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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

JULIE ANN FREISCHLAG 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 ▶

D Employer identification number

56-0552787

E Telephone number

(336) 716-4445

G Gross receipts \$ 1,798,573,416

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

1 Briefly describe the organization's mission or most significant activities

IMPROVING THE HEALTH OF OUR REGION, STATE AND NATION

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

BRADLEY A CLARK EVP-CFO

Type or print name and title

2019-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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 (2017)

Part IIISTatement of Program Service Accomplishments

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

☐

1Briefly describe the organization’s mission

SEE SCHEDULE O FOR CONTINUATIONTHE ORGANIZATION IS PART OF WAKE FOREST BAPTIST HEALTH, A PREEMINENT LEARNING HEALTH SYSTEM THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION OUR MISSION IS TO IMPROVE THE HEALTH OF OUR REGION, STATE AND NATION BY GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREAT DISEASE, TRAINING LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE, AND SERVING AS THE PREMIER HEALTH SYSTEM IN OUR REGION, WITH SPECIFIC CENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CARE DESTINATIONS

2Did 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

3Did 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

4Describe 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

4a

(Code) (Expenses \$ 1,609,298,706 including grants of \$ 1,660,168) (Revenue \$ 1,764,285,189)

See Additional Data

4b

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

4c

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

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

1 CLINICAL SERVICES THE CLINICIANS AND RESEARCH SCIENTISTS OF WAKE FOREST BAPTIST HEALTH ARE NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION ITS CLINICAL ENTERPRISE 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 DAVIDSON, DAVIE AND WILKES COUNTIES ACROSS ITS SERVICE AREA OF NORTHWEST NORTH CAROLINA AND SOUTHWEST VIRGINIA, WAKE FOREST BAPTIST HEALTH HAS 6 EMERGENCY DEPARTMENTS, THREE URGENT CARE CENTERS, 83 PRIMARY CARE CLINICS, 274 SPECIALTY CLINICS, 18 OUTPATIENT DIALYSIS CENTERS AND ONE FREE-STANDING DIALYSIS ACCESS CENTER, AND ONE FREESTANDING IMAGING AND ENDOSCOPY CENTER THE WAKE FOREST BAPTIST HEALTH SYSTEM EMPLOYS MORE THAN 2,000 PHYSICIANS, 4,249 REGISTERED NURSES, AND 732 RESIDENTS AND FELLOWS IT HAS A TOTAL STAFF OF 14,430 ON THE MEDICAL CENTER CAMPUS IN WINSTON-SALEM AND 19,220 WITHIN THE WAKE FOREST BAPTIST HEALTH SYSTEM OVERALL IN FY 2018, WAKE FOREST BAPTIST HEALTH HAD 60,023 INPATIENT ADMISSIONS, 187,510 EMERGENCY DEPARTMENT VISITS AND 1,984,198 CLINIC VISITS (AMBULATORY VISITS AND OUTPATIENT DEPARTMENTS) 2 OUTREACHWAKE FOREST BAPTIST HEALTH CONTINUES A BROAD-BASED EFFORT TO REACH UNDERSERVED POPULATIONS ACROSS ITS SERVICE AREA WAKE FOREST BAPTIST HEALTH'S ANNUAL COMMUNITY BENEFITS REPORT REFLECTS THIS COMMITMENT IN FISCAL 2018, WAKE FOREST BAPTIST HEALTH SPENT \$450.6 MILLION TO SUPPORT THESE AREAS SUBSIDIZED HEALTH COSTS COMMUNITY HEALTH OUTREACH CHARITY CARE RESEARCH EDUCATION UNREIMBURSED COSTS OF GOVERNMENT PROGRAMS ONE ANCHOR OF OUTREACH FOR WAKE FOREST BAPTIST HEALTH 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, 60,877 PATIENT VISITS WERE RECORDED AT THE DOWNTOWN HEALTH PLAZA IN THE 2018 FISCAL YEAR, AND ANOTHER 10,697 VISITS WERE RECORDED AT WINSTON EAST PEDIATRICS, A NEARBY WAKE FOREST BAPTIST HEALTH CARE FACILITY SERVING THE UNINSURED AND UNDERINSURED WAKE FOREST BAPTIST HEALTH'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 HEALTH PHYSICIANS, NURSES, MEDICAL STUDENTS AND OTHERS, ATTRACT THOUSANDS OF PEOPLE TO SCREENINGS FOR ACUTE AND CHRONIC CONDITIONS _ 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 SECOND CAMPUS AT APPALACHIAN STATE UNIVERSITY IN BOONE _ FAITHHEALTHNC, 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, STRENGTHENING COMMUNITIES IN THE PROCESS ONE EXAMPLE OF THIS WORK IS A FAITHHEALTH PROGRAM IN WHICH WORKERS KNOWN AS SUPPORTERS OF HEALTH CONNECT PATIENTS WITH RESOURCES THEY NEED AFTER A HEALTH INCIDENT OR HOSPITALIZATION THE GOAL IS TO HELP THESE PATIENTS AVOID READMISSION, IN PARTICULAR TO THE EMERGENCY DEPARTMENT 3 EDUCATIONAL MISSION AND ACCOMPLISHMENTS THE CONSTITUENT ORGANIZATIONS OF WAKE FOREST BAPTIST HEALTH OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS THAT TEACH AND GRADUATE SKILLED HEALTH 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, FISCAL 2017, WAKE FOREST BAPTIST HEALTH INVESTED MORE THAN \$109 MILLION IN THE EDUCATION OF TOMORROW'S HEALTH CARE AND BIOMEDICAL LEADERS AND IN RESEARCH FUNDING NOT COVERED BY OUTSIDE SOURCES SUCH INVESTMENTS SUPPORT THE TRAINING OF HUNDREDS OF STUDENTS IN FISCAL 2018, THOSE INCLUDED 510 MD STUDENTS, 732 PHYSICIAN RESIDENTS AND FELLOWS, 319 GRADUATE STUDENTS, 173 PHYSICIAN ASSISTANTS, 48 NURSE ANESTHESIA STUDENTS, 22 PASTORAL CARE CHAPLAIN RESIDENTS AND INTERNS, AND 63 STUDENTS IN THE VIRGINIA TECH WAKE FOREST UNIVERSITY SCHOOL OF BIOMEDICAL ENGINEERING AND SCIENCES IN ADDITION, THE NORTHWEST AREA HEALTH EDUCATION CENTER, PART OF WAKE FOREST SCHOOL OF MEDICINE, OFFERED 2,460 CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES FOR PRACTICING HEALTH CARE PROFESSIONALS THAT DREW 42,076 PARTICIPANTS FROM THROUGHOUT THE REGION

4dOther program services (Describe in Schedule O)

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

4eTotal program service expenses ▶ 1,609,298,706

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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or 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 ComplianceCheck 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.	380	
b	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?	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.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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.		
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?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

Check if Schedule O contains a response 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?	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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	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: **►** JOSEPH DOLAN MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 (336) 716-4445

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

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

Form **990** (2017)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	6,290,411	8,483,432	2,133,442

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 ▶ 0

		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
MEDTRONIC USA INC 710 MEDTRONIC PARKWAY MINNEAPOLIS, MN 55432	MEDICAL PRODUCTS	17,929,553
MEDLINE INDUSTRIES INC THREE LAKES DRIVE NORTHFIELD, IL 60093	MEDICAL PRODUCTS	10,970,027
STRYKER CORPORATION 2825 AIRVIEW BLVD PORTAGE, MI 49002	MEDICAL TECHNOLOGY	8,029,937
ARAMARK 1101 MARKET STREET PHILADELPHIA, PA 19107	FOOD/FACILITY/UNIFORM SERVICES	7,929,175
BOSTON SCIENTIFIC CORPORATION 300 BOSTON SCIENTIFIC WAY MARLBOROUGH, MA 01752	MEDICAL PRODUCTS	7,761,805

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 ► 295

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	3,132,675				
	e	Government grants (contributions)	1e	1,650,062				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,954,875				
	g	Noncash contributions included in lines 1a-1f \$ 22,097						
	h	Total. Add lines 1a-1f	6,737,612					
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	621990	1,749,023,854	1,749,023,854			
	b	MEDICAL/LAB SERVICE	621500	7,418,714	3,062,250	4,356,464		
	c	DIETARY	722210	6,138,637	5,892,949	245,688		
	d	TUITION	611600	1,703,984	1,703,984			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	1,764,285,189					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	17,678,786		2,641,255	15,037,531	
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties					
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b Less rental expenses						
		c Rental income or (loss)						
	d		Net rental income or (loss)	4,133,736			4,133,736	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d		Net gain or (loss)	-674,098			-674,098	
	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	3,554,300			3,554,300	
b		GIFT SHOP REVENUE	453220	59,437			59,437	
c								
d		All other revenue						
e		Total. Add lines 11a-11d		3,613,737				
12		Total revenue. See Instructions		1,795,774,962	1,759,683,037	7,243,407	22,110,906	

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.	1,637,768	1,637,768		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	22,400	22,400		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	19,598,989	8,249,006	11,349,983	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	533,800,541	449,032,958	84,767,583	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	32,092,573	26,518,553	5,574,020	
9 Other employee benefits.	79,767,849	65,913,317	13,854,532	
10 Payroll taxes.	39,282,915	32,460,036	6,822,879	
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,150,253	1,739,050	2,411,203	
c Accounting.	504,845		504,845	
d Lobbying.	564,230	564,230		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	3,469,766	3,469,766		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	279,356,072	245,405,464	33,950,608	
12 Advertising and promotion.	4,882,549	1,810,015	3,072,534	
13 Office expenses.	49,601,395	31,815,778	17,785,617	
14 Information technology.	53,196,858	43,621,424	9,575,434	
15 Royalties.				
16 Occupancy.	16,866,327	16,023,011	843,316	
17 Travel.	1,384,831	772,589	612,242	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,607,615	993,182	614,433	
20 Interest.	18,440,998	18,174,362	266,636	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	83,965,781	83,965,781		
23 Insurance.	5,231,864	5,179,545	52,319	
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	369,673,525	369,673,063	462	
b BAD DEBT	156,577,093	156,577,093	0	
c PROVIDER ASSESSMENT	45,680,315	45,680,315	0	
d INCOME TAXES	1,315,709	0	1,315,709	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	1,802,673,061	1,609,298,706	193,374,355	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	107,549,664	1	35,990,583
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	717,634
	4 Accounts receivable, net	258,930,978	4	294,257,046
	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	20,600,547	7	191,594
	8 Inventories for sale or use	35,477,898	8	39,205,388
	9 Prepaid expenses and deferred charges	15,462,829	9	30,780,515
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,684,397,969		
	b Less: accumulated depreciation	1,045,157,547		
		646,151,593	10c	639,240,422
	11 Investments—publicly traded securities	634,322,349	11	680,713,308
	12 Investments—other securities. See Part IV, line 11	108,363,714	12	75,451,497
	13 Investments—program-related. See Part IV, line 11	99,707,452	13	154,920,164
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	7,826,421	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,934,393,445	16	1,951,468,151	
Liabilities	17 Accounts payable and accrued expenses	268,727,950	17	268,834,406
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	469,287,569	20	458,462,586
	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	11,749,528	23	11,749,528
	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	125,542,033	25	93,926,333
	26 Total liabilities. Add lines 17 through 25	875,307,080	26	832,972,853
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	1,052,738,469	27	1,108,809,879
	28 Temporarily restricted net assets	3,786,499	28	7,071,156
	29 Permanently restricted net assets	2,561,397	29	2,614,263
	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	1,059,086,365	33	1,118,495,298
34 Total liabilities and net assets/fund balances	1,934,393,445	34	1,951,468,151	

Part XI Reconciliation of Net AssetsCheck 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	1,795,774,962
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,802,673,061
3	Revenue less expenses Subtract line 2 from line 1	3	-6,898,099
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,059,086,365
5	Net unrealized gains (losses) on investments	5	-380,271
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	66,687,303
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,118,495,298

Part XII Financial Statements and ReportingCheck 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
b 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	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

