICAL CARE DECREASE ACCESS TO QUALITY HEALTH CARE AND CAN LEAD TO UNMET HEALTH NEEDS THE HOSPITAL'S CURRENT ACCESS STRATEGIES INCLUDE 1) CONTINUE SUPPORT OF DOWNTOWN HEALTH PLAZA NCBH IS SPECIFICALLY RESPONSIVE TO THE NEEDS OF THE MEDICAID AND UNINSURED COMMUNITY AND PROVIDES \$4 MILLION IN SUBSIDY FUNDING FOR THE DOWNTOWN HEALTH PLAZA (DHP), A LEVEL 3 NCQA SITE AND NATIONAL HEALTH SERVICE CORP SITE 2) CONTINUE TO SUPPORT THE "SHARE THE HEALTH" FREE HEALTH FAIR AT DHP THIS EVENT PROVIDES FREE HEALTH SCREENINGS AND OTHER HEALTH-RELATED SERVICES TO ADULTS AND CHILDREN REGARDLESS OF AGE, INSURANCE COVERAGE, INCOME LEVEL OR IMMIGRATION STATUS 3) CONTINUE THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND EDUCATION TO HELP UNINSURED INDIVIDUALS AND FAMILIES LEARN ABOUT ENROLLMENT IN SOURCES OF INSURANCE SUCH AS MEDICAID, MEDICARE, CHIP, WIC AND HEALTHCARE EXCHANGES 4) CONTINUE TO SUPPORT THE DEAC CLINIC AT THE COMMUNITY CARE CENTER WHOSE MISSION IS TO PROVIDE FREE HIGH QUALITY HEALTH CARE TO UNDERSERVED INDIVIDUALS 5) IMPLEMENT A NEW ACCESS TO CARE INITIATIVE THROUGH THE HOSPITAL'S DIVISION OF FAITH AND HEALTH MINISTRIES, FAITHHEALTHNC FAITHHEALTHNC PROVIDES HEALTH CARE LIAISONS WHO ASSIST THE COMMUNITY'S CLERGY AND FAITH VOLUNTEERS TO ENSURE THAT THEIR MEMBERS' HEALTHCARE NEEDS ARE MET BEFORE, DURING AND AFTER TIMES OF ILLNESS 4 BEHAVIORAL HEALTH NCBH RECOGNIZES THE OVERLAP OF MENTAL, MEDICAL AND SOCIAL DISPARITIES AND THE IMPORTANT ROLE OF BEHAVIORAL HEALTH IN TREATING THE WHOLE PERSON NCBH WILL CONTINUE TO SUPPORT THE FOLLOWING PROGRAMS AND ACTIVITIES 1) CONTINUE TO SUPPORT CARENET THAT PROVIDES MENTAL HEALTH SCREENINGS AND SERVICES TO THE UNINSURED AND UNDERINSURED ACROSS A BROAD REGION 2) CONTINUE THE DEVELOPMENT OF A COMMUNITY BASED BEHAVIORAL HEALTH EDUCATION STRATEGY IN COLLABORATION WITH FORSYTH MEDICAL CENTER AND NORTHWEST COMMUNITY CARE NETWORK 3) CONTINUE TO SUPPORT THE IMPLEMENTATION OF A BEHAVIORAL HEALTH PILOT PROJECT IN NCBH PRIMARY CARE COMMUNITY PRACTICES 4) CONTINUE TO SUPPORT THE HOMELESS OPPORTUNITIES & TREATMENT (HOT) PROJECT WITH SAMARITAN MINISTRIES 5) CONTINUE TO SUPPORT THE CAREPLUS POPULATION MANAGEMENT MODEL FOR DUALY ELIGIBLE MEDICARE AND MEDICAID PATIENTS TO TREAT AND MANAGE BEHAVIORAL HEALTH IN COORDINATION WITH CHRONIC DISEASE MANAGEMENT 6) CONTINUE TO SUPPORT THE DHP INITIATIVE TO COLLABORATE WITH THE KATE B. REYNOLDS FOUNDATION, CENTERPOINTE AND DAYMARK TO MOVE TOWARD AN INTEGRATED BEHAVIORAL HEALTHCARE MODEL
NORTH CAROLINA BAPTIST HOSPITAL	PART V, SECTION B, LINE 13H THE HOSPITAL MAY USE COMMERCIALLY AVAILABLE FINANCIAL PROFILING AND CREDIT SCORING TECHNOLOGIES TO PRESUMPTIVELY SCREEN INDIVIDUALS TO BE FAP ELIGIBLE
NORTH CAROLINA BAPTIST HOSPITAL	PART V, SECTION B, LINE 22D THE MAXIMUM AMOUNTS CHARGED TO FAP ELIGIBLE INDIVIDUALS FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE IS GROSS CHARGES LESS THEIR FAP DISCOUNTS (DETERMINED BY THEIR FPL THRESHOLD) THE FAP DISCOUNTS ARE HIGHER THAN THE AGB DISCOUNTS, THE LATTER WHICH IS BASED ON THE AVERAGE MEDICARE AND PRIVATE HEALTH INSURANCE RATES ACCORDINGLY, NO FAP ELIGIBLE INDIVIDUAL IS CHARGED MORE THAN AGB FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY
NORTH CAROLINA BAPTIST HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	WWW.WAKEHEALTH.EDU/HCI/NEEDS-ASSESSMENT-AND-IMPLEMENTATION-REPORTS.H
NORTH CAROLINA BAPTIST HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	WWW.WAKEHEALTH.EDU/FINANCIAL-ASSISTANCE.HTM
NORTH CAROLINA BAPTIST HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	WWW.WAKEHEALTH.EDU/FINANCIAL-ASSISTANCE.HTM

