efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HIGH POINT REGIONAL HEALTH

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX HP-5

City or town, state or province, country, and ZIP or foreign postal code
HIGH POINT, NC 27261

D Employer identification number
56-0532309

E Telephone number
(336) 878-6000

G Gross receipts $ 383,148,892

F Name and address of principal officer
JAMES HOEKSTRA MD
PO BOX HP-5
HIGH POINT, NC 27261

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW WAKEHEALTH EDU/LOCATIONS/HOSPITALS/HIGH-POINT

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1933

M State of legal domicile NC

Part I Summary

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)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	2,824
6	Total number of volunteers (estimate if necessary)	**6**	570
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,717,125	2,726,902
9	Program service revenue (Part VIII, line 2g)	254,410,469	369,836,005
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	515,153	6,062,140
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,341,567	4,162,830
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,984,314	382,787,877
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	223,975	123,130
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	121,057,611	145,839,865
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	134,376,136	217,422,260
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	255,657,722	363,385,255
19	Revenue less expenses Subtract line 18 from line 12	20,326,592	19,402,622

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	310,694,700	269,105,408
21	Total liabilities (Part X, line 26)	110,984,891	28,929,857
22	Net assets or fund balances Subtract line 21 from line 20	199,709,809	240,175,551

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

****** 2020-07-08
Signature of officer Date

BRADLEY A CLARK TREASURER
Type or print name and title

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O FOR CONTINUATIONHIGH POINT REGIONAL HEALTH ("HPRH"), DBA HIGH POINT MEDICAL CENTER, IS PART OF WAKE FOREST BAPTIST HEALTH, A PREEMINENT LEARNING HEALTH SYSTEM AND ACADEMIC MEDICAL CENTER OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION 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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 349,535,770 including grants of $ 123,130) (Revenue $ 369,836,005)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 349,535,770

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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	68		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,824		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	23		
	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	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 BOULEVARD WINSTONSALEM, NC 27157 (336) 716-4445

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								6,344,532	9,001,452	1,953,309

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 ▶ 139

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	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 554325604	MEDICAL DEVICES	7,506,502
OWENS & MINOR INC 9120 LOCKWOOD BLVD MECHANICSVILLE, VA 23116	HEALTHCARE SERVICES & LOGISTICS	3,672,553
ARAMARK CTS 2400 MARKET STREET PHILADELPHIA, PA 19103	FOOD SERVICES, FACILITIES, UNIFORMS	2,572,799
DEPUY ORTHOPAEDICS INC 700 ORTHOPAEDIC DRIVE WARSAW, IN 46582	MEDICAL DEVICES	2,542,797
CAROLINA ANESTHESIOLOGY PA 401 FERNDALE BLVD HIGH POINT, NC 27262	HEALTHCARE SERVICES	1,091,314

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 ▶ 61

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	2,545,499		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	181,403		
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		2,726,902		
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	621990	368,885,151	368,885,151	
	b DIETARY	722210	882,884	882,884	
	c TUITION REVENUE	611600	67,970	67,970	
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		369,836,005		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,252,296		1,252,296
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	3,610,149			
	b Less rental expenses	361,015			
	c Rental income or (loss)	3,249,134			
	d Net rental income or (loss) . . . . . ▶		3,249,134		3,249,134
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	4,626,754	183,090		
	b Less cost or other basis and sales expenses	0	0		
	c Gain or (loss)	4,626,754	183,090		
	d Net gain or (loss) . . . . . ▶		4,809,844		4,809,844
	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 ADMIN & OTHER	611710	544,206		544,206
	b PARKING	621990	369,490		369,490
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		913,696		
	12 Total revenue. See Instructions . . . . . ▶		382,787,877	369,836,005	0 10,224,970