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

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR COMPLETE DESCRIPTION NORTH CAROLINA BAPTIST HOSPITAL IS AN INTEGRAL PART OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, A PREEMINENT ACADEMIC MEDICAL CENTER AND LEARNING HEALTH SYSTEM THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION. THE FOLLOWING PARAGRAPHS ARE PROVIDED TO EXPLAIN THE RELATIONSHIP OF THE FILING ORGANIZATION WITH OTHER ORGANIZATIONS WHICH TOGETHER COMPRISE "WAKE FOREST BAPTIST HEALTH," THE NAME NOT OF ANY ONE CORPORATE ENTITY, BUT 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, MEDICAL RESEARCH, TECHNOLOGY TRANSFER AND MEDICAL EDUCATION. WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (WFUBMC) IS A CORPORATION WHOSE TWO EQUAL MEMBERS ARE WAKE FOREST UNIVERSITY AND NORTH CAROLINA BAPTIST HOSPITAL (THEMSELVES NORTH CAROLINA NONPROFIT CORPORATIONS). BECAUSE THE VARIOUS ACTIVITIES DESCRIBED BELOW ARE NOT ALL PERFORMED BY EACH ORGANIZATION, THE NARRATIVE THAT FOLLOWS WILL INCLUDE DESCRIPTIONS OF ACTIVITIES THAT ARE PERFORMED BY THE FILING ORGANIZATION AND 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. WFUBMC 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. WFUBMC OPERATES WAKE FOREST SCHOOL OF MEDICINE, WHICH HAS A FACULTY OF 1,344, INCLUDING PHYSICIANS AND BASIC SCIENTISTS. IT ALSO OPERATES, THROUGH THE UNINCORPORATED OPERATING DIVISION KNOWN AS "WAKE FOREST BAPTIST HEALTH," A MULTI-LOCATION HEALTH SYSTEM. WAKE FOREST BAPTIST HEALTH HAS 1,535 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), WAKE FOREST BAPTIST HEALTH DAVIE MEDICAL CENTER (50 BEDS), WAKE FOREST BAPTIST HEALTH WILKES MEDICAL CENTER (130 BEDS), ALLEGHANY HEALTH (25 BEDS) AND WAKE FOREST BAPTIST HEALTH HIGH POINT MEDICAL CENTER (351 BEDS), WHICH JOINED THE WAKE FOREST BAPTIST HEALTH SYSTEM IN FISCAL YEAR 2019. OVERALL, WAKE FOREST BAPTIST HEALTH SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA AND ALSO DRAWS PATIENTS FROM ACROSS THE NATION FOR SELECT SERVICES. WFUBMC 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 176 COMPANIES, FIVE LEADING INSTITUTIONS, MORE THAN 3,700 WORKERS AND MORE THAN 1,400 STUDENTS AND 8,000 WORKFORCE TRAINEE PARTICIPANTS, THE INNOVATION QUARTER CURRENTLY COMPRISES MORE THAN 2 MILLION SQUARE FEET OF OFFICE, LABORATORY AND EDUCATIONAL SPACE ON ITS MORE THAN 200 DEVELOPABLE ACRES. WFUBMC AND WRMC HOSPITAL OPERATING CORPORATION (DBA WAKE FOREST BAPTIST HEALTH WILKES REGIONAL MEDICAL CENTER) BEGAN ITS INITIAL 30-YEAR LEASE OF WILKES REGIONAL MEDICAL CENTER ON JULY 1, 2017, AFTER OFFICIALLY COMPLETING AN AGREEMENT WITH THE TOWN OF NORTH WILKESBORO, NORTH CAROLINA. UNDER THE TERMS OF THE INITIAL 30-YEAR LEASE AGREEMENT, WAKE FOREST BAPTIST HEALTH WILL INVEST \$238 MILLION IN SUPPORT OF WILKES REGIONAL MEDICAL CENTER, THE TOWN OF NORTH WILKESBORO, THE WILKES COMMUNITY AND PATIENTS SERVED IN THE REGION. WFUBMC AND UNC HEALTH CARE, THE FORMER PARENT ORGANIZATION OF HIGH POINT REGIONAL HEALTH, SIGNED A LETTER OF INTENT IN OCTOBER 2017 THAT WOULD ALLOW WFUBMC TO ACQUIRE AND INTEGRATE HIGH POINT REGIONAL AND ITS AFFILIATES INTO THE WAKE FOREST BAPTIST HEALTH SYSTEM DURING THE FIRST QUARTER OF FISCAL YEAR 2019. IN FEBRUARY 2018, WFUBMC PARTNERED WITH HUGH CHATHAM MEMORIAL HOSPITAL TO OWN AND OPERATE ALLEGHANY HEALTH IN SPARTA, N.C. IT ALSO ENTERED INTO A PARTNERSHIP WITH ALLEGACY FEDERAL CREDIT UNION TO ESTABLISH WELLQ, A MEMBERSHIP-BASED SERVICE, LOCATED IN INNOVATION QUARTER IN DOWNTOWN WINSTON-SALEM, DESIGNED TO IMPROVE BOTH THE PHYSICAL AND FINANCIAL WELL-BEING OF ITS MEMBERS. IN JUNE 2018, WAKE FOREST BAPTIST HEALTH LEXINGTON MEDICAL CENTER BROKE GROUND ON A NEW 26,500-SQUARE-FOOT, \$31.5 MILLION SURGICAL FACILITY. THIS FACILITY INCLUDES FOUR OPERATING ROOMS, A 10-BAY POST-ANESTHESIA CARE UNIT, UROLOGY PROCEDURE ROOM, WAITING AREA AND CONSULTATION ROOMS. THE FOUR EXISTING OPERATING ROOMS WILL BE CONVERTED TO PROCEDURE ROOMS. SIGNIFICANT GRANTS AWARDED TO WAKE FOREST UNIVERSITY HEALTH SCIENCES DURING FISCAL YEAR 2018 INCLUDED A FIVE-YEAR, \$9.2 MILLION GRANT FROM THE NATIONAL CANCER INSTITUTE FOR ITS SCIENTISTS TO CONTINUE THEIR WORK TO DEVELOP NEW TREATMENTS FOR GLIOBLASTOMA, AN AGGRESSIVE BRAIN CANCER, A GRANT FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) WORTH AN ESTIMATED \$8 MILLION OVER FIVE YEARS TO ESTABLISH A NEW CENTER FOR RESEARCH INTO ALCOHOL ADDICTION, AND TWO FIVE-YEAR GRANTS FROM THE NIH WORTH MORE THAN \$5 MILLION COMBINED TO PROSPECTIVELY STUDY THE EFFECTS OF A GENETIC VARIATION IN ORGAN DONORS THAT APPEARS TO CONTRIBUTE TO SURVIVAL OF KIDNEYS AFTER TRANSPLANTATION.

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			
ARTHUR A GIBEL VICE CHAIRMAN	2 00 6 00	X		X				0	0	0
A LEE HERRING TRUSTEE	2 00 6 00	X						0	0	0
WILLIAM C WARDEN JR TRUSTEE	2 00 4 00	X						0	0	0
SHEREE B WATSON CHAIRMAN	2 00 6 00	X		X				0	0	0
STEPHEN L ROBERTSON TRUSTEE	2 00 6 00	X						0	0	0
EDWIN L WELCH JR TRUSTEE	2 00 2 00	X						0	0	0
GEORGE D RENFRO TRUSTEE	2 00 6 00	X						0	0	0
R MICHAEL WELLS TRUSTEE	2 00 2 00	X						0	0	0
JULIE A FREISCHLAG MD CEO, DEAN	16 20 23 80	X		X				992,415	0	208,694
J MCLAIN WALLACE JR SVP, GEN COUNSEL & SEC	29 70 10 30			X				0	689,120	71,877

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			
CATHLEEN WHEATLEY CHIEF NURSE EXEC, VP CLINI	38 60 1 40					X		0	529,421	120,155
CHARLES R VIGNOS VP MANAGED CARE	37 80 2 20					X		0	489,686	111,119
ERWIN STAINBACK VP, CLINICAL OPERATIONS	40 00 0 00					X		0	470,915	21,977
DENISE CHAMBERLAIN AVP, ASST CFO	40 00 0 00					X		0	494,591	28,133
JOANNE C RUHLAND FORMER OFFICER	25 00 15 00						X	0	372,403	42,972
NORMAN D POTTER JR FORMER OFFICER (2/28/17)	0 00 0 00						X	530,131	0	9,972
CHERYL EH LOCKE FORMER OFFICER	0 00 0 00						X	0	485,469	30,450
RUSSELL M HOWERTON MD FORMER OFFICER	20 70 19 30						X	809,126	0	54,231
JOHN D MCCONNELL MD FORMER OFFICER (4/26/17)	0 00 40 00						X	1,860,397	0	289,177
EDWARD ABRAHAM MD FORMER OFFICER (6/30/17)	0 00 0 00						X	650,802	0	30,994

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

2017

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

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? <i>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.</i>		
	1	
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? <i>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.</i>		
	2	

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)? <i>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).</i>		
	1	

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

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 Activities Test. 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? <i>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.</i>		
	2a	
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? <i>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.</i>		
	2b	
3 Parent of Supported Organizations. 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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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 (explain in Part VI) **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)			

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 56-0552787

Name: NORTH CAROLINA BAPTIST HOSPITAL

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

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

2017

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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 on 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		369,411
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		194,819
j	Total. Add lines 1c through 1i			564,230
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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 THE MEDICAL CENTER'S OFFICE OF GOVERNMENT RELATIONS WAS ACTIVELY INVOLVED WITH SEVERAL FEDERAL AND STATE ISSUES THE OFFICE ASSISTED IN DEVELOPING POLITICAL ADVOCACY STRATEGIES REGARDING THE EVALUATION OF THE 340B PROGRAM AND SUBMITTED A COMMENT LETTER TO THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) REGARDING REDUCTIONS TO MEDICARE PART B 340B PAYMENTS, MEDICAID REFORM (BLOCK GRANTS) AND OTHER PROVISIONS IN THE GRAHAM CASSIDY-- AFFORDABLE CARE ACT (ACA) REPEAL AND REPLACE BILL, AND VARIOUS PIECES OF LEGISLATION RELATED TO INSURANCE MARKET STABILIZATION, RE-EVALUATION OF THE MEDICARE HOSPITAL STAR RATINGS PROGRAM, 21ST CENTURY CURES IMPLEMENTATION ISSUES, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REAUTHORIZATION AND FUNDING, DELAY OF THE ACA MEDICAID DISPROPORTIONATE SHARE PAYMENT REDUCTIONS, HIGHER EDUCATION ACT REAUTHORIZATION AND FINANCIAL AID SIMPLIFICATION AS IT RELATES TO MEDICAL STUDENTS, BIODEFENSE AND PREPAREDNESS REAUTHORIZATION ACT, ENDOWMENT TAX, UBIT AND OTHER PROVISIONS IN THE TAX CUTS AND JOBS ACT, MEDICARE EXTENDERS, NIH FUNDING AND OPIOID EPIDEMIC FUNDING IN THE OMNIBUS SPENDING BILL, FUNDING FOR NEW GRADUATE MEDICAL EDUCATION RESIDENCY SLOTS TO COMBAT THE OPIOID AND SUBSTANCE ABUSE EPIDEMIC, CHANGES TO THE PROVISIONS OF THE MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (MACRA), TESTIMONY BEFORE THE US SENATE ARMED SERVICES COMMITTEE REGARDING HEAD TRAUMA AND CONCUSSION STUDIES AND HOW THESE FINDINGS COULD ASSIST VETERANS WITH POST-TRAUMATIC STRESS DISORDERS, BILLS TO INCREASE PHYSICIAN RESIDENCY SLOTS BY 15,000 AT TEACHING HOSPITALS OVER THE NEXT FIVE YEARS, AND THE FY2019 INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) RULE STAFF WORKED ON THE FY2019 BUDGET, AND THE CY2019 MEDICARE PHYSICIAN FEE SCHEDULE AND OTHER CHANGES TO MEDICARE PART B REIMBURSEMENT POLICIES AND ON MANY OF THE FY2019 APPROPRIATIONS BILLS AND PROPOSED LEGISLATION AND REGULATIONS THAT WERE INTRODUCED, INCLUDING THOSE PROPOSED BY 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 AT THE STATE LEVEL, EFFORTS WERE RELATED TO FUNDING FOR THE WAKE FOREST ARMED FORCES INSTITUTE FOR REGENERATIVE MEDICINE (AFIRM), STOPPING LEGISLATION TO REPEAL THE CERTIFICATE OF NEED LAW, RESTRUCTURING OF NC MEDICAID GRADUATE MEDICAL EDUCATION FUNDING ALLOCATION AS IT RELATES TO RURAL AREAS, OFFICE OF MEDICAL EXAMINER FACILITY FUNDING, AND AMENDMENTS TO THE NC MEDICAID 1115 WAIVER BY NC DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ITS IMPACT TO MEDICAID REFORM RESTRUCTURING IMPLEMENTATION

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As Filed Data -

DLN: 93493134049219

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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

2017

Open to Public Inspection

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Employer identification number
56-0552787

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?