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
STRATFORD EXECUTIVE PARK ABDOMINAL ORGAN 140 CHARLOIS BOULEVARD WINSTONSALEM,NC 271031522	ABDOMINAL ORGAN TRANSPLANT PROGRAM
DOWNTOWN HEALTH PLAZA 1200 N MARTIN LUTHER KING JR DRIVE WINSTONSALEM,NC 271013006	ABDOMINAL ORGAN TRANSPLANT PROGRAM
WAKE FOREST UNIVERSITY BAPTIST IMAGING 265 EXECUTIVE PARK BLVD WINSTONSALEM,NC 27103	ABDOMINAL ORGAN TRANSPLANT PROGRAM
WINSTON EAST PEDIATRICS OF BAPTIST HOSP 2295 EAST 14TH STREET WINSTONSALEM,NC 27105	ABDOMINAL ORGAN TRANSPLANT PROGRAM
NCBH INTERNAL MEDICINE 500 SHEPHARD STREET SUITE 300 WINSTONSALEM,NC 271031633	ABDOMINAL ORGAN TRANSPLANT PROGRAM
MEDICAL PLAZA COUNTRY CLUB DERMATOLOGY 4618 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM
MEDICAL PLAZA COUNTRY CLUB GENERAL DERMA 4618 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM
NCBH OBGYN CLINIC 500 SHEPHARD STREET SUITE 201 WINSTONSALEM,NC 271031633	ABDOMINAL ORGAN TRANSPLANT PROGRAM
WAKE FOREST BAPTIST HEALTH FAMILY MEDICI 1920 W FIRST STREET WINSTONSALEM,NC 271044220	ABDOMINAL ORGAN TRANSPLANT PROGRAM
COMPREHENSIVE FETAL CARE CENTER 500 SHEPHARD STREET SUITE 200 WINSTONSALEM,NC 271031633	ABDOMINAL ORGAN TRANSPLANT PROGRAM
NCBH OUTPATIENT ENDOSCOPY CENTER LLC 100 CHARLOIS BLVD SUITE 100 WINSTONSALEM,NC 27103	ABDOMINAL ORGAN TRANSPLANT PROGRAM
MEDICAL PLAZA COUNTRY CLUB - JOSLIN ADUL 4610 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM
MEDICAL PLAZA COUNTRY CLUB - JOSLIN PEDI 4610 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM
UNIVERSITY INTERNAL MEDICINE COUNTRY CLU 4614 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM
CARDIOLOGY COUNTRY CLUB NCBH CLINIC 4614 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
WEIGHT MGMT CTR - COUNTRY CLUB 4614 COUNTRY CLUB ROAD WINSTONSALEM,NC 271043520	ABDOMINAL ORGAN TRANSPLANT PROGRAM
PEDIATRICS - CLEMMONS NCBH CLINICS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
BRENNER CHILDREN'S SPECIALTY SERVICES 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
UNIVERSITY INTERNAL MEDICINE - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
ALLERGY ASTHMA & IMMUNOLOGY - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
HEMATOLOGY & ONCOLOGY - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
COMPREHENSIVE REHAB 131 MILLER STREET WINSTONSALEM,NC 27103	ABDOMINAL ORGAN TRANSPLANT PROGRAM
BREAST CARE SERVICES - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
ENTHEAD & NECK SURGERY - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
MT AIRY HEMATOLOGY & ONCOLOGY 450 PRICE STREET MT AIRY,NC 27030	ABDOMINAL ORGAN TRANSPLANT PROGRAM
NEUROLOGY - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
OBSTETRICS AND GYNECOLOGY - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
PAIN CENTER BROOKSTOWN 605 COTTON STREET WINSTONSALEM,NC 27101	ABDOMINAL ORGAN TRANSPLANT PROGRAM
SPINE CENTER - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM
VEIN SERVICES - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS,NC 27012	ABDOMINAL ORGAN TRANSPLANT PROGRAM

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
PEDIATRICS - DOWNTOWN HEALTH PLAZA 1200 N MARTIN LUTHER KING JR DRIVE WINSTONSALEM,NC 27101	ABDOMINAL ORGAN TRANSPLANT PROGRAM
OBSTETRICS AND GYNECOLOGY - DOWNTOWN HP 1200 N MARTIN LUTHER KING JR DRIVE WINSTONSALEM,NC 27101	ABDOMINAL ORGAN TRANSPLANT PROGRAM
HEMATOLOGY & ONCOLOGY - ELKIN 300 JOHNSON RIDGE ROAD ELKIN,NC 28621	ABDOMINAL ORGAN TRANSPLANT PROGRAM

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number

56-0552787

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							

2

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

24

3

Enter total number of other organizations listed in the line 1 table

1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) LETTIE PATE WHITEHEAD SCHOLARS	51	50,500	0		
(2) MEDICAL SCHOLARSHIPS	7	10,000	0		
(3) RUTH HOLLEMAN SCHOLARSHIPS	5	5,000	0		

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE HOSPITAL FOLLOWS THE MEDICAL CENTER'S CORPORATE POLICY USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS THE HOSPITAL MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS DISBURSED