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	122,601	122,601		
2 Grants and other assistance to domestic individuals See Part IV, line 22	529	529		
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	3,356,563	2,479,983	876,580	
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	113,713,315	109,818,897	3,894,418	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,047,497	5,442,747	604,750	
9 Other employee benefits	14,277,022	12,792,165	1,484,857	
10 Payroll taxes	8,445,468	7,600,921	844,547	
11 Fees for services (non-employees)				
a Management	503,890	495,154	8,736	
b Legal	285,677	285,677		
c Accounting	28,794		28,794	
d Lobbying	28,047	28,047		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	226,448	226,448		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	45,619,319	44,394,343	1,224,976	
12 Advertising and promotion	1,348,855	1,011,679	337,176	
13 Office expenses	662,456	491,415	171,041	
14 Information technology	1,145,230	925,910	219,320	
15 Royalties . .				
16 Occupancy	16,505,481	13,842,495	2,662,986	
17 Travel	214,368	190,693	23,675	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	84,373	80,750	3,623	
20 Interest	41,576	31,182	10,394	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	12,154,236	10,978,046	1,176,190	
23 Insurance . . .	1,248,760	1,217,383	31,377	
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/OTHER SUPPLIES	76,604,093	76,375,048	229,045	
b BAD DEBT	55,271,141	55,271,141		
c PROVIDER ASSESSMENT	5,432,516	5,432,516		
d INCOME TAX	17,000		17,000	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	363,385,255	349,535,770	13,849,485	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	23,897,222	1	27,290,599
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	12,152	3	0
	4	Accounts receivable, net	94,423,385	4	46,817,944
	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	0	7	152,737
	8	Inventories for sale or use	3,917,003	8	6,488,185
	9	Prepaid expenses and deferred charges	6,176,969	9	808,236
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 185,416,488			
	b	Less accumulated depreciation — 10b: 8,847,047	171,015,239	10c	176,569,441
	11	Investments—publicly traded securities	9,478,167	11	9,672,502
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	100,001	13	100,001
	14	Intangible assets	1,258,265	14	985,763
	15	Other assets See Part IV, line 11	416,297	15	220,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	310,694,700	16	269,105,408
Liabilities	17	Accounts payable and accrued expenses	101,900,202	17	21,402,294
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	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	582,413	23	519,297
	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	8,502,276	25	7,008,266
	26	**Total liabilities.** Add lines 17 through 25	110,984,891	26	28,929,857
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	196,579,251	27	235,570,667
	28	Temporarily restricted net assets	3,130,558	28	4,399,944
	29	Permanently restricted net assets		29	204,940
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	199,709,809	33	240,175,551
	34	Total liabilities and net assets/fund balances	310,694,700	34	269,105,408

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	382,787,877
2	Total expenses (must equal Part IX, column (A), line 25)	2	363,385,255
3	Revenue less expenses Subtract line 2 from line 1	3	19,402,622
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,709,809
5	Net unrealized gains (losses) on investments	5	-267,369
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	13,758,012
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,572,477
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	240,175,551