☐ Yes

☐ No

Part II

Conservation Easements. Complete if the organization answered "Yes" on 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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

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, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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) 2017

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,347,896	5,675,092	5,763,723	5,007,181	4,768,404
b Contributions	3,538,532	692,865	1,709,682	2,132,638	1,443,959
c Net investment earnings, gains, and losses	260,041	347,227	-60,213	26,445	389,849
d Grants or scholarships					
e Other expenditures for facilities and programs	461,050	367,288	1,738,100	1,402,541	1,595,031
f Administrative expenses					
g End of year balance	9,685,419	6,347,896	5,675,092	5,763,723	5,007,181

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 ▶ 26 990 %

c

Temporarily restricted endowment ▶ 73 010 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		34,842,477		34,842,477
b Buildings		947,843,716	570,686,617	377,157,099
c Leasehold improvements		2,201,485	938,218	1,263,267
d Equipment		613,178,891	449,931,560	163,247,331
e Other		86,331,400	23,601,152	62,730,248
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				639,240,422

Schedule D (Form 990) 2017

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN SUBSIDIARIES	154,920,164	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	154,920,164	

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PLI & OTHER LIABILITIES	26,416,703
PENSION LIABILITIES	64,471,780
CAPITAL LEASE	3,037,850
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	93,926,333

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on 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' on 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
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental 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

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS FOR ITS FISCAL YEARS ENDED JUNE 30, 2018 AND 2017, 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, 2018 AND 2017

**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

2017

**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		28,349,725
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			28,349,725
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			28,349,725

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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

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).

ReturnReference	Explanation

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on 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

2017

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		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<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 _____ %		
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 Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a 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)			41,989,246	9,681,642	32,307,604	1 960 %
b Medicaid (from Worksheet 3, column a)			274,459,990	249,638,164	24,821,826	1 510 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			58,412,869	45,847,429	12,565,440	0 760 %
d Total Financial Assistance and Means-Tested Government Programs			374,862,105	305,167,235	69,694,870	4 230 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,160,770	0	5,160,770	0 310 %
f Health professions education (from Worksheet 5)			103,261,677	22,028,618	81,233,059	4 930 %
g Subsidized health services (from Worksheet 6)			6,694,997	0	6,694,997	0 410 %
h Research (from Worksheet 7)			0	0		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			2,386,675	0	2,386,675	0 140 %
j Total. Other Benefits			117,504,119	22,028,618	95,475,501	5 790 %
k Total. Add lines 7d and 7j			492,366,224	327,195,853	165,170,371	10 020 %

Part II Community 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
1 Physical improvements and housing						
2 Economic development						
3 Community support			920,221		920,221	0.060 %
4 Environmental improvements						
5 Leadership development and training for community members			146,833		146,833	0.010 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,067,054		1,067,054	0.070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	38,914,895	
3 Enter 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		
4 Provide 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

5 Enter total revenue received from Medicare (including DSH and IME).	5	498,514,986
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	590,889,765
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-92,374,779
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "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 IV Management Companies and Joint Ventures

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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

Community Health Needs Assessment

	Yes	No
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 type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</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 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	
6 a 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>SEE PART V, PAGE 7</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>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V, PAGE 7</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)**Financial Assistance Policy (FAP)**

NORTH CAROLINA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input checked="" 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 checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
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)	15	Yes	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>WWW.WAKEHEALTH.EDU/FINANCIAL-ASSISTANCE.HTM</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>WWW.WAKEHEALTH.EDU/FINANCIAL-ASSISTANCE.HTM</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>WWW.WAKEHEALTH.EDU/FINANCIAL-ASSISTANCE.HTM</u>			
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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

NORTH CAROLINA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____

	Yes	No
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 nonpayment?	17 Yes	
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <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 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21 Yes	
If "No," indicate why		
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)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

NORTH CAROLINA BAPTIST HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 39

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	THE ORGANIZATION ALSO EVALUATES CERTAIN CREDIT FILE DATA ELEMENTS TO IDENTIFY POTENTIAL SOURCES OF INCOME TO MORE ACCURATELY INFORM CHARITY CARE ELIGIBILITY ASSESSMENTS PATIENTS WITH ESTIMATED HOUSEHOLD INCOME BELOW 300% 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

990 Schedule H, Supplemental Information

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 2017 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 REVENUE 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 ADDITIONALLY, THE HOSPITAL PARTICIPATES IN THE NORTH CAROLINA MEDICAID REIMBURSEMENT INITIATIVE (MRI) UNDER THE MRI, THE HOSPITAL RECEIVES ADDITIONAL REIMBURSEMENT BASED ON MEDICAID COST DEFICITS AND TREATMENT OF A DISPROPORTIONATE SHARE OF UNINSURED PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE ORGANIZATION'S PATIENT BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS WAS \$156,577,093 FOR THE FISCAL YEAR ENDED JUNE 30, 2018 THIS AMOUNT IS NOT INCLUDED IN THE CALCULATION OF CHARITY CARE FOR PART I, LINE 7