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ABC OF NC CHILD DEVELOPMENT3904 OLD VINEYARD ROAD WINSTONSALEM,NC 27104	30-0111894	501(C)(3)	10,000				SUPPORTING PROGRAMS FOR DISABLED CHILDREN
AMERICAN HEART ASSOCIATION101 CENTREPORT DRIVE GREENSBORO,NC 27409	13-5613797	501(C)(3)	50,000				SUPPORTING CARDIOVASCULAR RESEARCH AND PROGRAMS
ARTS COUNCIL WINSTON SALEM FORSYTH CTY206 N SPRUCE STREET WINSTONSALEM,NC 27101	56-0526856	501(C)(3)	14,455				SUPPORTING CULTURAL PROGRAMS IN THE COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CANCER SERVICES3175 MAPLEWOOD AVE WINSTONSALEM,NC 27103	56-0656375	501(C)(3)	10,000				CANCER RESEARCH AND SUPPORT
DAVIE COUNTY ECONOMIC DEVELOPMENT 135 SOUTH SALISBURY ST MOCKSVILLE,NC 27028	56-1932514	501(C)(3)	45,000				SUPPORTING HEALTHCARE DEVELOPMENT
HABITAT FOR HUMANITY 339 WITT ST WINSTONSALEM,NC 27103	56-1448955	501(C)(3)	32,500				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOSPICE AND PALLIATIVE CARE CENTER101 HOSPICE LANE WINSTONSALEM, NC 27103	58-1343313	501(C)(3)	11,500				SUPPORTING FACILITIES & PROGRAMS FOR SERIOUSLY ILL PATIENTS
JDRF PIEDMONT TRIAD CHAPTER312 N EUGENE STREET GREENSBORO,NC 27401	23-1907729	501(C)(3)	55,000				SUPPORTING JUVENILE DIABETES RESEARCH
LEADERSHIP WINSTON SALEM501 N CLEVELAND AVENUE WINSTONSALEM, NC 27101	58-1574887	501(C)(3)	9,500				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MAKE A WISH FOUNDATION1131 HARDING PLACE CHARLOTTE,NC 28204	56-1492432	501(C)(3)	12,000				SUPPORTING CHILDREN WITH LIFE THREATENING ILLNESSES
MARCH OF DIMES410 BROOKSTOWN AVE WINSTONSALEM,NC 27101	13-1846366	501(C)(3)	15,000				SUPPORTING RESEARCH AND PROGRAMS TO END INFANT MORTALITY AND BIRTH DEFECTS
NC TRIAD KOMEN AFFILIATE OF SUSAN G KOMEN FND1106 BURKE STREET WINSTONSALEM,NC 27101	75-2891104	501(C)(3)	25,000				SUPPORTING BREAST CANCER RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL MS SOCIETY 3101 INDUSTRIAL DRIVE RALEIGH,NC 27609	56-0903569	501(C)(3)	21,000				SUPPORTING RESEARCH & PROGRAMS FOR PATIENTS AFFECTED BY MS
NC MED SOCIETY CENTER FOR LEADERSHIPPO BOX 27167 RALEIGH,NC 27611	56-6088142	501(C)(3)	25,000				SUPPORTING HEALTHCARE IN NORTH CAROLINA
OLD HICKORY BOY SCOUTS6600 SILAS CREEK PARKWAY WINSTONSALEM,NC 27106	56-0529985	501(C)(3)	22,500				SUPPORTING VALUE BASED PROGRAMS FOR THE COMMUNITY'S YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLD SALEM MUSEUMS & GARDEN600 MAIN ST WINSTONSALEM,NC 27101	56-0587289	501(C)(3)	50,000				COMMUNITY SUPPORT
PIEDMONT REGIONAL TRAUMA SYSTEMS MEDICAL CENTER BLVD WINSTONSALEM,NC 27157	56-2036036	501(C)(3)	100,000				SUPPORTING INTEGRATED TRAUMA SYSTEM
RONALD MCDONALD HOUSE419 S HAWTHORNE ROAD WINSTONSALEM,NC 27103	58-1454715	501(C)(3)	10,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCIWORKS400 HANES MILL ROAD WINSTONSALEM, NC 27105	56-0815746	501(C)(3)	10,000				EDUCATIONAL AND SCIENTIFIC SUPPORT
THE WOMEN'S FUND OF WINSTON SALEM860 W FIFTH STREET WINSTONSALEM, NC 27101	56-6037616	501(C)(3)	10,000				SUPPORTING & EMPOWERING WOMEN IN THE COMMUNITY
TRIAD STAGE232 S ELM STREET GREENSBORO, NC 27401	62-1743981	501(C)(3)	20,000				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF FORSYTH COUNTY301 N MAIN STREET WINSTONSALEM, NC 27101	23-7357234	501(C)(3)	50,000				COMMUNITY SUPPORT
WAKE FOREST UNIVERSITY PO BOX 7201 WINSTONSALEM, NC 27109	56-0532138	501(C)(3)	10,000				SUPPORTING HEALTHCARE PROGRAMS
WINSTON-SALEM CHAMBER OF COMMERCE 411 WEST 4TH STREET WINSTONSALEM, NC 27101	56-0459820	501(C)(6)	12,350				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARENETMEDICAL CENTER BLVD WINSTONSALEM,NC 27157	56-1977341	501(C)(3)	125,000				HEALTHCARE COUNSELOR RESIDENCY SUPPORT

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, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4aYes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	CERTAIN OFFICERS RECEIVE, AS PART OF THEIR APPROVED COMPENSATION PACKAGE, RELOCATION ASSISTANCE INCLUDING A HOUSING ALLOWANCE. BELOW IS A SUMMARY OF THE BENEFITS PAID BY THE ORGANIZATION AND INCLUDED IN THE OFFICERS' 2014 CALENDAR YEAR COMPENSATION: - RELOCATION ASSISTANCE & HOUSING ALLOWANCE: SHARON ENGEBRETSON - \$38,000; MINISTERIAL HOUSING.
PART I, LINE 3	FROM JULY 1, 2014 THROUGH JANUARY 31, 2015, THE EXECUTIVE COMMITTEE OF THE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") BOARD OF DIRECTORS WAS RESPONSIBLE FOR REVIEWING AND APPROVING ALL WFUBMC OFFICERS' COMPENSATION (INCLUDING THE COMPENSATION OF THE OFFICERS OF NCBH). BEGINNING FEBRUARY 1, 2015, THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE WFUBMC BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL MEDICAL CENTER OFFICERS' COMPENSATION (INCLUDING THE COMPENSATION OF THE OFFICERS OF NCBH). THE COMMITTEE UTILIZES AN INDEPENDENT, EXTERNAL COMPENSATION CONSULTANT FIRM EXPERIENCED IN HEALTH CARE AND HIGHER EDUCATION COMPENSATION THAT BASED RECOMMENDATIONS ON COMPENSATION SURVEYS AND STUDIES TO DETERMINE THE APPROPRIATENESS OF EACH OFFICER'S COMPENSATION. THESE COMPENSATION CONSULTANTS PRESENT TOTAL COMPENSATION COMPARABILITY DATA FOR THE POSITIONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE DATA IS REVIEWED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF WFUBMC'S GOVERNING BOARD AT ITS MEETING. NONE OF THE MEMBERS OF THAT COMMITTEE ARE EMPLOYEES OF THE FILING ORGANIZATION. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY RECORDED. IN THE EVENT THAT ANY MEMBER OF THE GOVERNANCE AND COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST, THAT COMMITTEE MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL PROCESS, AND THEIR ABSTENTION FROM THE PROCESS IS REFLECTED IN THE MINUTES.
PART I, LINES 4A-B	CERTAIN EXECUTIVES PARTICIPATE IN OR RECEIVE SEVERANCE PAYMENTS AND PAYMENTS FROM SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS. THE DETERMINATION OF THE AMOUNT OF THE NON-QUALIFIED RETIREMENT PLANS FOLLOWED THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE FORM 990. THE FOLLOWING KEY EMPLOYEE AND FORMER OFFICERS RECEIVED SEVERANCE AND SERP PAYMENTS IN THEIR CALENDAR YEAR 2014 COMPENSATION: NAME SEVERANCE; NON-QUAL RETIRE: SHELIA SANDERS 155,697; DONNY C LAMBETH 272,778; JOHN D MCCONNELL, MD 530,400; EDWARD CHADWICK 185,424; 970,299; THOMAS SIBERT, MD 764,135; BETTY PETREE 125,265.
PART I, LINE 7	OFFICERS AND KEY EMPLOYEES HAVE INCENTIVE COMPENSATION COMPONENTS CONTAINED IN THEIR EMPLOYMENT AGREEMENTS. THESE ARE OFTEN GOAL-BASED AND ARE DETERMINED IN THE COURSE OF EVALUATION OF THE INDIVIDUAL'S PERFORMANCE BY HIS/HER DEPARTMENT CHAIR, SUPERVISOR OR THE COMPENSATION COMMITTEE OF THE BOARD, AS APPLICABLE. OTHER NON-FIXED PAYMENTS MAY INCLUDE SUMS FOR RELOCATION AND/OR TEMPORARY HOUSING THAT ARE TYPICALLY INCLUDED AS A PROVISION IN THE EMPLOYMENT AGREEMENT. ALL SUCH PAYMENTS ARE REFLECTED ON THE INDIVIDUAL'S W-2.
FORM 990, PART VII, LINE 5 - COMPENSATION FROM UNRELATED ORGANIZATION	THE FOLLOWING CURRENT AND FORMER OFFICERS WERE COMPENSATED BY WAKE FOREST UNIVERSITY HEALTH SCIENCES FOR SERVICES PERFORMED FOR THE HOSPITAL. SEE PART VII AND SCHEDULE J, PART II FOR THEIR COMPENSATION: JOHN D MCCONNELL, MD; JOANNE C RUHLAND; NORMAN D POTTER, JR; CHERYL E H LOCKE; EDWARD CHADWICK; THOMAS E SIBERT, MD; RUSSELL M HOWERTON, MD; LISA W WYATT; SHEILA M SANDERS; EDWARD ABRAHAM; ERIC TOMLINSON, DCS, PHD; BRADLEY A CLARK; TERRY WILLIAMS; CHAD ECKES; K BARBARA CARBONE, MD; KEVIN P HIGH, MD.