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 56-0532309

Name: HIGH POINT REGIONAL HEALTH

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR COMPLETE DESCRIPTIONHIGH POINT MEDICAL CENTER ("HPRH") IS AN INTEGRAL PART OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC"), A PREEMINENT ACADEMIC MEDICAL CENTER AND LEARNING HEALTH SYSTEM THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION 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 HIGH POINT REGIONAL HEALTH OFFICIALLY BECAME PART OF THE WAKE FOREST BAPTIST HEALTH SYSTEM ON SEPT 1, 2018, CULMINATING AN ACQUISITION AGREEMENT WITH UNC HEALTH CARE, AND WAS RENAMED HIGH POINT MEDICAL CENTER WITH MORE THAN 2,600 EMPLOYEES, INCLUDING MORE THAN 130 PHYSICIANS, HIGH POINT MEDICAL CENTER SERVES MORE THAN 300,000 PATIENTS EACH YEAR, IN 41 LOCATIONS ACROSS THREE COUNTIES IN MEETING ITS OBJECTIVE OF PROVIDING QUALITY HEALTH CARE TO THE COMMUNITY, THE HOSPITAL PROVIDED MEDICAL SERVICES FOR 42,929 EMERGENCY DEPARTMENT VISITS, 235,174 OUTPATIENT VISITS, 15,913 ADULT HOSPITAL STAYS, AND 59,445 PATIENT DAYS SINCE JOINING THE WAKE FOREST BAPTIST HEALTH IN SEPTEMBER 2018 AS PART OF WAKE FOREST BAPTIST HEALTH, HPRH'S VISION IS A PREEMINENT LEARNING HEALTH SYSTEM THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE, & INNOVATION THE HOSPITAL'S VALUES ARE AS FOLLOWS -COMPASSION RESPONSIVE TO THE PHYSICAL, EMOTIONAL, SPIRITUAL, AND INTELLECTUAL NEEDS OF ALL,-SERVICE CULTIVATE SELFLESS CONTRIBUTION FOR THE GREATER GOOD,-EXCELLENCE DEMONSTRATE THE HIGHEST STANDARDS OF PATIENT-CENTERED CARE, EDUCATION, RESEARCH, AND OPERATIONAL EFFECTIVENESS, -INTEGRITY DEMONSTRATE FAIRNESS, HONESTY, SINCERITY, AND ACCOUNTABILITY,-COLLEGIALITY FOSTER MUTUAL RESPECT, FACILITATE PROFESSIONAL GROWTH AND MENTORSHIP, AND REWARD TEAMWORK AND COLLABORATION, -INNOVATION PROMOTE CREATIVITY TO ENHANCE DISCOVERY AND THE APPLICATION OF KNOWLEDGE, AND-DIVERSITY HONOR INDIVIDUALITY AND PROTECT THE DIGNITY OF ALL -SAFETY EMBRACE CULTURE OF RELIABILITY THROUGH BETTER PROCESS DESIGN & ACCOUNTABILITY

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			
BRACK BRIGMAN DIRECTOR	2 00 0 00	X						0	0	0
JERRY CAMP DIRECTOR	2 00 0 00	X						0	0	0
DAVID CONGDON DIRECTOR	2 00 0 00	X						0	0	0
BRADEN COVINGTON DIRECTOR	2 00 0 00	X						0	0	0
CHRIS ELLINGTON DIRECTOR (TO 8-31-18)	2 00 38 00	X						0	1,148,254	173,340
DAVID FISHER MD DIRECTOR	2 00 0 00	X						0	100,018	7,944
DARRELL FRYE DIRECTOR	2 00 0 00	X						0	0	0
AB HENLEY DIRECTOR	2 00 0 00	X						0	0	0
JEFF HORNEY CHAIR	3 00 0 00	X		X				0	0	0
ANTHONY LINDSEY MD DIRECTOR	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
KEN MCALLISTER DIRECTOR	2 00 0 00	X						0	0	0
GARY PARK DIRECTOR (TO 8-31-18)	2 00 38 00	X						0	2,623,154	553,104
LINDA SEKHON DHSC DIRECTOR	2 00 0 00	X						0	0	0
KEN SMITH DIRECTOR	2 00 0 00	X						0	0	0
KEVIN SPEIGHT MD DIRECTOR	2 00 0 00	X						0	0	0
REVEREND FRANK THOMAS DIRECTOR	2 00 0 00	X						0	0	0
PATRICIA TRIPLETT MD DIRECTOR	2 00 38 00	X						343,219	136,410	40,754
ROYSTER TUCKER III DIRECTOR	2 00 0 00	X						0	0	0
DON WEBB VICE CHAIR	2 00 0 00	X		X				0	0	0
ERNIE BOVIO DIRECTOR/PRESIDENT (TO 8-31-18)	38 00 2 00	X		X				596,092	0	25,771