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES</p>	<p>THE HOSPITAL IS COMMITTED TO GIVE BACK AND IS RESPONSIVE TO THE COMMUNITIES IT SERVES THRO UGH A NUMBER OF ACTIVITIES, PROGRAMS AND INITIATIVES THE FOLLOWING ARE SOME OF THESE PROG RAMS - BE INVOLVED IS AN ONLINE RESOURCE THAT WELCOMES COMMUNITY MEMBERS TO LEARN MORE ABO UT HUNDREDS OF CLINICAL TRIALS AND STUDIES AT WAKE FOREST BAPTIST FOR WHICH THEY MAY BE EL IGIBLE - BESTHEALTH, THE COMMUNITY WELLNESS OUTREACH PROGRAM OF WAKE FOREST BAPTIST HEALT H, OFFERS HEALTH SEMINARS, SCREENINGS, COOKING AND FITNESS CLASSES, ONLINE HEALTH RESOURCE S AND A MEMBERSHIP PROGRAM WITH SPECIAL BENEFITS SEMINARS LED BY EXPERTS FROM WAKE FOREST BAPTIST PROVIDE THE LATEST INFORMATION ABOUT A VARIETY OF HEALTH TOPICS IN TALKS HELD AT CONVENIENT LOCATIONS THROUGHOUT THE COMMUNITY MEMBERSHIP BENEFITS INCLUDE FREE HEALTH SCR EENINGS, WELLNESS CHALLENGES, DISCOUNTS AT PARTICIPATING LOCAL MERCHANTS, E-NEWSLETTERS AN D PRIORITY NOTIFICATION OF EVENTS AND PROGRAMS - THE CARE TRANSITIONS PROGRAM PROVIDES SU PPORT TO PATIENTS AND THEIR FAMILIES AFTER DISCHARGE FROM THE MEDICAL CENTER AND HELPS THE M DETERMINE WHAT SERVICES ARE AVAILABLE TO THEM TO ASSIST WITH RECOVERY SEVEN OPTIONS ARE OFFERED THROUGH THE PROGRAM ENHANCED CARE RESOURCE NURSES, ANCHOR, CAREPLUS, ADVANCED PR ACTICE PROVIDERS, SKILLED NURSING FACILITY PARTNERS, PALLIATIVE CARE, AND WAKE FOREST BAPT IST HEALTH CARE AT HOME, A JOINT PROGRAM BETWEEN WAKE FOREST BAPTIST AND GENTIVA HEALTH SE RVICES THAT FOCUSES ON HELPING ADULT PATIENTS OF ALL AGES WITH COMPLEX HEALTH PROBLEMS - THE CENTER FOR WORKER HEALTH PROVIDES A NEXUS FOR BASIC AND TRANSLATIONAL RESEARCH FOCUSED ON ALL ASPECTS OF THE WORK-HEALTH RELATIONSHIP IT BRINGS TOGETHER RESEARCHERS, HEALTH CA RE PROVIDERS, COMMUNITY MEMBERS AND BUSINESS LEADERS INTERESTED IN PROTECTING AND PROMOTIN G WORKER HEALTH AND QUALITY OF LIFE, AS WELL AS CREATING WORKPLACE SOLUTIONS THAT ARE BENE FICIAL FOR EMPLOYERS, WORKERS AND THEIR FAMILIES - THE COMMUNITY PARTNERSHIP FOR COMPASSIO NATE CARE IS A REGIONAL COALITION OF THE NORTH CAROLINA PARTNERSHIP FOR COMPASSIONATE CARE THE PARTNERSHIP IS DESIGNED TO EDUCATE THE COMMUNITY ABOUT THE IMPORTANCE OF HAVING AN A DVANCE CARE PLAN AND TO HELP TO WITH THE PLANNING PROCESS - THE DEAC CLINIC, A PROGRAM INI TIATED AND DEVELOPED ENTIRELY BY WAKE FOREST SCHOOL OF MEDICINE STUDENTS THE CLINIC USUAL LY SERVES MORE THAN 250 PATIENTS PER WEEK THIS FREE CLINIC PROVIDES ROUTINE PRIMARY HEALT H CARE TO THE LOCAL UNDERSERVED COMMUNITY, AND SPECIALTY CARE AND TESTING WHEN NEEDED STU DENTS FROM WAKE FOREST MEDICAL, PHYSICIAN ASSISTANT, GRADUATE AND UNDERGRADUATE PROGRAMS W ORK TOGETHER UNDER THE SUPERVISION OF VOLUNTEER LICENSED PHYSICIANS, PHYSICIAN ASSISTANTS AND PHARMACY RESIDENTS RECENTLY, STUDENTS HAVE BEEN AWARDED GRANTS FOR VARIOUS HEALTH IMP ROVEMENT INITIATIVES IMPLEMENTED AT DEAC, RANGING FROM NUTRITION TO SMOKING CESSATION - TH E DOWNTOWN HEALTH PLAZA (DHP) IS A FULL-SERVICE OUTPATIENT MEDICAL CLINIC SUBSIDIZED BY TH E MEDICAL CENTER THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINSURED RESIDENTS IN A STATE-OF-THE-ART FACILITY WITH AN ONSITE PHARMACY DURING FY17, THERE WERE 64,768 PA TIENT VISITS AT THE DOWNTOWN HEALTH PLAZA ITS SERVICES INCLUDE - COLLABORATION WITH THE N ORTHWEST COMMUNITY CARE NETWORK (NCCN), WHICH HAS CASE MANAGERS ON-SITE IN PEDIATRICS AND INTERNAL MEDICINE - A SATELLITE SITE FOR THE WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM (WIC) - A BEHAVIORAL HEALTH INTEGRATION PROJECT THAT SUPPORTS FOUR HEALTH CLINICIANS WHO PROVIDE BEHAVIORAL HEALTH CARE IN COLLABORATION WITH THE PATIENTS' MEDICAL PROVIDERS - A H OME PATIENT NAVIGATOR WHO VISITS PATIENTS AFTER THEY ARE DISCHARGED FROM THE HOSPITAL TO A SSURE THAT MEDICATIONS ARE FILLED, REFERRALS ARE PREPARED AND MORE - A COMMUNITY GARDEN TH AT PROVIDES FREE, FRESH VEGETABLES AND HERBS FOR PATIENTS AND THEIR FAMILIES AND A FOOD PA NTRY WHERE BAGGED NUTRITIOUS FOODS ARE AVAILABLE - LEGAL AID OF NORTHWEST NC, WHICH PROVID ES ASSISTANCE WITH LEGAL ISSUES - CENTERINGPREGNANCY, A PROGRAM TO REDUCE INCIDENCE OF LOW -BIRTH-WEIGHT BABIES - CARENET COUNSELING, WHICH HELPS FAMILIES ADDRESS BEHAVIORAL CONCERN S - IMPRINTSCARES, A PROGRAM THAT HELPS PARENTS ADDRESS DEVELOPMENTAL DELAYS IN YOUNG CHIL DREN - A HIGH-RISK OBSTETRICS CLINIC - REACH OUT AND READ, WHICH PROVIDES FREE BOOKS TO YO UNG PATIENTS - THE CARE PLUS PROGRAM, WHICH OFFERS HOME VISITS AND INTENSIVE PATIENT CONTA CT AIMED AT REDUCING READMISSIONS AND EMERGENCY DEPARTMENT VISITS - GRACE CLINIC IS A FREE HEALTH CLINIC HELD THE THIRD SATURDAY OF EVERY MONTH AT NEW LIGHT MISSIONARY BAPTIST CHUR CH IN WINSTON-SALEM VOLUNTEERS FROM WAKE FOREST BAPTIST ARE AMONG THOSE WHO ASSIST WITH H EALTH MANAGEMENT FOR PATIENTS WITH CHRONIC AND ACUTE CONDITIONS SUCH AS HIGH BLOOD PRESSUR E, HIGH BLOOD SUGAR AND HIGH CHOLESTEROL WAKE FOREST BAPTIST'S FAITHHEALTH PROGRAM ALSO S UPPORTS THE GRACE FREE CLINIC - THE SHARE THE HEALTH FAIR IS A FREE, ANNUAL COMMUNITY HEAT H DAY THAT OFFERS SCREENINGS, HEALTH EDUCATION AND</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>PHYSICIAN CONSULTATIONS, AND TYPICALLY REACHES HUNDREDS OF PEOPLE IT IS OPEN TO ADULTS REGARDLESS OF AGE, INSURANCE COVERAGE, INCOME LEVEL OR IMMIGRATION STATUS INTERPRETERS ARE AVAILABLE FOR NON-ENGLISH SPEAKERS THE EVENT IS HOSTED BY STUDENTS FROM WAKE FOREST SCHOOL OF MEDICINE AND SUPPORTED BY NORTHWEST AHCA - TRANSITIONAL AND SUPPORTIVE CARE IS A FAMILY OF PROGRAMS THAT CREATES A BRIDGE BETWEEN ACUTE CARE SERVICES AND REINTRODUCTION TO THE COMMUNITY THE PROGRAMS INCLUDED IN TRANSITIONAL AND SUPPORTIVE CARE ARE AMBULATORY CARE NAVIGATORS, BRIDGING HOME VISITS, ENHANCED CARE NURSES, PALLIATIVE/SUPPORTIVE CARE PROVIDERS AND NURSES, READMISSIONS COORDINATOR, SKILLED NURSING FACILITY COLLABORATIVE, SOCIAL WORK, PHARMACISTS AND WAKE FOREST BAPTIST HEALTH CARE AT HOME - TRIAD FREE HEALTH CLINIC - WAKE FOREST BAPTIST HEALTH PHYSICIANS AND NURSES VOLUNTEER TO SUPPORT THE TRIAD FREE HEALTH CLINIC, HELD TWICE A MONTH TO SERVE THE MEDICAL NEEDS OF THE UNINSURED AND UNDERSERVED MEMBERS OF WINSTON-SALEM AND THE TRIAD REGION THE CLINIC IS HELD AT THE COMMUNITY MOSQUE, 1419 WAUGHTOWN ST, WINSTON-SALEM THE TRIAD FREE HEALTH CLINIC OFFERS FREE CARE WITHOUT DISCRIMINATION BASED ON RACE, RELIGION OR GENDER, ITS SERVICES INCLUDE SCREENINGS TO COMBAT CHRONIC DISEASES SUCH AS DIABETES, OBESITY AND CARDIOPULMONARY DISEASE - DIVERSITY, INCLUSION AND HEALTH EQUITY - WAKE FOREST BAPTIST BELIEVES THAT CREATING A DIVERSE, EQUITABLE AND CULTURALLY ATTUNED WORKPLACE IS CRUCIAL TO OUR MISSION TO IMPROVE HEALTH IN THE COMMUNITIES WE SERVE THE OFFICE OF DIVERSITY AND INCLUSION OVERSEES OUR PRACTICES TO ENSURE DIVERSITY, INCLUSION, EQUITY AND RESPECT FOR EVERY MEMBER OF THE WAKE FOREST BAPTIST COMMUNITY WAKE FOREST BAPTIST RECOGNIZES THAT DIVERSITY IS NOT LIMITED TO RACE AND ETHNICITY BUT MUST ALSO TAKE INTO ACCOUNT SOCIOECONOMIC STATUS, SEXUAL ORIENTATION, GENDER IDENTITY AND RELIGIOUS COMMITMENT IN ORDER TO ELIMINATE THE PERVASIVE HEALTH DISPARITIES THAT EXIST IN OUR REGION AND COUNTRY, THE MEDICAL CENTER IS DEVOTED TO RECRUITING, RETAINING AND TRAINING A DIVERSE CADRE OF PEOPLE AND ENSURING THAT EDUCATIONAL PROGRAMS ENABLE HEALTH CARE PROFESSIONALS TO PROVIDE CULTURALLY COMPETENT CARE AND ADDRESS HEALTH DISPARITIES WAKE FOREST BAPTIST'S CLINICAL FOCUS ON HEALTH EQUITY WAS RECOGNIZED BY THE U.S. HUMAN RIGHTS CAMPAIGN FOUNDATION, WHICH DESIGNATED THE MEDICAL CENTER A 2017 "LEADER IN LGBTQ HEALTHCARE QUALITY" - DIVISION OF FAITHHEALTH - THE MISSION OF THE DIVISION OF FAITHHEALTH IS TO BUILD, ALIGN AND ANIMATE RELIGIOUS AND COMMUNITY ASSETS TO IMPROVE ACCESS TO HEALTH CARE AND THE HEALTH OF THE COMMUNITY, BEGINNING WITH THOSE SERVED BY WAKE FOREST BAPTIST MEDICAL CENTER SUPPORTING PATIENTS SPIRITUALLY AND OFFERING MINISTRIES OF GROWTH, HOPE AND HEALING IS PART OF THE WORK OF WAKE FOREST BAPTIST MEDICAL CENTER, WHICH SINCE ITS EARLIEST DAYS HAS BEEN AN INNOVATOR IN FORGING HEALTH AND SPIRITUAL CONNECTIONS THE DIVISION'S PROGRAMS INCLUDE - FAITHHEALTHNC, WHICH HELPS EASE THE JOURNEY TO HEALTH AND HEALING FOR PEOPLE AND THEIR COMMUNITIES THROUGH CARING STRENGTHS OF CONGREGATIONS, THE CLINICAL EXPERTISE OF PROVIDERS AND A NETWORK OF COMMUNITY RESOURCES - FAITHHEALTH EDUCATION - DESIGNS AND CONDUCTS EDUCATIONAL PROGRAMS FOR INTERNS AND RESIDENTS - CHAPLAINCY AND CLINICAL MINISTRIES - CHAPLAINS PROVIDE SPIRITUAL MINISTRY AND SUPPORT TO PATIENTS AND FAMILIES - CARENET - A PARTNER OF FAITHHEALTH THAT PROVIDES FAITH INTEGRATED COUNSELING AND THERAPY- CENTER FOR CONGREGATIONAL HEALTH - PROVIDES MINISTRY AND TRAINING TO FAITH COMMUNITIES, LAY LEADERS AND CLERGY</p>

990 Schedule H, Supplemental Information

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 2017 SCHEDULE H INSTRUCTIONS TO COMPUTE A COST TO CHARGES RATIO USED TO CALCULATE BAD DEBT AT COST.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	THE HOSPITAL MAKES A REASONABLE EFFORT TO DETERMINE AN INDIVIDUAL'S ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE ENGAGING IN ANY COLLECTION ACTIONS. ALL COLLECTION ACTIONS WILL BE SUSPENDED IF THE INDIVIDUAL SUBMITS A COMPLETED FAP APPLICATION DURING THE APPLICATION PERIOD, OR IF THE INDIVIDUAL SUBMITS AN INCOMPLETE APPLICATION DURING THE APPLICATION PERIOD THAT IS SUBSEQUENTLY COMPLETED WITHIN A REASONABLE TIME AFTER THE HOSPITAL REQUESTS FURTHER INFORMATION. IF THE INDIVIDUAL IS DETERMINED NOT TO BE ELIGIBLE FOR A FULL DISCOUNT UNDER THE FAP, ANY COLLECTION ACTIVITIES WILL BE RESUMED AS TO THE OUTSTANDING BALANCE OWED. IF THE INDIVIDUAL IS DETERMINED TO BE ELIGIBLE FOR ANY LEVEL OF ASSISTANCE UNDER THE FAP, APPROPRIATE MEASURES ARE TAKEN TO REFUND ANY AMOUNTS OWED TO THE INDIVIDUAL AND REVERSE OR MODIFY COLLECTION ACTIONS CONSISTENT WITH THE NEW BALANCE OWED AFTER APPLYING THE APPLICABLE FAP DISCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>THE HOSPITAL'S CURRENT NEEDS ASSESSMENT PLAN WAS BASED ON A SET OF BEST PRACTICES FOR COMMUNITY HEALTH ASSESSMENTS WITH THE PURPOSE OF IDENTIFYING TWO TO THREE REGIONAL PRIORITY AREAS TO FOCUS ON FOR FY 2017-2019. THE PROCESS WAS DESIGNED TO RELY ON EXISTING PUBLIC DATA, DIRECTLY ENGAGING COMMUNITY STAKEHOLDERS AND COLLABORATE WITH LOCAL PUBLIC HEALTH, OTHER HEALTH PROVIDERS, AS WELL AS COMMUNITY PARTNERS SUCH AS FAITH NETWORKS RELEVANT TO THE SOCIAL FACTORS UNDERLYING PATTERNS OF ACCESS. THE HOSPITAL'S ASSESSMENT WAS CONDUCTED IN THREE STAGES: (1) DATA REVIEW (PRIMARY AND SECONDARY DATA), (2) SETTING PRIORITIES, AND (3) COMMUNITY ASSET INVENTORY. THE DATA REVIEW AND PRIORITY SETTING PHASE BEGAN WITH THE COMPILATION OF EXISTING HEALTH-RELATED DATA. STAKEHOLDERS REVIEWED MULTIPLE DATA SETS INCLUDING FORSYTH, DAVIDSON, AND DAVIE COUNTY PUBLIC HEALTH NEEDS ASSESSMENTS, NORTH CAROLINA INDICATORS FOR COMMUNITY HEALTH ASSESSMENT, INTERNAL DISEASE REGISTRIES, AND COUNTY HEALTH RANKINGS. AN INTERNAL STEERING COMMITTEE AND SENIOR LEADERSHIP REVIEW A SET OF CRITERIA TO DEVELOP THE PRIORITY RANKINGS. THE PRIORITIZATION PROCESS IDENTIFIED THE FOLLOWING THREE PRIORITY CHALLENGES FOR THE COMMUNITY: (1) ACCESS/LACK OF MEDICAL SERVICES/SCREENINGS, (2) CHRONIC DISEASE - CANCER, DIABETES, OBESITY, AND (3) BEHAVIORAL/MENTAL HEALTH DISTRESS. FAITHHEALTHNC (A DIVISION OF THE HOSPITAL) PROVIDED COMMUNITY ENGAGEMENT THROUGH A COMPREHENSIVE ASSET MAPPING STRATEGY BASED ON AN APPROACH FROM SOUTH AFRICA AND REDEFINED IN MEMPHIS, TN, DESIGNED TO BUILD COMMUNITY PARTNERSHIPS ON THE ASSETS THAT EXIST, INSTEAD OF JUST NEEDS. THE MAPPING DEVELOPED AN INVENTORY OF EXISTING PROGRAMS AND SERVICES WITHIN THE REGION RELATED TO THE PRIORITY AREAS IDENTIFIED IN THE NEEDS ASSESSMENT. THE INVENTORY INCLUDED THE LOCATION OF THE PROGRAM (HOSPITAL, CLINIC, OR COMMUNITY SERVICE) AS WELL AS THE NATURE OF THE INTANGIBLE FACTORS, ESPECIALLY TRUST, THAT DETERMINE ACCESS AND COLLABORATION AMONG COMMUNITY PARTNERS. THE PURPOSE OF THE INVENTORY WAS TO IDENTIFY GAPS IN SERVICES, OPPORTUNITIES FOR NEW WORK, WHERE AND WITH WHOM THERE IS ALREADY WORK BEING DONE, AND OPPORTUNITIES FOR PARTNERSHIP AND COLLABORATION. FROM THIS THREE-STEP PROCESS, THE HOSPITAL DEVELOPED AN IMPLEMENTATION STRATEGY TO IDENTIFY THE MEANS THROUGH WHICH IT PLANS TO ADDRESS NEEDS THAT ARE CONSISTENT WITH THE CHARITABLE MISSION AS PART OF ITS COMMUNITY BENEFIT PROGRAMS FOR THE NEXT THREE FISCAL YEARS. BEYOND THE PROGRAMS THAT WILL BE ADDRESSED IN THE IMPLEMENTATION STRATEGY, THE HOSPITAL WILL CONTINUE TO ADDRESS MANY OF THE PRIORITIES BY PROVIDING CARE TO ALL, REGARDLESS OF THE ABILITY TO PAY.</p>