Additional Data

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

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

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN D MCCONNELL MD, TRUSTEE & CEO	(I) (II)	997,692 0	0 0	553,444 0	212,316 0	20,056 0	1,783,508 0	0 0
H GREG BRAY, ASST SECRETARY	(I) (II)	213,217 0	7,608 0	854 0	5,711 0	18,714 0	246,104 0	0 0
J MCLAIN WALLACE JR, VP GENERAL COUNSEL/SECR	(I) (II)	398,920 0	39,900 0	19,432 0	86,901 0	18,851 0	564,004 0	0 0
KAREN H HUEY, VP FACILITIES	(I) (II)	268,782 0	32,093 0	910 0	42,269 0	22,844 0	366,898 0	0 0
ERIC TOMLINSON, CHIEF INNOVATION OFFICER	(I) (II)	390,502 0	60,040 0	98,105 0	83,072 0	11,297 0	643,016 0	0 0
NORMAN D POTTER JR, VP DEVELOPMENT & ALUMNI AF	(I) (II)	297,266 0	28,690 0	5,508 0	50,474 0	22,716 0	404,654 0	0 0
CHERYL EH LOCKE, VP CHIEF HUMAN RESOURCES	(I) (II)	360,384 0	29,898 0	4,410 0	68,830 0	16,142 0	479,664 0	0 0
LISA M WYATT, VP CHIEF COMM & MARKETING	(I) (II)	296,444 0	26,235 0	19,977 0	53,174 0	17,871 0	413,701 0	0 0
EDWARD ABRAHAM MD, DEAN, SCHOOL OF MEDICINE	(I) (II)	526,889 0	70,180 0	22,519 0	131,656 0	22,120 0	773,364 0	0 0
BRADLEY A CLARK, ASSISTANT TREASURER	(I) (II)	219,624 0	9,830 0	391 0	6,041 0	22,410 0	258,296 0	0 0
TERRY G WILLIAMS, EXEC VP STRAT & NET WK DE	(I) (II)	476,556 0	83,125 0	12,862 0	113,493 0	51,546 0	737,582 0	0 0
K BARBARA CARBONE MD, PRESIDENT/COO	(I) (II)	661,490 0	118,000 0	116,042 0	162,700 0	34,796 0	1,093,028 0	0 0
CHAD A ECKES, CFO, TREAS , CIO	(I) (II)	309,491 0	71,667 0	9,147 0	48,767 0	39,951 0	479,023 0	0 0
KEVIN P HIGH MD, EVP, HS AFFAIRS	(I) (II)	411,496 0	26,898 0	1,458 0	5,200 0	21,574 0	466,626 0	0 0
DEETTE M EMON, CIO	(I) (II)	145,347 0	0 0	191 0	1,625 0	4,499 0	151,662 0	0 0
BETTY PETREE, DIRECTOR NURSE ANESTHESIA	(I) (II)	111,230 0	0 0	155,445 0	3,083 0	5,103 0	274,861 0	0 0
MICHAEL RIEKER, DIRECTOR OF NURSE ANESTHES	(I) (II)	225,805 0	0 0	296 0	5,867 0	21,218 0	253,186 0	0 0
VANCE MCVAY JR, CLINICAL INSTRUCTOR CRNA	(I) (II)	244,375 0	0 0	351 0	6,105 0	20,046 0	270,877 0	0 0
MICHAEL T WAID, VP CLINICAL OPERATIONS	(I) (II)	240,606 0	21,720 0	5,324 0	45,558 0	22,957 0	336,165 0	0 0
JOHN K LEW, AVP - HR	(I) (II)	197,618 0	45,739 0	515 0	5,243 0	15,518 0	264,633 0	0 0

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

(A) Name and Title	(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 in column (B) reported as deferred in prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
JOANNE C RUHLAND, FORMER OFFICER	(i) (ii)	248,300 0	0 0	20,700 0	38,510 0	19,782 0	327,292 0	
EDWARD G CHADWICK, FORMER OFFICER	(i) (ii)	257,661 0	152,385 0	1,178,129 0	5,100 0	15,424 0	1,608,699 0	765,751
THOMAS E SIBERT MD, FORMER OFFICER	(i) (ii)	504,079 0	109,655 0	789,797 0	5,200 0	16,023 0	1,424,754 0	643,252
RUSSELL M HOWERTON MD, FORMER OFFICER	(i) (ii)	494,639 0	40,170 0	20,710 0	120,475 0	23,111 0	699,105 0	
SHEILA M SANDERS, FORMER OFFICER	(i) (ii)	0 0	0 0	155,697 0	0 0	6,842 0	162,539 0	
MAUREEN E SINTICH, FORMER OFFICER	(i) (ii)	201,243 0	25,428 0	971 0	4,511 0	10,618 0	242,771 0	
DONNY C LAMBETH, FORMER OFFICER	(i) (ii)	0 0	0 0	272,778 0	0 0	6,504 0	279,282 0	
SHARON ENGBRETSON, FORMER OFFICER	(i) (ii)	121,031 0	8,000 0	1,733 0	4,264 0	46,392 0	181,420 0	