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			
JAMES HOEKSTRA MD DIRECTOR/PRESIDENT (EFF 9-1-18)	40 00 0 00	X		X				763,963	0	121,645
MATTHEW EDWARDS MD DIRECTOR	2 00 0 00	X						0	0	0
KEVIN HIGH MD DIRECTOR (EFF 9-1-18)	0 30 39 70	X						0	0	0
GLEN SPIVAK DIRECTOR	2 00 38 00	X						0	318,151	95,566
MICHAEL T WAID DIRECTOR (EFF 9-1-18)	2 30 37 70	X						0	575,650	116,124
CATHLEEN WHEATLEY DIRECTOR (EFF 9-1-18)	1 50 38 50	X						0	553,659	123,922
KEVIN SMITH COO & SECRETARY (TO 8-31-18)	38 00 2 00			X				242,714	88,271	32,139
WILLIAM BRYANT CFO & TREASURER (TO 8-31-18)	38 00 2 00			X				0	369,268	100,214
J MCLAIN WALLACE JR SECRETARY (EFF 9-1-18)	0 30 39 70			X				0	772,967	82,245
BRADLEY A CLARK TREASURER (EFF 9-1-18)	0 30 39 70			X				0	775,777	178,754

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			
LAWRENCE WILLIAMS CMO	40 00 0 00				X			915,537	162,480	37,075
DENISE POTTER VP	38 00 2 00				X			252,916	89,252	19,440
ALI AKBARY MD PHYSICIAN	40 00 0 00					X		566,597	223,830	47,618
KENNETH LENNON MD PHYSICIAN	40 00 0 00					X		946,219	393,622	53,547
NIKHIL TEPPARA MD PHYSICIAN	40 00 0 00					X		602,793	203,499	44,651
MICHAEL LUCAS MD PHYSICIAN	40 00 0 00					X		564,745	234,796	51,171
STEPHEN MILLS MD PHYSICIAN	40 00 0 00					X		549,737	232,394	48,285

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	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? *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*	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)? *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)*	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
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? *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*	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? *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*	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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	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 ☐ 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 56-0532309

Name: HIGH POINT REGIONAL HEALTH

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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	Employer identification number
HIGH POINT REGIONAL HEALTH	56-0532309

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		28,047
j	Total Add lines 1c through 1i			28,047
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	THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE NORTH CAROLINA HOSPITAL ASSOCIATION (NCHA) A PORTION OF THE MEMBERSHIP DUES PAID ARE ALLOCATED TO LOBBYING EFFORTS BY THOSE ORGANIZATIONS ON BEHALF OF THEIR MEMBERSHIP BODIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 ▶ $ _____

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	15,015,406	14,994,445	14,987,330	14,927,143	14,819,502
b Contributions . . .	12,955	20,961	7,115	60,187	107,641
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	15,028,361	15,015,406	14,994,445	14,987,330	14,927,143

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 ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

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

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		13,980,000		13,980,000
b Buildings		132,455,964	3,975,219	128,480,745
c Leasehold improvements		1,742,973	135,141	1,607,832
d Equipment		33,266,373	4,711,620	28,554,753
e Other		3,971,178	25,067	3,946,111
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				176,569,441

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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	
ESTIMATED THIRD PARTY PAYOR SETTLEMENTS	3,662,834
OTHER LIABILITIES	3,345,432
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	7,008,266

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: 56-0532309
Name: HIGH POINT REGIONAL HEALTH

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, 2019 AND 2018, 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 H AVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2019 AND 2018

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

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			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000000 %			
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	
	☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ 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 eligibile 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)			7,609,281	0	7,609,281	2 480 %
b Medicaid (from Worksheet 3, column a)			38,989,231	40,077,404	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,910,914	4,703,740	3,207,174	1 040 %
d **Total** Financial Assistance and Means-Tested Government Programs			54,509,426	44,781,144	10,816,455	3 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			529		529	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			126,544		126,544	0 040 %
j **Total.** Other Benefits			127,073		127,073	0 040 %
k **Total.** Add lines 7d and 7j			54,636,499	44,781,144	10,943,528	3 560 %