990 Schedule H, Supplemental Information

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, PAMPHLETS, CONSPICUOUSLY DISPLAYED SIGNAGE, INFORMATION ON PATIENT BILL STATEMENTS, AND FROM STAFF MEMBERS DURING CONVERSATIONS CONCERNING A PATIENT'S LIABILITY FOR SERVICES THE HOSPITAL EMPLOYS A 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 WILL ASSIST THE PATIENT WITH ENROLLMENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	<p>IN FISCAL YEAR 2018, THE MEDICAL CENTER PROVIDED CARE TO A NINETEEN COUNTY SERVICE AREA IN NORTH CAROLINA 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, BURKEPERCENT OF UNINSURED INPATIENTS 6 8%PERCENT OF INPATIENTS WHO ARE MEDICAID RECIPIENTS 19 2%THE HOSPITAL IS LOCATED IN CENTRAL FORSYTH COUNTY, WHICH MAKES UP THE SINGLE LARGEST COUNTY IN TOTAL INPATIENT DISCHARGES 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 2015 ESTIMATED CENSUS DATA POPULATION AND GEOGRAPHYTOTAL POPULATION 369,000POPULATION CHANGE SINCE 2010 + 5 2%LAND AREA 408 1 SQUARE MILESPOPULATION DENSITY 904 19 PERSONS PER SQUARE MILE POPULATION BY RACE/ETHNICITYWHITE 57 4%BLACK/AFRICAN-AMERICAN 27 2%HISPANIC 12 7%ASIAN 2 4%AMERICAN INDIAN/ALASKAN NATIVE 0 8%NATIVE HAWAIIAN/PACIFIC ISLANDER 0 1% MULTIRACIAL 2 2% POPULATION BY AGE DISTRIBUTIONUNDER 5 YEARS OLD 6 3%UNDER 18 YEARS OLD 23 6%=/+ 65 YEARS OLD 14 7%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 2%A HIGH SCHOOL DIPLOMA OR GED 54 7%A BACHELOR'S DEGREE OR HIGHER 32 1%PERSONS IN POVERTY 19 7%UNEMPLOYMENT RATE 5 8% COUNTY SCHOOLS SK-12 ENROLLMENT 54,000GRADUATION RATE 85 4% INCOMEMEDIAN FAMILY HOUSEHOLD (2014) \$46,003MEDIAN NON-FAMILY HOUSEHOLD (2014) \$26,670</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>WAKE FOREST BAPTIST HEALTH'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 THE HOSPITAL, WHICH IS THE INPATIENT COMPONENT OF WAKE FOREST BAPTIST HEALTH, 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 \$5,000BRENNER FIT \$212,009AMOS COTTAGE \$65,935POPULATION HEALTH PHARMACY \$904,287COMMUNITY TRAINING (BLS) \$706,423RAPID RESPONSE TEAM \$827,122NCBH HOSPICE SERVICES \$107PALLIATIVE CARE PROGRAMS \$165,874FAMILY RESOURCES \$15,845COMMUNITY EMS PREPAREDNESS \$117,677PATIENT/FAMILY CENTERED CARE \$17,528CLINICAL MINISTRIES \$662,651PASTORAL & EDUCATIONAL COUNSELING \$354,201PHYSICIANS COMMUNITY HEALTH ACCESS \$191,751FAITHHEALTH, NC \$559,283HEALTH & WELLNESS SERVICES \$355,077TOTAL TO PART I, LINE 7E \$5,160,770</p>

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 H0011	X	X		X			X			

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	PART V, SECTION B, LINE 5 COMMUNITY INPUT WAS OBTAINED THROUGH THE FOLLOWING SOURCES (1) FORSYTH COUNTY RESIDENT SURVEYS CONDUCTED BY FORSYTH COUNTY HEALTH DEPARTMENT, (2) EIGHT FAITHHEALTH NC (A DEPARTMENT OF THE HOSPITAL) COMMUNITY ASSET MAPPING WORKSHOPS WHICH SOUGHT OPINIONS OF BOTH HEALTH PROVIDERS AND HEALTH SEEKERS IN FORSYTH COUNTY'S MOST VULNERABLE COMMUNITIES, INCLUDING FOUR WORKSHOPS HELD SPECIFICALLY IN HISPANIC COMMUNITIES, AND (3) COMMENTS FROM PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY ADDITIONALLY, MORE THAN TEN SECONDARY DATA SOURCES WERE REVIEWED, INCLUDING WAKE FOREST BAPTIST MEDICAL CENTER COMMUNITY DASHBOARD/HEALTH COMMUNITIES, COUNTY HEALTH RANKINGS & ROADMAPS, 2014 STATE OF THE COUNTY HEALTH, US CENSUS BUREAU, NC CENTER FOR HEALTH STATISTICS, CENTERS FOR DISEASE CONTROL, BEHAVIOR RISK FACTOR SURVEILLANCE SYSTEM, HEALTHY PEOPLE 2020, HEALTHY NC 2020, CENTERS FOR MEDICARE/MEDICAID SERVICES, FORSYTH FUTURES ACCESS TO HEALTH CARE FORSYTH COUNTY REPORT 2014, FORSYTH COUNTY'S COMMUNITY FOOD SYSTEM 2013, AND STATUS OF HOMELESSNESS IN FORSYTH COUNTY 2014

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	PART V, SECTION B, LINE 6A THE HOSPITAL'S MOST RECENT CHNA WAS CONDUCTED IN COLLABORATION WITH LEXINGTON MEDICAL CENTER AND DAVIE MEDICAL CENTER BOTH DAVIE MEDICAL CENTER AND LEXINGTON MEDICAL CENTER ARE AFFILIATE HOSPITALS OF WAKE FOREST BAPTIST MEDICAL CENTER

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	PART V, SECTION B, LINE 7D N/APART V, SECTION B, LINE 7A WWW WAKEHEALTH EDU/HCI/NEEDS-ASSESSMENT-AND-IMPLEMENTATION-REPORTS HTMPART V, SECTION B, LINE 10A WWW WAKEHEALTH EDU/HCI/NEEDS-ASSESSMENT-AND-IMPLEMENTATION-REPORTS HTM

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	<p>PART V, SECTION B, LINE 11 THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IDENTIFIED THE FOLLOWING SIGNIFICANT HEALTH NEEDS WITHIN THE COMMUNITY (1) ACCESS TO HEALTH CARE, (2) CHRONIC DISEASE MANAGEMENT AND INFORMATION, (3) BEHAVIORAL AND MENTAL DISTRESS, (4) FINANCIAL COST OF HEALTH CARE AND PRESCRIPTION DRUGS, (5) RACISM, (6) HEALTHCARE RESOURCES AND EDUCATION, (7) LACK OF INSURANCE AND UNDOCUMENTED PATIENTS, AND (8) COMPASSIONATE CARE NORTH CAROLINA BAPTIST HOSPITAL (NCBH) PRIORITIZED THE FOLLOWING THREE SIGNIFICANT COMMUNITY HEALTH NEEDS FOR ITS CURRENT CHNA AS FOLLOWS (1) ACCESS TO CARE, (2) CHRONIC DISEASE MANAGEMENT, AND (3) BEHAVIORAL/MENTAL HEALTH DISTRESS NCBH PLANS TO PROVIDE COMMUNITY BENEFIT PROGRAMS RESPONSIVE TO THESE HEALTH NEEDS THROUGH ITS APPROVED CHNA IMPLEMENTATION STRATEGY THE NCBH CHNA IMPLEMENTATION STRATEGY OUTLINES THE IMPLEMENTATION OF PROGRAMS AND THE EVALUATION OF IMPACT OF THOSE PROGRAMS ON PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED FROM THE CHNA SPECIFICALLY, THE HOSPITAL IS ADDRESSING THE SIGNIFICANT HEALTH NEEDS AS FOLLOWS 1 ACCESS TO CAREBARRIERS SUCH AS LACK OF INDIVIDUAL HEALTH INSURANCE AND HIGH COSTS DECREASE ACCESS TO QUALITY HEALTH CARE AND CAN LEAD TO UNMET HEALTH NEEDS THE HOSPITAL'S CURRENT STRATEGIES INCLUDE --ENCOURAGING APPROPRIATE EMERGENCY DEPARTMENT UTILIZATION THROUGH CARE COORDINATION ACROSS THE COMMUNITY, HOSPITAL, AND PRIMARY CARE THROUGH 1) EXPLORATION OF PROGRAMS TO COORDINATE CARE FOR THE CHARITY CARE POPULATION, ADDRESSING NON-EMERGENCY CARE USE AND SEEKING FUNDING TO SUPPORT RECOMMENDED INTERVENTION, AND 2) CONTINUATION OF SUPPORT FOR THE CAREPLUS CARE COORDINATION MODEL FOR MEDICAID/SELF-PAY/UNINSURED PATIENTS IN THE DOWNTOWN HEALTH PLAZA COMMUNITY --IMPROVING ACCESS TO COMMUNITY CENTERED SOCIAL AND HEALTH EDUCATION SERVICES AND REGULAR SOURCES OF HEALTH CARE THROUGH 1) CONTINUE D NEGOTIATIONS WITH NOVANT HEALTH TO CREATE A PRIMARY CARE CLINIC IN EAST WINSTON FOR THE SELF-PAY/UNINSURED/MEDICAID POPULATION, 2) CONTINUED EXPLORATION OF MOBILE MEDICAL CLINIC IN LOW ACCESS WFBH SERVICE AREAS, 3) DEVELOPMENT OF PILOT PROGRAM FOR CHARITY CARE PATIENTS WITH CHRONIC CONDITIONS FOR CARE MANAGEMENT SERVICES THROUGH LINKAGE WITH PRIMARY CARE , AND 4) CONTINUED COMMUNITY ENGAGEMENT SUPPORT THROUGH 5 SUPPORTERS OF HEALTH, 311 CONGRESSIONAL PARTNERS, 25 CONNECTORS ACROSS THE SERVICE AREA, AND 7 FAITH/HEALTHNC FELLOWS --IMPROVING ACCESS TO HEALTH INSURANCE THROUGH PARTNERSHIP WITH HEALTHCARE ACCESS LEADERS TO ASSIST IN ENROLLING COMMUNITY MEMBERS IN AVAILABLE HEALTH INSURANCE PLANS--IMPROVING ACCESS TO TRANSPORTATION TO HEALTH CARE SERVICES, THROUGH 1) RAISING AWARENESS OF EXISTING TRANSPORTATION SERVICES FOR MEDICAID PATIENTS AMONG PROVIDERS AND THE COMMUNITY, AND 2) EXPLORING FREE TRANSPORTATION INITIATIVES THROUGH UBERCENTRAL OR OTHER SIMILAR MODEL2 CHRONIC DISEASE MANAGEMENTNCBH RECOGNIZES THE EFFECT OF CONTINUITY OF CARE WITH HEALTH CARE PROVIDERS ON PATIENT BEHAVIORS, DISEASE</p>