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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65820HD67	03-01-2010	334,002,408	CURRENT REFUNDING		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	NONEAVAIL	12-31-2012	80,000,000	VARIOUS CAPITAL PROJECTS		X		X		X
C NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DMM0	11-15-2012	122,822,821	VARIOUS CAPITAL PROJECTS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	41,155,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	334,002,408		80,000,000		122,822,821			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	3,307,037		1,000		2,485			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			79,999,000		122,820,336			
11	Other spent proceeds	330,695,370							
12	Other unspent proceeds								
13	Year of substantial completion	2010		2014		2013		YesNo	
		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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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 of bond-financed property?		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				
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	0 %		0 %					
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	0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %					
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		
b	Name of provider	DEUTSCHE BANK AG							
c	Term of hedge	5 000000000000							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?	X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, LINE A, COLUMN F	PURPOSE OF THE ISSUE WAS TO REFUND ISSUES DATED 10/29/1992, 06/27/1996, 06/15/2000 AND 01/29/2009

Return Reference	Explanation
PART II, COLUMN A, LINE 11	OTHER SPENT PROCEEDS ARE THE CURRENT REFUNDING PROCEEDS OF THE ISSUE

Return Reference	Explanation
PART III, COLUMN A	ALL ISSUES REFUNDED BY THE 2010 ISSUE ARE EITHER PRIOR TO 12/31/2002 OR THROUGH A SERIES OF REFUNDINGS THAT REFUND AN ISSUE PRIOR TO 12/31/2002 ACCORDINGLY, THIS ISSUE IS EXEMPT FROM SECTION III REPORTING

Return Reference	Explanation
PART IV, LINE 2C, COLUMN A	A REBATE CALCULATION WAS PERFORMED, WITH NO REBATE LIABILITY BEING DUE, ON 6/13/2014

Return Reference	Explanation
PART IV, LINE 4C, COLUMN A	THE HEDGE WAS NOT TERMINATED EARLY BUT REACHED THE FULL TERM BEFORE 6/30/2015

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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) DAVID E BRANN	FAMILY MEMBER OF DONNY LAMBETH	91,721	REPORTABLE COMPENSATION		No
(2) JUDY M SLOCUM	FAMILY MEMBER OF MAUREEN SINTICH	43,362	REPORTABLE COMPENSATION		No
(3) KRISTIN LAMBETH	FAMILY MEMBER OF DONNY LAMBETH	26,252	REPORTABLE COMPENSATION		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		575	FMV
5 Clothing and household goods	X		102,109	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	9,474	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	3	7,150	FMV
26 Other ► (GIFT CARD)	X	1	200	FMV
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION DETERMINES THE NUMBER OF CONTRIBUTIONS BY USING THE TOTAL NUMBER OF NON-CASH ITEMS RECEIVED PER DONOR PER OCCURANCE

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 990-EZ or to provide any additional information.****▶ Attach to Form 990 or 990-EZ.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL**Employer identification number**