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						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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 Heathcare 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	13,353,067		
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	127,155,001	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	149,634,375	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-22,479,374	
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			

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 HIGH POINT SURGERY CENTER	AMBULATORY SURGERY	90 000 %	0 %	10 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group HIGH POINT REGIONAL HEALTH

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
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**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V, PAGE 8			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ 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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V, PAGE 8 **a**			
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)

HIGH POINT REGIONAL HEALTH

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ 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?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW WAKEHEALTH EDU/FINANCIAL-ASSISTANCE HTM			
b	☑ The FAP application form was widely available on a website (list url) WWW WAKEHEALTH EDU/FINANCIAL-ASSISTANCE HTM			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW WAKEHEALTH EDU/FINANCIAL-ASSISTANCE HTM			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

HIGH POINT REGIONAL HEALTH

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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

HIGH POINT REGIONAL HEALTH

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **7**

	Name and address	Type of Facility (describe)
1	1 - WOUND CARE CENTER - HPMC 601 N ELM STREET HIGH POINT, NC 27262	WOUND CARE CENTER
2	2 - BREAST CARE SERVICES - HIGH POINT 601 N ELM STREET HIGH POINT, NC 27262	BREAST CARE CENTER
3	3 - GENETIC COUNSELING - HIGH POINT 601 N ELM STREET HIGH POINT, NC 27262	GENETIC COUNSELING
4	4 - GYNECOLOGIC ONCOLOGY - HIGH POINT 601 N ELM STREET HIGH POINT, NC 27262	GYNECOLOGIC ONCOLOGY
5	5 - HPMC HEMATOLOGY AND ONCOLOGY 601 N ELM STREET HIGH POINT, NC 27262	HEMATOLOGY/ONCOLOGY
6	6 - HPMC RADIATION ONCOLOGY 601 N ELM STREET HIGH POINT, NC 27262	RADIATION ONCOLOGY
7	7 - PULMONARY & CRITICAL CARE - HIGH POINT 601 N ELM STREET HIGH POINT, NC 27262	CRITICAL CARE
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 UTILIZES COMMERCIALLY AVAILABLE FINANCIAL PROFILING AND CREDIT SCORING TECHNOLOGIES TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE DISCOUNTS UNDER ITS FAP POLICY ADDITIONAL ELIGIBILITY CRITERIA INCLUDES THE FOLLOWING -PATIENT MUST BE UNINSURED OR HAVE NO OTHER THIRD PARTY FUNDING SOURCE OR GUARANTOR -SERVICES FOR WHICH DISCOUNTS APPLY MUST BE EMERGENT AND MEDICALLY NECESSARY CARE -PATIENT MUST BE A VALID RESIDENT WITHIN A ZIP CODE BOUNDED BY OR INTERSECTING ON OF THE COUNTIES DEFINED AS WAKE FOREST BAPTIST HEALTH'S SERVICE AREA -PATIENTS MUST ENROLL IN ALL OTHER PRIMARY PAYER PROGRAMS FOR WHICH THE PATIENT IS ELIGIBLE AND MUST ASSIGN BENEFITS TO WAKE FOREST BAPTIST HEALTH EXCEPT IN THE CASE WHERE SUCH POLICY PREMIUM FOR ENROLLMENT WOULD RESULT IN MEDICAL INDIGENCE
PART I, LINE 6A	N/A

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 2018 SCHEDULE H PART I, LINE 7B MEDICAID DIRECT OFF-SETTING REVENUETHE 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
PART I, LN 7 COL(F)	THE ORGANIZATION'S PATIENT BAD DEBT EXPENSE PER THE AUDITED FINANCIAL STATEMENTS WAS $55,271,141 FOR THE FISCAL YEAR ENDED JUNE 30, 2019 THIS AMOUNT IS NOT INCLUDED IN THE CALCULATION OF CHARITY CARE FOR PART I, LINE 7