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	SE MANAGEMENT, AND HEALTH STATUS THE HOSPITAL'S CURRENT STRATEGIES INCLUDE --IMPROVING CA PACITY OF COMMUNITY BASED ORGANIZATIONS AND HEALTH CARE PROVIDERS TO SUPPORT EFFORTS RELAT ED TO CHRONIC DISEASE PREVENTION AND MANAGEMENT THROUGH 1) CONTINUING TO SUPPORT FAITHHEA LTHNC COMMUNITY WORKERS, 2) INCREASING COMMUNITY AND HEALTHCARE PROVIDER ACCESS TO EXISTI NG CHRONIC DISEASE MANAGEMENT RESOURCES BY CENTRALIZING AND DISTRIBUTING INFORMATION, AND 3) EXPANDING CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS OFFERED BY NCBH THROUGH EMMI SOFTWA RE --PROVIDING EDUCATION AND SUPPORT PROGRAMS TO REDUCE DIABETES PREVALENCE AND IMPROVE DI ABETES MANAGEMENT THROUGH 1) REFERRING DIABETIC PATIENTS AT DOWNTOWN HEALTH PLAZA TO DIAB ETES PROGRAMS OFFERED BY NCBH AND OTHER COMMUNITY ORGANIZATIONS, 2) CONTINUING TO PROVIDE DIABETIC EDUCATION AT DOWNTOWN HEALTH PLAZA AND THE ENDOCRINE CLINIC, 3) CONTINUING TO P ROVIDE BESTHEALTH DIABETES PREVENTION AND NUTRITION EDUCATION TO THE COMMUNITY, AND 4) EX PLORING PARTNERSHIP WITH UNITED WAY TO FOCUS DIABETES PREVENTION AND MANAGEMENT PROGRAMS I N IDENTIFIED, HIGH NEED NEIGHBORHOODS --PROVIDING EDUCATION AND SUPPORT PROGRAMS TO REDUCE OBESITY PREVALENCE AND IMPROVE OBESITY MANAGEMENT THROUGH 1) CONTINUING TO SUPPORT BRENN ER FIT TO INCREASE EDUCATION AND AWARENESS HEALTHY LIFESTYLE CHOICES FOR UNINSURED/MEDICAI D PATIENTS AND FAMILIES, 2) PROMOTING HEALTHY EATING AND WEIGHT MANAGEMENT THROUGH EMPLOY EE WELLNESS PROGRAMS, AND 3) PROVIDING MORE AWARENESS TO HOSPITAL PATIENTS AND EMPLOYEES REGARDING OPPORTUNITY FOR WEIGHT MANAGEMENT PROGRAMS 3 BEHAVIORAL/MENTAL HEALTH DISTRESSN CBH RECOGNIZES THE OVERLAP OF MENTAL, MEDICAL AND SOCIAL DISPARITIES AND THE IMPORTANT ROL E OF BEHAVIORAL HEALTH IN TREATING THE WHOLE PERSON THE HOSPITAL'S CURRENT STRATEGIES INC LUDE --CONTINUING EXPANSION OF INTEGRATED CARE MODEL CURRENTLY OPERATING AT DOWNTOWN HEALT H PLAZA AND FAMILY MEDICINE PIEDMONT PLAZA,--INCREASING THE CURRENT 30+ STAFF AT THE HOSPI TAL WHO WORK IN AREAS DEFINED AS INTEGRATED BEHAVIORAL HEALTH,--BUILDING CAPACITY AMONG LA Y PERSONS IN THE COMMUNITY IN THE AREAS OF MENTAL HEALTH FIRST AID, COMMUNITY RESILIENCE M ODEL AND SUICIDE PREVENTION PROGRAMS,--CONTINUING WORK WITH VULNERABLE POPULATIONS AND FRA GILE HOMELESS PERSONS,--DEVELOPING A PLAN TO CREATE MORE INTEGRATED BEHAVIORAL HEALTH GRAD UATE MEDICAL EDUCATION OFFERINGS FOR MEDICAL STUDENTS, RESIDENTS, FACULTY AND STAFF ALL OF THE AFOREMENTIONED EFFORTS IN COMBINATION WITH THE HOSPITAL'S VALUES OF NONDISCRIMINATION AND COMPASSIONATE CARE ARE DESIGNED TO MEET THE SIGNIFICANT HEALTH NEEDS OF THE MOST RECE NT COMMUNITY HEALTH NEEDS ASSESSMENT

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	PART V, SECTION B, LINE 13H THE HOSPITAL MAY USE COMMERCIALLY AVAILABLE FINANCIAL PROFILING AND CREDIT SCORING TECHNOLOGIES TO PRESUMPTIVELY SCREEN RESPONSIBLE INDIVIDUALS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE DISCOUNTS

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	PART V, SECTION B, LINE 16J IN ADDITION TO THE METHODS PREVIOUSLY DESCRIBED, NORTH CAROLINA BAPTIST HOSPITAL INFORMS PATIENTS ABOUT ITS FAP DURING INTAKE AND DISCHARGE BY PROVIDING A PLAIN LANGUAGE SUMMARY OF THE FAP THE HOSPITAL ALSO PLACES A CONSPICUOUS WRITTEN NOTICE OF THE FAP ON ITS PATIENT BILLING STATEMENTS

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)
1 2 - ALLERGY ASTHMA & IMMUNOLOGY - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	ALLERGY, ASTHMA & IMMUNOLOGY
1 3 - BREAST CARE SERVICES - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	BREAST CARE SERVICES
2 4 - BRENNER CHILDREN'S SPECIALTY SERVICES 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	PEDIATRIC SPECIALTIES
3 5 - CARDIOLOGY COUNTRY CLUB 4614 COUNTRY CLUB ROAD WINSTONSALEM, NC 271043520	CARDIOLOGY
4 6 - COMPREHENSIVE FETAL CARE CENTER 500 SHEPHERD STREET SUITE 200 WINSTONSALEM, NC 271031633	MATERNAL-FETAL MEDICINE
5 7 - COMPREHENSIVE REHAB - PHYSICAL MED & REH 131 MILLER STREET WINSTONSALEM, NC 27103	PHYSICAL MEDICINE, SPORTS MEDICINE, REHABILITATION
6 8 - COMPREHENSIVE REHAB - SPECIALTY 131 MILLER STREET WINSTONSALEM, NC 27103	ENDO, ENT, NEUROLOGY, PSYCHOLOGY, SURGERY, RHEUM
7 9 - DIABETES CENTER ADULT-CNTRY CLB MED PLZA 4610 COUNTRY CLUB ROAD WINSTONSALEM, NC 271043520	ADULT DIABETES CENTER
8 10 - DIABETES CENTER CHLDR-CNTRY CLB MED PLZA 4610 COUNTRY CLUB ROAD WINSTONSALEM, NC 271043520	PEDIATRIC DIABETES CENTER
9 11 - DIALYSIS ACCESS GROUP - MILLER 120 MILLER STREET STE B WINSTONSALEM, NC 27103	DIALYSIS CENTER
10 12 - DOWNTOWN HEALTH PLAZA 1200 N MARTIN LUTHER KING JR DRIVE WINSTONSALEM, NC 271013006	ADULT MEDICINE
11 13 - DOWNTOWN HEALTH PLAZA - SPECIALTY 1200 N MARTIN LUTHER KING JR DRIVE WINSTONSALEM, NC 27101	OB/GYN, NEUROLOGY, NEPHROLOGY, DERM, CARDIOLOGY
12 14 - ENTHEAD & NECK SURGERY - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	ENT/HEAD AND NECK SURGERY
13 15 - HEMATOLOGY & ONCOLOGY - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	ONCOLOGY
14 16 - HEMATOLOGY & ONCOLOGY - ELKIN 401 ELDON PARKS DRIVE ELKIN, NC 28621	HEMATOLOGY AND ONCOLOGY

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)
16 17 - HEMATOLOGY & ONCOLOGY - PREMIER DR 4515 PREMIER DIVE HIGH POINT, NC 27265	HEMATOLOGY AND ONCOLOGY
1 18 - INTERNAL MEDICINE SPECIALTY CLINICS 500 SHEPHERD STREET SUITE 300 WINSTONSALEM, NC 271031633	IM MULTISPECIALTY CLINICS
2 19 - MEDICAL PLAZA COUNTRY CLUB DERMATOLOGY 4618 COUNTRY CLUB ROAD WINSTONSALEM, NC 271043520	GENERAL DERMATOLOGY
3 20 - MEDICAL PLAZA COUNTRY CLUB GENERAL DERMA 4618 COUNTRY CLUB ROAD WINSTONSALEM, NC 271043520	DERMATOLOGY & MOHS SURGERY
4 21 - MT AIRY HEMATOLOGY & ONCOLOGY 450 PRICE STREET MT AIRY, NC 27030	HEMATOLOGY AND ONCOLOGY
5 22 - NCBH OUTPATIENT ENDOSCOPY CENTER LLC 100 CHARLOIS BLVD SUITE 100 WINSTONSALEM, NC 27103	OUTPATIENT ENDOSCOPY
6 23 - NEONATOLOGY 500 SHEPHERD STREET SUITE 201 WINSTONSALEM, NC 271031633	NEONATOLOGY
7 24 - NEUROLOGY - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	NEUROLOGY
8 25 - OBGYN CLINIC 500 SHEPHERD STREET SUITE 201 WINSTONSALEM, NC 271031633	OB/GYN, GYN ONC, UROLOGICAL GYN
9 26 - OBSTETRICS AND GYNECOLOGY - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	OB/GYN
10 27 - PAIN CENTER BROOKSTOWN 605 COTTON STREET WINSTONSALEM, NC 27101	PAIN CLINIC AND SERVICES
11 28 - PEDIATRICS - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	PEDIATRICS
12 29 - PEDIATRICS - DOWNTOWN HEALTH PLAZA 1200 N MARTIN LUTHER KING JR DRIVE WINSTONSALEM, NC 27101	PEDIATRICS
13 30 - SLEEP CENTER - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	SLEEP MEDICINE
14 31 - SLEEP CENTER - SHEPHERD 500 SHEPHERD STREET SUITE 201 WINSTONSALEM, NC 271031633	SLEEP MEDICINE

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)
31 32 - SPINE CENTER - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	SPINE CENTER - CLEMMONS
1 33 - UNIVERSITY INTERNAL MEDICINE - CLEMMONS 2311 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	INTERNAL MEDICINE & PRIMARY CARE
2 34 - UNIVERSITY INTERNAL MEDICINE COUNTRY CLU 4614 COUNTRY CLUB ROAD WINSTONSALEM, NC 271043520	INTERNAL MEDICINE
3 35 - VEIN SERVICES - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	VEIN SERVICES
4 36 - WAKE FOREST BAPTIST HEALTH FAMILY MEDICI 1920 W FIRST STREET WINSTONSALEM, NC 271044220	FAMILY MEDICINE
5 37 - WAKE FOREST UNIVERSITY BAPTIST IMAGING 265 EXECUTIVE PARK BLVD WINSTONSALEM, NC 27103	IMAGING CENTER
6 38 - WINSTON EAST PEDIATRICS OF BAPTIST HOSP 2295 EAST 14TH STREET WINSTONSALEM, NC 27105	PEDIATRICS
7 39 - CANCER SURVIVORSHIP - CLEMMONS 2341 LEWISVILLE-CLEMMONS ROAD CLEMMONS, NC 27012	HEMATOLOGY AND ONCOLOGY
8 40 - HEALOGICS WOUND CARE - WEST PARK 1900 WEST PARK DRIVE STE C NORTH WILKESBORO, NC 28659	WOUND CARE