56-0552787

**Return
Reference****Explanation**FORM 990,
PART IV,
LINE 20B

THE HOSPITAL HAS ATTACHED A COPY OF ITS CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR ITS FISCAL YEAR ENDED JUNE 30, 2015 TO THE FORM 990. THE CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE ACCRUAL BASIS IN CONFORMITY WITH U.S. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND INCLUDE THE ASSETS AND OPERATIONS OF NORTH CAROLINA BAPTIST HOSPITAL (NCBH), DAVIE COUNTY EMERGENCY HEALTH CORPORATION, CARENET, INC., THE HAWTHORNE INN AND CONFERENCE CENTER, NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION AND CLEMMONS MEDICAL PARK, LLC. ALL SIGNIFICANT INTERCOMPANY TRANSACTIONS HAVE BEEN ELIMINATED IN CONSOLIDATION. NET ASSETS AND REVENUES, GAINS, AND LOSSES ARE CLASSIFIED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS. ACCORDINGLY, NET ASSETS OF NCBH AND CHANGES THEREIN ARE CLASSIFIED AND REPORTED AS FOLLOWS: -UNRESTRICTED NET ASSETS - NET ASSETS THAT ARE NOT SUBJECT TO DONOR IMPOSED STIPULATIONS -TEMPORARILY RESTRICTED NET ASSETS - NET ASSETS SUBJECT TO DONOR IMPOSED STIPULATIONS THAT WILL BE MET BY ACTIONS OF NCBH AND/OR BY THE PASSAGE OF TIME -PERMANENTLY RESTRICTED NET ASSETS - NET ASSETS SUBJECT TO DONOR IMPOSED STIPULATIONS THAT THE ASSETS BE MAINTAINED PERMANENTLY BY NCBH. GENERALLY, THE DONORS OF THESE ASSETS PERMIT NCBH TO USE ALL, OR PART OF, THE INCOME EARNED ON RELATED INVESTMENTS FOR GENERAL OR SPECIFIC PURPOSES.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MICHAEL RUTHERFORD AND TERRY WILLIAMS, BOTH OFFICERS OF THE ORGANIZATION, WERE BOARD MEMBERS OF MEDCOST BENEFIT SERVICES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	<p>EFFECTIVE JULY 1, 2010, THE GOVERNING BOARDS OF FOUR NORTH CAROLINA NONPROFIT CORPORATIONS (WAKE FOREST UNIVERSITY, NORTH CAROLINA BAPTIST HOSPITAL, WAKE FOREST UNIVERSITY HEALTH SCIENCES, AND WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER) ENTERED INTO AN AGREEMENT (THE "MEDICAL CENTER INTEGRATION AGREEMENT OR "MCIA") UNDER WHICH THE OPERATION OF EACH OF NORTH CAROLINA BAPTIST HOSPITAL ("NCBH") AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ("WFUHS") WAS DELEGATED TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") THE MCIA WAS AMENDED AND RESTATED ON JULY 1, 2013 AND AGAIN ON JULY 1, 2015 ON FEBRUARY 1, 2015 CERTAIN SECTIONS OF THE MCIA WERE AMENDED WFUHS IS A WHOLLY-CONTROLLED SUBSIDIARY ENTITY OF WAKE FOREST UNIVERSITY ("WFU") WFUBMC IS A MEMBERSHIP NONPROFIT CORPORATION WHOSE TWO EQUAL MEMBERS ARE NCBH (WHICH ENTITY IS UNRELATED TO WFUHS AND WFU) AND WFU THE GOAL IS CONSOLIDATION OF MANAGEMENT IN WFUBMC OF THE VARIOUS ACADEMIC MEDICAL CENTER OPERATIONS, SUBJECT TO SUBSTANTIAL RESERVED POWERS IN EACH OF THE CONSTITUENT MEMBERS' BOARDS DURING THE YEAR, THE ENTITY CONTRACTED WITH C MICHAEL RUTHERFORD AS ITS CHIEF FINANCIAL OFFICER AND TREASURER MR RUTHERFORD IS AN EMPLOYEE OF WARBIRD CONSULTING PARTNERS, A HEALTHCARE EXECUTIVE MANAGEMENT SERVICES COMPANY MR RUTHERFORD RECEIVED \$670,192 IN CALENDAR YEAR 2014 COMPENSATION FROM WARBIRD CONSULTING PARTNERS FOR HIS SERVICES AS THE MEDICAL CENTER'S CHIEF FINANCIAL OFFICER AND TREASURER</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>MCIA AMENDMENTS ON NOVEMBER 5, 2014, THE BOARD OF TRUSTEES OF THE FILING ORGANIZATION [NCBH] APPROVED SEVERAL CHANGES TO THE MEDICAL CENTER INTEGRATION AGREEMENT ("MCIA") THE FILING ORGANIZATION WAS ONE OF FOUR PARTIES TO THE MCIA, THE APPROVAL BY THE BOARD OF TRUSTEES OF WAKE FOREST UNIVERSITY OF THESE MCIA CHANGES ON JANUARY 30, 2015 MADE THEM FINAL EFFECTIVE FEBRUARY 1, 2015, CHANGES RELATE TO MEDICAL CENTER BOARD COMMITTEES AND THE ESTABLISHMENT OF A NEW COMMUNITY BENEFIT ADVISORY BOARD MEDICAL CENTER BOARD COMMITTEES WILL NOW INCLUDE THE MEDICAL CENTER CEO AS AN EX OFFICIO MEMBER OF EACH COMMITTEE, THE EXECUTIVE COMMITTEE WILL BE COMPRISED OF THE MEDICAL CENTER CHAIR AND VICE-CHAIR, THE CHAIR AND VICE-CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE, AND THE CHAIR AND VICE-CHAIR OF THE NEW GOVERNANCE AND COMPENSATION COMMITTEE FIVE EXISTING MEDICAL CENTER BOARD COMMITTEES (FINANCE AND BUSINESS AFFAIRS, HEALTH SYSTEMS OPERATIONS AND QUALITY, ACADEMIC AFFAIRS, FACILITIES AND INNOVATION QUARTER, AND FAITH AND COMMUNITY HEALTH) ARE ELIMINATED THE MEDICAL CENTER AUDIT AND COMPLIANCE COMMITTEE WILL BE COMPRISED OF THREE (3) WFU APPOINTEES AND THREE (3) NCBH APPOINTEES, PLUS THE MEDICAL CENTER BOARD CHAIR, EX OFFICIO THE CHAIR AND CHAIR DESIGNATE FOR THIS COMMITTEE WILL FOLLOW A SIMILAR TWO-YEAR ROTATION PLAN AS THAT FOR THE MEDICAL CENTER BOARD THE GOVERNANCE AND COMPENSATION COMMITTEE WILL CONSIST OF THE BOARD CHAIR AND VICE-CHAIR, AND TWO (2) APPOINTEES EACH FROM THE WFU AND NCBH BOARD FROM THEIR MEDICAL CENTER BOARD ELECTEES THE CHAIR/CHAIR DESIGNATE TWO-YEAR ROTATION PLAN ALSO APPLIES TO THIS COMMITTEE GOING FORWARD, ONLY MEDICAL CENTER BOARD MEMBERS WILL POPULATE MEDICAL CENTER BOARD COMMITTEES, BUT THE WFUHS AND NCBH SEPARATE INVESTMENT COMMITTEES WILL CONTINUE NCBH BYLAWS AMENDMENTS IN CONJUNCTION WITH THE AMENDMENT OF THE MCIA, NCBH AMENDED ITS BYLAWS ON MARCH 3, 2015 TO DELETE THE PROVISION MAKING THE FINANCE AND BUSINESS AFFAIRS, HEALTH SYSTEMS OPERATIONS, FACILITIES AND INNOVATION QUARTER AND ACADEMIC AFFAIRS COMMITTEES OF THE MEDICAL CENTER STANDING COMMITTEES OF THE NCBH BOARD NCBH CHANGED THE DATE OF THE BEGINNING OF THE TERM OF OFFICE OF TRUSTEES AND COMMITTEES MEMBERS FROM JANUARY 1 TO JULY 1 FURTHER, NCBH ELIMINATED THE ARTICLES OF INCORPORATION AND BYLAWS COMMITTEE AND ADDED TO THE GOVERNANCE AND NOMINATING COMMITTEE THE REQUIREMENT THAT IT ANNUALLY REVIEW NCBH'S ARTICLES OF INCORPORATION AND BYLAWS AND MAKE RECOMMENDATIONS TO THE BOARD OF ANY PROPOSED AMENDMENTS</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND QUESTIONS PRIOR TO ITS FILING THE AUDIT AND COMPLIANCE COMMITTEE OF THE GOVERNING BOARD OF WFUBMC, COMPRISED OF THE AUDIT AND COMPLIANCE COMMITTEES OF WFUHS AND NCBH, REVIEW IN ADDITIONAL DETAIL THE FILING ORGANIZATION'S FORM 990 WITH THE ORGANIZATION'S CHIEF FINANCIAL OFFICER OR HIS DESIGNEE, WHO ANSWERS QUESTIONS AND ADDRESSES CONCERNS RAISED BY SUCH COMMITTEE MEMBERS OR OTHER FILING ORGANIZATION DIRECTORS IF MODIFICATIONS ARE REQUIRED FOLLOWING SUCH REVIEW AND COMMENT, THE REVISED FORM 990 IS REDISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO ITS FILING WITH THE IRS, ALONG WITH A REPORT NOTING THE MODIFICATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON AN ANNUAL BASIS (AND AS THEY ARISE), ALL TRUSTEES AND OFFICERS OF THE FILING ORGANIZATION ARE ASKED TO REVIEW THE APPLICABLE CONFLICTS OF INTEREST POLICY AND TO DESCRIBE ANY POTENTIAL CONFLICTS OF INTEREST THEY MAY HAVE. UPON COMPLETION OF THE CONFLICTS OF INTEREST SURVEY, THE LEGAL DEPARTMENT REVIEWS THE COMPLETED QUESTIONNAIRES ON BEHALF OF THE FILING ORGANIZATION. ANY CONFLICTS IDENTIFIED ARE COMMUNICATED TO THE FILING ORGANIZATION'S CHAIRMAN OF THE BOARD AND ARE PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE. ALL CONFLICTS OF INTEREST ARE RESOLVED BY MANAGEMENT PLANS DEVELOPED BY THE FILING ORGANIZATION BOARD'S AUDIT AND COMPLIANCE COMMITTEE AND THE INTERNAL AUDIT AND COMPLIANCE OFFICES. THE AUDIT AND COMPLIANCE COMMITTEE'S CHAIR PRESENTS AN ANNUAL REPORT ON CONFLICTS TO THE FULL BOARD OF THE FILING ORGANIZATION.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>FROM JULY 1, 2014 THROUGH JANUARY 31, 2015, THE EXECUTIVE COMMITTEE OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") BOARD OF DIRECTORS FUNCTIONS AS THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND PURSUANT TO A DELEGATION BY THE FILING ORGANIZATION, REVIEWS AND APPROVES THE APPOINTMENT AND COMPENSATION OF THE SENIOR EXECUTIVES OF THE FILING ORGANIZATION BEGINNING FEBRUARY 1, 2015, THAT ROLE IS FULFILLED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF WFUBMC NO MEMBER OF THE WFUBMC GOVERNANCE AND COMPENSATION COMMITTEE IS AN EMPLOYEE OF THE MEDICAL CENTER THE GOVERNANCE AND COMPENSATION COMMITTEE RELIES UPON AN EXTERNAL, INDEPENDENT COMPENSATION CONSULTANT EXPERIENCED IN HEALTHCARE TO PROVIDE THE COMMITTEE WITH COMPENSATION COMPARABILITY DATA FOR NEW EXECUTIVE POSITION APPOINTMENTS AND FOR COMPENSATION REVIEWS FOR EXISTING EXECUTIVES THE CONSULTANT, WHICH IS RETAINED DIRECTLY BY THE GOVERNANCE AND COMPENSATION COMMITTEE, PROVIDES THIRD-PARTY INFORMATION AND EVALUATES THE COMPETITIVENESS AND REASONABLENESS OF EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS IN RELATION TO MARKET PRACTICES FOR SIMILARLY-SITUATED NONPROFIT HEALTHCARE ORGANIZATIONS THE COMMITTEE MAKES ITS DECISIONS WITH RESPECT TO EXECUTIVE COMPENSATION IN ACCORDANCE WITH THE FILING ORGANIZATION'S POLICIES, IRS REGULATIONS, AND STANDARD CORPORATE GOVERNANCE PRACTICES SUCH POLICIES INCLUDE ADHERENCE TO BOARD-ESTABLISHED EXECUTIVE COMPENSATION PHILOSOPHY AND REVIEW PROCESSES, PROCESSES ENSURING GOVERNANCE AND COMPENSATION COMMITTEE MEMBER AND COMPENSATION CONSULTANT INDEPENDENCE, USE OF VALID MARKET COMPARISONS OF DATA FROM PEER ACADEMIC MEDICAL CENTERS OF SIMILAR ORGANIZATIONAL STRUCTURE, SIZE, AND COMPLEXITY, CAREFUL DOCUMENTATION OF ALL COMPENSATION DECISIONS, AND ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS, PER IRS GUIDELINES MINUTES OF THE DELIBERATIONS OF THE GOVERNANCE AND COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY MAINTAINED AND THAT COMPARABILITY DATA IS MAINTAINED IN THE MEDICAL CENTER'S OFFICE OF EXECUTIVE COMPENSATION SERVICES IN THE EVENT THAT A MEMBER OF THE GOVERNANCE AND COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST RELATED TO EXECUTIVE APPOINTMENT OR COMPENSATION, THAT MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL OF APPOINTMENT OR COMPENSATION AND SUCH ABSTENTION IS NOTED IN THE COMMITTEE'S MEETING MINUTES</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON REQUEST AND ARE AVAILABLE ON THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE. THE ORGANIZATION'S BYLAWS ARE NOT PUBLISHED, BUT PROVISIONS FROM THE BYLAWS ARE INCLUDED AS NECESSARY IN THE ORGANIZATION'S POLICIES, AND ARE ATTACHED TO THE FORM 1023 FILED FOR THE ORGANIZATION WITH THE IRS, WHICH IS PUBLICLY AVAILABLE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