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	HIGH POINT MEDICAL CENTER ("HPRH") PROMOTES THE HEALTH OF THE COMMUNITY IT SERVES BY SPONSORING A WIDE ARRAY OF FREE HEALTH EDUCATION OPPORTUNITIES FOR COMMUNITY MEMBERS AND BY SUPPORTING ORGANIZATIONS THAT PROVIDE SERVICES INVOLVED WITH ECONOMIC DEVELOPMENT AND COMMUNITY SUPPORT THE MILLIS HEALTH EDUCATION CENTER IS A HEALTH EDUCATION FACILITY SPECIFICALLY DESIGNED TO GIVE CHILDREN A HANDS-ON APPROACH TO HEALTH EDUCATION MILLIS CENTER IS DEVOTED TO HELPING SCHOOL STUDENTS, CHURCH GROUPS, LOCAL ORGANIZATIONS AND INDIVIDUALS LEARN ABOUT THE HUMAN BODY AND HOW TO KEEP THEMSELVES HEALTHY PROGRAMS PROVIDED BY THE MILLIS STAFF COVER TOPICS SUCH AS NUTRITION AND PHYSICAL ACTIVITY, GENERAL HEALTH, PUBERTY, BULLYING PREVENTION, SUBSTANCE USE/ABUSE PREVENTION, AND DENTAL HEALTH ALL IN A HANDS-ON, AGE APPROPRIATE WAY
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 2018 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
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 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	THE HOSPITAL'S CURRENT NEEDS ASSESSMENT PLAN WAS BASED ON A SET OF BEST PRACTICES FOR COMMUNITY HEALTH ASSESSMENTS WITH THE PURPOSE OF IDENTIFYING REGIONAL PRIORITY AREAS TO FOCUS ON FOR FY 2020-2022 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) A DEEP DIVE APPROACH INTO AREAS OF CONCERN AN INTERNAL STEERING COMMITTEE AND SENIOR LEADERSHIP REVIEW A SET OF CRITERIA TO DEVELOP THE PRIORITY RANKINGS THE PRIORITIZATION PROCESS IDENTIFIED THE FOLLOWING FOUR PRIORITY CHALLENGES FOR THE COMMUNITY (1) HEALTHY EATING & ACTIVE LIVING, (2) SOCIAL DETERMINANTS OF HEALTH, (3) BEHAVIORAL HEALTH, AND (4) MATERAL & CHILD HEALTH FROM THE CHNA 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 IN ADDITION TO THE CHNA PROCESS, DEMOGRAPHIC TRENDS AND PROJECTIONS,INCLUDING POPULATION GROWTH, AGE DISTRIBUTION AND HOUSEHOLD INCOME BY ZIP CODE IN PRIMARY AND SECONDARY SERVICE AREAS, ARE USED TO IDENTIFY FUTURE SERVICE NEEDS THIS DATA IS COLLECTED BY THE ORGANIZATION'S PLANNING DEPARTMENT DATA SOURCES INCLUDE CLARITAS, NC DIVISION OF AGING AND ADULT SERVICES, STATEHEALTHFACTS ORG, THE HIGH POINT ECONOMIC DEVELOPMENT CORPORATION AND OTHERS A LIAISON FROM THE DEVELOPMENT DEPARTMENT ALSO WORKS WITH THE LOCAL UNITED WAY AGENCY, PROVIDING THE HOSPITAL WITH A METHOD FOR SHARING THE DATA GATHERED THROUGH THEIR ANNUAL COMMUNITY NEEDS ASSESSMENT ADDITIONALLY, THERE IS EVALUATION OF SERVICE GROWTH OPPORTUNITES DEFINED IN THE NORTH CAROLINA STATE MEDICAL FACILITIES PLAN DATA IS ALSO COLLECTED AND TRENDED THROUGH VOICE-OF-THE-CUSTOMER METHODS, INCLUDING PATIENT COMMENTS ON SATISFACTION SURVEYS AND THROUGH OUR SERVICE RECOVERY PROCESS THIS DATA INFORMS THE ORGANIZATION'S STRATEGIC DECISION-MAKERS REGARDING NEW OR IMPROVED HEALTH CARE ACCESS POINTS, PROGRAMS, COLLABORATIVE EFFORTS AND TECHNOLOGY NEEDED TO SERVE CHANGING POPULATION DEMOGRAPHICS