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," on 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

2017

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" on 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

37

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" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL SCHOLARSHIPS	17	17,400			
(2) RUTH HOLLEMAN SCHOLARSHIPS	5	5,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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 GRANTEEES 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 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 DEVELOPMENT 3904 OLD VINEYARD ROAD WINSTONSALEM, NC 27104	30-0111894	501(C)(3)	60,000				SUPPORTING PROGRAMS FOR DISABLED CHILDREN
ALLIANCE FOR NC NONPROFITS INC 530 N BLOUNT STREET RALEIGH, NC 27604	46-1358968	501(C)(6)	20,000				SUPPORTING PROMOTION OF INTERESTS OF NC NONPROFITS TO POLICYMAKERS AND THE PUBLIC

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 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
ALS ASSOCIATION NC CHAPTER 4 N BLOUNT STREET RALEIGH, NC 27601	56-1609591	501(C)(3)	6,000				SUPPORTING PROGRAMS TO TREAT AND CURE ALS THROUGH GLOBAL RESEARCH AND NATION
AMERICAN HEART ASSOCIATION 101 CENTREPORT DRIVE GREENSBORO, NC 27409	13-5613797	501(C)(3)	72,500				SUPPORTING CARDIOVASCULAR RESEARCH AND PROGRAMS

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 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
ARTS COUNCIL WINSTON SALEM FORSYTH CTY 206 N SPRUCE STREET WINSTONSALEM, NC 27101	56-0526856	501(C)(3)	30,000				SUPPORTING CULTURAL PROGRAMS IN THE COMMUNITY
CANCER SERVICES INC 3175 MAPLEWOOD AVE WINSTONSALEM, NC 27103	56-0656375	501(C)(3)	12,500				SUPPORTING PROGRAMS TO EDUCATE/ ENHANCE LIFE FOR CANCER PATIENTS

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 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
CARENET MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	56-1977341	501(C)(3)	107,500				HEALTHCARE COUNSELOR RESIDENCY SUPPORT
COMMUNITY CARE CENTER FOR FORSYTH CTY 2135 NEW WALKERTOWN RD WINSTONSALEM, NC 27101	58-1403699	501(C)(3)	10,000				SUPPORTING PROGRAM TO PROVIDE FREE MEDICAL/DENTAL CARE

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 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
DAVIDSON COUNTY COMMUNITY COLLEGE FOUNDATION PO BOX 1287 LEXINGTON, NC 27293	23-7079347	501(C)(3)	20,000				SUPPORTING ORGANIZATION PROVIDING ASSISTANCE TO STUDENTS OF DCCC
DAVIDSON COUNTY GOVERNMENT 913 GREENSBORO STREET LEXINGTON, NC 27292	56-6000294	GOVT	8,000				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 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
DAVIE COMMUNITY FOUNDATION PO BOX 546 MOCKSVILLE, NC 27028	58-1850531	501(C)(3)	20,000				SUPPORTING ORGANIZATION TO PROMOTE PHILANTHROPY IN THE COMMUNITY
DAVIE COUNTY ECONOMIC DEVELOPMENT 135 SOUTH SALISBURY ST MOCKSVILLE, NC 27028	56-1932514	501(C)(3)	45,000				SUPPORTING HEALTHCARE DEVELOPMENT

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 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
EL BUEN PASTOR LATINO COMMUNITY SERVICES 4637 TIM ROAD WINSTONSALEM, NC 27106	20-3751959	501(C)(3)	8,500				SUPPORTING PROGRAM TO EQUIP LATINO FAMILIES TO FULFILL EDUCATION AND ECONOMIC
GREENSBORO UNITED SOCCER ASSOCIATION INC PO BOX 9185 GREENSBORO, NC 27429	56-1231905	501(C)(3)	10,000				SUPPORTING PROGRAM TO PROMOTE SOCCER COMPETITION

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 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
HABITAT FOR HUMANITY 339 WITT ST WINSTONSALEM, NC 27103	56-1448955	501(C)(3)	32,500				COMMUNITY SUPPORT
HOSPICE AND PALLIATIVE CARE CENTER 101 HOSPICE LANE WINSTONSALEM, NC 27103	58-1343313	501(C)(3)	20,000				SUPPORTING FACILITIES & PROGRAMS FOR SERIOUSLY ILL PATIENTS

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 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
HOSPITAL HOSPITALITY HOUSE OF WINSTON-SALEM DBA SECU FAMILY HOUSE 1970 BALDWIN LN WINSTONSALEM, NC 27103	20-3604576	501(C)(3)	15,000				SUPPORTING PROGRAM PROVIDING AFFORDABLE LODGING TO PATIENTS
JDRF PIEDMONT TRIAD CHAPTER 312 N EUGENE STREET GREENSBORO, NC 27401	23-1907729	501(C)(3)	25,000				SUPPORTING JUVENILE DIABETES 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 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
KALEIDEUM (FORMERLY SCIWORKS) 400 HANES MILL ROAD WINSTONSALEM, NC 27105	56-0815746	501(C)(3)	10,000				EDUCATIONAL AND SCIENTIFIC SUPPORT
LEADERSHIP WINSTON-SALEM 624 W 6TH STREET STE 110 WINSTONSALEM, NC 27101	58-1574887	501(C)(3)	10,000				SUPPORTING PROGRAM TO TRAIN AND DEVELOP COMMUNITY LEADERS

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 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
MARCH OF DIMES 410 BROOKSTOWN AVE WINSTONSALEM, NC 27101	13-1846366	501(C)(3)	32,500				SUPPORTING RESEARCH AND PROGRAMS TO END INFANT MORTALITY AND BIRTH DEFECTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FL NEW YORK, NY 10017	13-5661935	501(C)(3)	12,000				SUPPORTING RESEARCH AND PROGRAMS TO END MULTIPLE SCLEROSIS

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 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
NC TRIAD KOMEN AFFILIATE OF SUSAN G KOMEN FND 1106 BURKE STREET WINSTONSALEM, NC 27101	75-2891104	501(C)(3)	25,000				SUPPORTING BREAST CANCER RESEARCH
OLD SALEM MUSEUMS & GARDEN 600 MAIN ST WINSTONSALEM, NC 27101	56-0587289	501(C)(3)	95,000				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 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
PIEDMONT REGIONAL TRAUMA SYSTEMS MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	56-2036036	501(C)(3)	75,000				SUPPORTING INTEGRATED TRAUMA SYSTEM
PRIDE WINSTON-SALEM PO BOX 20732 WINSTONSALEM, NC 27120	46-2693107	501(C)(3)	10,000				SUPPORTING PROGRAM TO PROMOTE DIVERSITY 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 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
RONALD MCDONALD HOUSE 419 S HAWTHORNE ROAD WINSTONSALEM, NC 27103	58-1454715	501(C)(3)	23,500				SUPPORTING PROGRAM FOR CHILDREN RECEIVING MEDICAL CARE
MORAVIAN HOME INC (SALEMTOWNE) 1000 SALEMTOWNE DRIVE WINSTONSALEM, NC 27106	56-0963926	501(C)(3)	100,000				SUPPORTING ORGANIZATION PROVIDING LONG TERM CARE TO ELDERLY

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 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
SENIOR SERVICES INC 2895 SHOREFAIR DRIVE WINSTONSALEM, NC 271054237	56-1085968	501(C)(3)	125,000				SUPPORTING PROGRAM PROVIDING SERVICES TO SENIOR ADULTS
THE WOMEN'S FUND OF WINSTON SALEM 860 W FIFTH STREET WINSTONSALEM, NC 27101	56-6037616	501(C)(3)	10,000				SUPPORTING & EMPOWERING WOMEN 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 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 COUNTY 301 N MAIN STREET WINSTONSALEM, NC 27101	23-7357234	501(C)(3)	163,000				COMMUNITY SUPPORT
USA CYCLING INC DBA WINSTON-SALEM CYCLING 210 USA CYCLING POINT STE 100 COLORADO SPRINGS CO 80919 COLORADO SPRINGS, CO 80919	84-1284437	501(C)(3)	37,500				SUPPORTING LOCAL ADMINISTRATION OF COMMUNITY CYCLING EVENT

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 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
WILKES COMMUNITY COLLEGE FOUNDATION INC PO BOX 120 WILKESBORO, NC 28697	23-7338790	501(C)(3)	21,000				SUPPORTING ORGANIZATION PROVIDING ASSISTANCE TO STUDENTS OF WCC
WINSTON SALEM STATE UNIVERSITY 601 S MARTIN LUTHER KING JR DR WINSTONSALEM, NC 27110	56-6001466	GOVT	20,000				SPONSORSHIP - 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 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
WINSTON-SALEM FOUNDATION 751 W FOURTH ST STE 200 WINSTON-SAL M NC 27101 WINSTONSALEM, NC 27101	56-6037615	501(C)(3)	134,334				COMMUNITY SUPPORT
WINSTON-SALEM POLICE FOUNDATION PO BOX 24011 WINSTONSALEM, NC 27114	47-5289473	501(C)(3)	25,000				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 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
YMCA OF NORTHWEST NORTH CAROLINA 301 N MAIN STREET STE 1900 WINSTONSALEM, NC 27101	56-0530015	501(C)(3)	7,500				COMMUNITY SUPPORT
WINSTON-SALEM SYMPHONY ASSOCIATION 201 N BROAD STREET STE 200 WINSTONSALEM, NC 27101	56-0692826	501(C)(3)	40,000				COMMUNITY SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on 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.

Name of the organization NORTH CAROLINA BAPTIST HOSPITAL	Employer identification number 56-0552787
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Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 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?	2									
3 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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on 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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