Return Reference	Explanation
PART VII, SECTION A, COLUMN B - HOURS	<p>RON D KESSINGER FILING ORG 2 0 RELATED ORG 6 0 ARTHUR A GIBEL FILING ORG 2 0 RELATED ORG 4 0 KATHRYN H HAMRICK FILING ORG 2 0 RELATED ORG 2 0 A LEE HERRING FILING ORG 2 0 RELATED ORG 4 0 J WAYNE MEREDITH, MD FILING ORG 2 0 RELATED ORG 2 0 CAROL F POLK FILING ORG 2 0 RELATED ORG 2 0 WILLIAM C WARDEN, JR FILING ORG 2 0 RELATED ORG 4 0 SHEREE B WATSON FILING ORG 2 0 RAY N HOWELL, III D MIN FILING ORG 2 0 RELATED ORG 2 0 JOHN D KIMBERLY FILING ORG 2 0 STEPHEN L ROBERTSON FILING ORG 2 0 RELATED ORG 6 0 EDWIN L WELCH, JR FILING ORG 2 0 RELATED ORG 4 0 LINWOOD L DAVIS FILING ORG 2 0 BRENDA B DIGGS FILING ORG 2 0 LOUIS B BALDWIN, JR FILING ORG 2 0 GEORGE D RENFRO FILING ORG 2 0 RELATED ORG 4 0 JOHN D MCCONNELL, MD FILING ORG 19 0 RELATED ORG 7 0 UNRELATED ORG 14 0 H GREG BRAY FILING ORG 30 0 RELATED ORG 7 0 UNRELATED ORG 3 0 J MCLAIN WALLACE, JR FILING ORG 27 9 RELATED ORG 10 0 UNRELATED ORG 2 1 KAREN H HUEY FILING ORG 23 0 RELATED ORG 6 0 UNRELATED ORG 11 0 ERIC TOMLINSON FILING ORG 0 0 RELATED ORG 5 0 UNRELATED ORG 35 0 NORMAN D POTTER, JR FILING ORG 20 0 RELATED ORG 5 0 UNRELATED ORG 15 0 CHERYL E H LOCKE FILING ORG 30 0 RELATED ORG 6 0 UNRELATED ORG 4 0 LISA M WYATT FILING ORG 20 0 RELATED ORG 5 0 UNRELATED ORG 15 0 EDWARD ABRAHAM, MD FILING ORG 0 0 RELATED ORG 5 0 UNRELATED ORG 35 0 C MICHAEL RUTHERFORD FILING ORG 22 0 RELATED ORG 8 0 UNRELATED ORG 10 0 BRADLEY A CLARK FILING ORG 23 0 RELATED ORG 7 0 UNRELATED ORG 10 0 TERRY G WILLIAMS FILING ORG 21 0 RELATED ORG 6 0 UNRELATED ORG 13 0 K BARBARA CARBONE, MD FILING ORG 14 0 RELATED ORG 14 0 UNRELATED ORG 12 0 CHAD A ECKES FILING ORG 23 0 RELATED ORG 8 0 UNRELATED ORG 9 0 KEVIN HIGH, M D FILING ORG 14 0 RELATED ORG 9 0 UNRELATED ORG 17 0 DEETTE M EMON FILING ORG 20 0 RELATED ORG 10 0 UNREALTED ORG 10 0 BETTY PETREE FILING ORG 40 0 MICHAEL RIEKER FILING ORG 40 0 VANCE MCVAY, JR FILING ORG 40 0 MICHAEL T WAID FILING ORG 40 0 JOHN K LEW FILING ORG 20 0 RELATED ORG 10 0 UNRELATED ORG 10 0 EDWARD G CHADWICK FILING ORG 0 0 RELATED ORG 0 0 UNRELATED ORG 0 0 THOMAS E SIBERT, MD FILING ORG 0 0 RELATED ORG 0 0 UNRELATED ORG 0 0 JOANNE C RUHLAND FILING ORG 25 0 RELATED ORG 0 0 UNRELATED ORG 15 0 RUSSELL M HOWERTON, MD FILING ORG 22 0 RELATED ORG 0 0 UNRELATED ORG 18 0 STEVE C SNELGROVE FILING ORG 0 0 RELATED ORG 0 0 MAUREEN E SINTICH FILING ORG 39 0 RELATED ORG 1 0 DONNY C LAMBETH FILING ORG 0 0 RELATED ORG 1 0 SHARON ENGBRETSON FILING ORG 34 0 RELATED ORG 6 0 WAKE FOREST UNIVERSITY HEALTH SCIENCES IS AN UNRELATED ORGANIZATION TO THE FILING ORGANIZATION AND THE INFORMATION CONCERNING HOURS DEVOTED TO IT ARE NOT REQUIRED TO BE REPORTED, BUT ARE INCLUDED BECAUSE OF THE STRUCTURE OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, OF WHICH THE FILING ORGANIZATION AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ARE PRINCIPAL PARTS THE CORPORATE OFFICERS OF THE MEDICAL CENTER ALSO SERVE AS THE CORPORATE OFFICERS OF NORTH CAROLINA BAPTIST HOSPITAL AND WAKE FOREST UNIVERSITY HEALTH SCIENCES</p>