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	IN FISCAL YEAR 2019, HIGH POINT MEDICAL CENTER ("HPRH"), LOCATED IN SOUTHERN GUILFORD COUNTY, PROVIDED CARE TO A FOUR COUNTY SERVICE AREA IN NORTH CAROLINA HPRH HAS A PRIMARY SERVICE AREA COMPRISED OF THE GEOGRAPHIC AREA THAT INCLUDES HIGH POINT, ARCHDALE, TRINITY, THOMASVILLE AND JAMESTOWN, NORTH CAROLINA THE SECONDARY SERVICE AREA INCLUDES COLFAX, DENTON, SOUTHWESTERN GREENSBORO, KERNERSVILLE, LEXINGTON, ASHEBORO, RANDLEMAN, SOPHIA AND SOUTHEASTERN WINSTON-SALEM, NORTH CAROLINA 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 GUILFORD COUNTY, NORTH CAROLINA BELOW IS A DEMOGRAPHIC SNAPSHOT OF GUILFORD COUNTY BASED ON THE UNITED STATES CENSUS BUREAU'S 2018 ESTIMATED CENSUS DATA AND COUNTY HEALTH RANKINGS AND ROADMAPS 2018 POPULATION AND GEOGRAPHYTOTAL POPULATION 533,670POPULATION CHANGE SINCE 2010 +9 3%5TH LARGEST COUNTY IN NORTH CAROLINALAND AREA 645 70 SQUARE MILESPOPULATION DENSITY 826 5 PERSONS PER SQUARE MILE POPULATION BY RACE/ETHNICITYNON-HISPANIC WHITE 49 8%NON-HISPANIC AFRICAN-AMERICAN 35 1%HISPANIC OR LATINO 8 2%ASIAN 5 4%ALL OTHER 1 5% POPULATION BY AGE DISTRIBUTIONUNDER 5 YEARS OLD 5 9%UNDER 18 YEARS OLD 22 3%>= 65 YEARS OLD 15 2% POPULATION BY SEXMALE 47 3%FEMALE 52 7% POPULATION BY EDUCATIONAL ATTAINMENT PERCENT OF PERSONS = 25 YEARS OLD WHO HAVE < HIGH SCHOOL DIPLOMA OR GED 10 9%A HIGH SCHOOL DIPLOMA OR HIGHER 89 1%A BACHELOR'S DEGREE OR HIGHER 35 3%PERSONS IN POVERTY 15 4%UNEMPLOYMENT RATE (2018) 4 5% COUNTY SCHOOLSK-12 ENROLLMENT APPROXIMATELY 72,000GRADUATION RATE 89 1% INCOMEMEDIAN FAMILY HOUSEHOLD (2018) $51,072MEDIAN NON-FAMILY HOUSEHOLD (2018) $29,708
PART VI, LINE 5	A MAJORITY OF THE HOSPITAL'S GOVERNING BODY IS COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA, AND WHO ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS OR BUSINESS ASSOCIATES OF SUCH PERSONS HPRH UTILIZES SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE AND TO UPDATE FACILITES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	HIGH POINT MEDICAL CENTER ("HPRH") IS A SUBSIDIARY OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER 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
PART VI, LINE 7, REPORTS FILED WITH STATES	NC