See Additional Data Table

Schedule J (Form 990) 2017

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 3	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 BASES 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 CURRENT AND FORMER OFFICERS RECEIVED SEVERANCE AND SERP PAYMENTS IN THEIR CALENDAR YEAR 2017: COMPENSATION SEVERANCE PAYMENTS: BARBARA CARBONE 76,667; DENISE CHAMBERLAIN 110,000; CHAD ECKES 640,000; CHERYL LOCKE 150,000; NORMAN POTTER 184,000. SERP PAYMENTS: JOHN D. MCCONNELL, MD 546,312; ERIC TOMLINSON 76,900; JOANNE RUHLAND 44,500; CHERYL LOCKE 61,120; EDWARD ABRAHAM, MD 139,000; DENISE CHAMBERLAIN 77,740; RUSSELL HOWERTON 122,202; KAREN HUEY 32,743; NORMAN POTTER 232,579; J. MCLAIN WALLACE 81,156; MICHAEL WAID 3,995.
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 AS AN OFFICER OF THE MEDICAL CENTER AND HOSPITAL. SEE PART VII AND SCHEDULE J, PART II FOR THEIR COMPENSATION: JULIE A. FREISCHLAG, MD, JOHN D. MCCONNELL, MD, KEVIN P. HIGH, MD, NORMAN D. POTTER, JR., EDWARD ABRAHAM, MD, ERIC TOMLINSON, DCS, PHD, RUSSELL M. HOWERTON, 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JULIE A FREISCHLAG MD CEO, DEAN	(i)	796,930	190,000	5,485	190,699	17,995	1,201,109	0
	(ii)	0	0	0	0	0	0	0
1J MCLAIN WALLACE JR SVP, GEN COUNSEL & SEC	(i)	0	0	0	0	0	0	0
	(ii)	483,693	102,659	102,768	55,373	16,504	760,997	0
2KAREN H HUEY VP FACILITIES	(i)	0	0	0	0	0	0	0
	(ii)	302,734	61,394	34,333	37,535	22,150	458,146	0
3ERIC TOMLINSON CHIEF INNOV OFF (TO 3-1-18)	(i)	412,764	174,074	107,878	23,184	12,414	730,314	1,000
	(ii)	0	0	0	0	0	0	0
4BRADLEY A CLARK EVP, CFO, TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	406,688	75,755	670	150,891	20,088	654,092	0
5TERRY G WILLIAMS EVP CH STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	553,516	183,813	1,932	152,708	24,272	916,241	0
6KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	(i)	586,688	144,524	21,612	151,285	18,528	922,637	0
	(ii)	0	0	0	0	0	0	0
7DEETTE M EMON VP & CIO (TO 7/31/17)	(i)	0	0	0	0	0	0	0
	(ii)	246,718	109,138	1,127	22,742	5,780	385,505	0
8ROBERT GFELLER EVP, EXT REL & CH MKTG OFF	(i)	0	0	0	0	0	0	0
	(ii)	490,702	159,785	3,612	125,896	22,208	802,203	0
9LILICIA BAILEY SVP, CHIEF PEOPLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	458,872	98,701	43,630	119,740	12,092	733,035	0
10WILLIAM D SHOWALTER SVP, CIO (FROM 8/15/17)	(i)	0	0	0	0	0	0	0
	(ii)	167,233	19,880	26,980	20,900	7,228	242,221	0
11MICHAEL T WAID SVP HLTH SYS OPS & INTEG	(i)	0	0	0	0	0	0	0
	(ii)	398,018	95,637	23,927	107,262	22,892	647,736	0
12CATHLEEN WHEATLEY CHIEF NURSE EXEC, VP CLINI	(i)	0	0	0	0	0	0	0
	(ii)	435,264	90,545	3,612	110,003	10,152	649,576	0
13CHARLES R VIGNOS VP MANAGED CARE	(i)	0	0	0	0	0	0	0
	(ii)	367,336	100,832	21,518	92,429	18,690	600,805	0
14ERWIN STAINBACK VP, CLINICAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	180,618	66,896	223,401	11,184	10,793	492,892	0
15DENISE CHAMBERLAIN AVP, ASST CFO	(i)	0	0	0	0	0	0	0
	(ii)	206,887	84,743	202,961	22,184	5,949	522,724	0
16JOANNE C RUHLAND FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,690	0	71,713	24,284	18,688	415,375	0
17NORMAN D POTTER JR FORMER OFFICER (2/28/17)	(i)	52,236	56,356	421,539	3,967	6,005	540,103	225,858
	(ii)	0	0	0	0	0	0	0
18CHERYL EH LOCKE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	178,559	80,567	226,343	21,588	8,862	515,919	61,120
19RUSSELL M HOWERTON MD FORMER OFFICER	(i)	537,214	126,166	145,746	30,869	23,362	863,357	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21JOHN D MCCONNELL MD FORMER OFFICER (4/26/17)	(i)	1,026,360	267,085	566,952	269,643	19,534	2,149,574	0
	(ii)	0	0	0	0	0	0	0
1EDWARD ABRAHAM MD FORMER OFFICER (6/30/17)	(i)	309,744	187,724	153,334	23,184	7,810	681,796	139,000
	(ii)	0	0	0	0	0	0	0
2CHAD A ECKES FORMER OFFICER (6/11/17)	(i)	0	0	0	0	0	0	0
	(ii)	346,612	0	640,420	22,984	10,912	1,020,928	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in 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

2017

Open to Public Inspection

Employer identification number

56-0552787

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(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	70,400,000							
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	330,695,371							
12	Other unspent proceeds								
13	Year of substantial completion	2010		2014		2013			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
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 ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 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	500 0000000000 %							
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, ROW A, COLUMN F	PURPOSE OF THE ISSUE WAS TO REFUND ISSUES DATED 10/29/92, 6/27/96 AND 1/29/09

Return Reference	Explanation
PART II, LINE 11, COLUMN A	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 12/31/02 OR THROUGH A SERIES OF REFUNDINGS THAT REFUND AN ISSUE PRIOR TO 12/31/02 ACCORDINGLY, THIS ISSUE IS EXEMPT FROM PART III REPORTING

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

Return Reference	Explanation
PART IV, LINE 2C, COLUMN C	A REBATE CALCULATION WAS PERFORMED, WITH NO REBATE BEING DUE, ON 12/12/2014

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

2017

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				
5 Clothing and household goods	X		9,353	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	12,744	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 ► ()				
26 Other ► ()				
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

29

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 nonstandard 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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTH CAROLINA BAPTIST HOSPITAL

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

2017

Open to Public Inspection

Employer identification number

56-0552787

990 Schedule O, Supplemental Information

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, 2018 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), CARENET, INC , THE HAWTHORNE INN AND CONFERENCE CENTER, NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION, CLEMMONS MEDICAL PARK, LLC, AND WAKE WELLQ, LLC ALL SIGNIFICANT INTER COMPANY TRANSACTIONS HAVE BEEN ELIMINATED IN CONSOLIDATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	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") 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 AND GOVERNANCE IN WFUBMC OF THE VARIOUS ACADEMIC MEDICAL CENTER OPERATIONS, SUBJECT TO SUBSTANTIAL RESERVED POWERS IN BOTH OF THE CONSTITUENT MEMBERS' BOARDS THE MCIA WAS AMENDED AND RESTATED ON JULY 1, 2015 AND JULY 1, 2017, AND FURTHER AMENDED ON JUNE 6, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND POSE 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

990 Schedule O, Supplemental Information

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 MEDICAL CENTER GOVERNANCE AND COMPENSATION COMMITTEE ALL CONFLICTS OF INTEREST ARE RESOLVED BY MANAGEMENT PLANS DEVELOPED BY THE MEDICAL CENTER GOVERNANCE AND COMPENSATION COMMITTEE AND THE INTERNAL AUDIT AND COMPLIANCE OFFICES THE MEDICAL CENTER GOVERNANCE AND COMPENSATION COMMITTEE'S CHAIR PRESENTS AN ANNUAL REPORT ON CONFLICTS TO THE FULL BOARD OF THE FILING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE GOVERNANCE AND COMPENSATION COMMITTEE OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") 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. 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 ORGANIZATIONS OF SIMILAR 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>

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, COLUMN B - HOURS	<p>ARTHUR A GIBEL FILING ORG 2 0 RELATED ORG 6 0 A LEE HERRING FILING ORG 2 0 RELATED ORG 6 0 WILLIAM C WARDEN, JR FILING ORG 2 0 RELATED ORG 4 0 SHEREE B WATSON FILING ORG 2 0 RELATED ORG 6 0 STEPHEN L ROBERTSON FILING ORG 2 0 RELATED ORG 4 0 UNRELATED ORG 2 0 EDWIN L WELCH, JR FILING ORG 2 0 RELATED ORG 2 0 GEORGE D RENFRO FILING ORG 2 0 RELATED ORG 6 0 MICHAEL T WELLS FILING ORG 2 0 RELATED ORG 2 0 JOHN D MCCONNELL, MD RELATED ORG 39 9 UNRELATED ORG 0 1 JULIE A FRIESCHLAG, M D FILING ORG 16 2 RELATED ORG 5 0 UNRELATED ORG 18 8 J MCCLAIN WALLACE, JR FILING ORG 29 7 RELATED ORG 8 7 UNRELATED ORG 1 6 KAREN H HUEY FILING ORG 21 5 RELATED ORG 5 7 UNRELATED ORG 12 9 ERIC TOMLINSON FILING ORG 5 2 RELATED ORG 5 0 UNRELATED ORG 29 8 BRADLEY A CLARK FILING ORG 19 3 RELATED ORG 8 7 UNRELATED ORG 12 1 TERRY G WILLIAMS FILING ORG 26 7 RELATED ORG 6 0 UNRELATED ORG 7 4 KEVIN HIGH, M D FILING ORG 23 7 RELATED ORG 6 0 UNRELATED ORG 10 3 DEETTE M EMON FILING ORG 22 5 RELATED ORG 5 0 UNRELATED ORG 12 5 ROBERT GFELLER FILING ORG 20 0 RELATED ORG 5 0 UNRELATED ORG 15 0 WILLIAM SHOWALTER FILING ORG 30 0 RELATED ORG 5 0 UNRELATED ORG 5 0 LILICIA BAILEY FILING ORG 3 2 6 RELATED ORG 5 0 UNRELATED ORG 2 4 RUSSELL HOWERTON FILING ORG 20 7 UNRELATED ORG 19 3 JOANNE RUHLAND FILING ORG 25 0 UNRELATED ORG 15 0 CATHLEEN WHEATLEY FILING ORG 38 6 UNRELATED ORG 1 4 MICHAEL T WAID FILING ORG 33 7 UNRELATED ORG 6 3 CHARLES R VIGNOS FILING ORG 37 8 UNRELATED ORG 2 2 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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 68,229,484 MANAGEMENT AND GENERAL EXPENSES 33,950,608 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 102,180,092 MCIA PROGRAM SERVICE EXPENSES 177,175,980 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 177,175,980

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARY GAIN 9,493,458 AFFILIATE LOSSES 57,193,845

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

2017

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
(2) WAKE WELLQ LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 82-4319168	MEDICAL SERVICES	NC	2,600	0	CARENET INC

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
(1) NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1685120	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(2) THE REHABILITATION & SKILLED NURSING MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1826396	HEALTHCARE (INACTIVE)	NC	501(C)(3)	LINE 10	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	Yes	
(3) THE HAWTHORNE INN & CONFERENCE CENTER INC 420 HIGH STREET WINSTON SALEM, NC 27101 56-1793617	LODGING/CONFERENCE ACCOMODATION	NC	501(C)(3)	LINE 12A, I	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(4) CARENET INC 2000 WEST FIRST STREET SUITE 410 WINSTON SALEM, NC 27104 56-1977341	HEALTHCARE	NC	501(C)(3)	LINE 12B, II	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
(5) WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 51-0190238	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	N/A		No
(6) MEDICAL FND OF WFUHS & NCBH MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-6036688	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(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	
(1) CORNERSTONE HEALTH ENABLEMENT STRATEGIC SOLUTIONS LLC 1701 WESTCHESTER DRIVE STE 850 HIGH POINT, NC 27262 46-1314057	MGMT & TRANSFORM SVC - MEDICAL ORGS	NC	NORTH CAROLINA BAPTIST HOSPITAL	UNRELATED	1,075,652	19,371,372		No			No	72.880 %

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?		Yes	No
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	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
See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

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
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1685120	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1826396	HEALTHCARE (INACTIVE)	NC	501(C)(3)	LINE 10	NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	Yes	
420 HIGH STREET WINSTON SALEM, NC 27101 56-1793617	LODGING/CONFERENCE ACCOMODATION	NC	501(C)(3)	LINE 12A, I	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
2000 WEST FIRST STREET SUITE 410 WINSTON SALEM, NC 27104 56-1977341	HEALTHCARE	NC	501(C)(3)	LINE 12B, II	NORTH CAROLINA BAPTIST HOSPITAL	Yes	
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 51-0190238	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	N/A		No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-6036688	HEALTHCARE	NC	501(C)(3)	LINE 12A, 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	32,292	COST
THE HAWTHORNE INN & CONFERENCE CENTER INC	K	37,980	COST
THE HAWTHORNE INN & CONFERENCE CENTER INC	P	71,690	FMV
THE HAWTHORNE INN & CONFERENCE CENTER INC	S	4,400,000	FMV
CARENET INC	Q	194,154	FMV
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	Q	2,069,754	FMV
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	S	436,191	COST
NORTH CAROLINA BAPTIST HOSPITAL FOUNDATION	C	850,000	COST
WAKE WELLQ LLC	Q	12,226	COST
CLEMMONS MEDICAL PARK LLC	K	1,063,242	COST
CORNERSTONE HEALTH ENABLEMENT STRATEGIC SOLUTIONS LLC	Q	382,682	COST
CARENET INC	P	212,738	COST
CARENET INC	B	107,500	COST