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 53,861,230 MANAGEMENT AND GENERAL EXPENSES 15,483,830 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 69,345,060 MCIA PROGRAM SERVICE EXPENSES 107,384,198 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 107,384,198

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARY LOSS -16,161,982 AFFILIATE EARNINGS 11,875,627

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) 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
(1) CLEMMONS MEDICAL PARK LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 80-0870210	REAL ESTATE HOLDING COMPANY	NC	1,208,229	30,562,527	NORTH CAROLINA BAPTIST HOSPITAL

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 entity?
						Yes No
See Additional Data Table						

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate 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	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j Yes

1k Yes

1l

1m

1n

1o

1p

1q Yes

1r

1s Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2014

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	

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1685120	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 11A, I	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(1) THE REHABILITATION & SKILLED NURSING MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1826396	HEALTHCARE (INACTIVE)	NC	501(C)(3)	LINE 9	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	Yes	
(2) THE HAWTHORNE INN & CONFERENCE CENTER INC 420 HIGH STREET WINSTON SALEM, NC 27101 56-1793617	LODGING/CONFERENCE ACCOMODATION	NC	501(C)(3)	LINE 11A, I	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(3) CARENET INC 2000 WEST FIRST STREET SUITE 410 WINSTON SALEM, NC 27104 56-1977341	HEALTHCARE	NC	501(C)(3)	LINE 11B, II	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(4) WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 51-0190238	HEALTHCARE	NC	501(C)(3)	LINE 11A, I	N/A		No
(5) FAITHHEALTH INNOVATIONS INC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 23-7426944	HEALTHCARE	NC	501(C)(3)	LINE 9	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(6) DAVIE COUNTY EMERGENCY HEALTH CORPORATION 223 HOSPITAL STREET MOCKSVILLE, NC 27028 56-2276994	HEALTHCARE	NC	501(C)(3)	LINE 3	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(7) MEDICAL FND OF WFUHS & NCBH MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-6036688	HEALTHCARE	NC	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	A	119,934	COST
THE HAWTHORNE INN & CONFERENCE CENTER INC	K	227,760	COST
THE HAWTHORNE INN & CONFERENCE CENTER INC	Q	360,529	COST
CARENET INC	Q	3,753,997	FMV
DAVIE COUNTY EMERGENCY HEALTH CORP	Q	8,326,717	FMV
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	Q	161,464	FMV
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	S	348,549	COST
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	C	1,000,000	COST
DAVIE COUNTY EMERGENCY HEALTH CORP	J	2,803,025	COST
CARENET INC	B	125,000	COST