Additional Data

Software ID:

Software Version:

EIN: 56-0532309

Name: HIGH POINT REGIONAL HEALTH

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** Name, address, primary website address, and state license number		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	HIGH POINT REGIONAL HEALTH 601 NORTH ELM STREET HIGH POINT, NC 27262	X	X					X		DISPROPORTIONATE SHARE HOSPITAL	

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HIGH POINT REGIONAL HEALTH	PART V, SECTION B, LINE 5 ASSESSING COMMUNITY HEALTH NEEDS INVOLVED COLLECTION AND ASSESSMENT OF A WIDE RANGE OF DATA ON MEASURES OF HEALTH AND HEALTH-RELATED FACTORS PRIMARY DATA WAS COLLECTED THROUGH A SERIES OF ONLINE KEY INFORMANT SURVEYS AND WORKSHOPS ATTENDED BY PERSONS KNOWN AS SUBJECT MATTER EXPERTS OR OTHERWISE KNOWLEDGEABLE REGARDING THE FOCUS AREAS THE SURVEY INCLUDED QUESTIONS ABOUT KEY CHALLENGES TO MAKING IMPROVEMENTS IN THE PRIORITY FOCUS AREAS, AS WELL AS DISPARITIES AND POPULATION SUBGROUPS IMPACTED, GAPS AND NEEDS IN EXISTING SERVICES AND PROGRAMS, EXISTING PROGRAMS AND POLICIES THAT ARE PERCEIVED TO BE EFFECTIVE AND IDEAS FOR NEEDED PROGRAMS AND POLICIES AT A SERIES OF HALF-DAY WORKSHOPS, PARTICIPANTS ENGAGED IN FACILITATED DISCUSSION TO CONSIDER BOTH QUANTITATIVE DATA AND DATA FROM THE KEY INFORMANT SURVEYS TO IDENTIFY KEY ISSUES AND RECOMMENDATIONS FOR IMPROVEMENTS ADDITIONALLY, SECONDARY DATA SOURCES WERE REVIEWED, INCLUDING COUNTY HEALTH DATA BOOK PUBLISHED BY THE NORTH CAROLINA STATE CENTER FOR HEALTH STATISTICS AND AMERICAN COMMUNITY SURVEY ADMINISTERED BY THE US BUREAU OF THE CENSUS

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
HIGH POINT REGIONAL HEALTH	PART V, SECTION B, LINE 6A THE HOSPITAL'S MOST RECENT CHNA WAS CONDUCTED IN COLLABORATION WITH CONE HOSPITAL

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
HIGH POINT REGIONAL HEALTH	PART V, SECTION B, LINE 6B THE HOSPITAL'S MOST RECENT CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING OTHER COMMUNITY ORGANIZATIONS - GUILFORD COUNTY DHHS, PUBLIC HEALTH DIVISION- ALCOHOL & DRUG SERVICES OF GUILFORD, INC - FELLOWSHIP HALL-GUILFORD COMMUNITY CARE NETWORK- UNIVERSITY OF NORTH CAROLINA AT GREENSBORO DEPT OF PUBLIC HEALTH & DEPT OF NUTRITION- UNITED WAY OF GREATER HIGH POINT- UNITED WAY OF GREATER GREENSBORO

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
HIGH POINT REGIONAL HEALTH	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
HIGH POINT REGIONAL HEALTH	PART V, SECTION B, LINE 11 THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") IDE NTIFIED THE FOLLOWING SIGNIFICANT HEALTH CHALLENGES WITHIN THE COMMUNITY (1) CLINICAL CAR E & HEALTH INSURANCE, (2) CHRONIC & COMMUNICABLE DISEASES, (3) BEHAVIORAL HEALTH, (4) MATE RAL & CHILD HEALTH, (5) UNINTENTIONAL INJURY, (6) VIOLENT CRIME & INTENTIONAL INJURY, (7) SOCIAL DETERMINANTS OF HEALTH, (8) HEALTHY EATING & ACTIVE LIVING, (9) MORTALITY & MORBIDI TY, (10) ORAL HEALTH, (11) TEEN PREGNANCY, AND (12) AIR QUALITY HIGH POINT MEDICAL CENTER ("HPRH") PRIORITIZED THE FOLLOWING FOUR SIGNIFICANT COMMUNITY HEALTH NEEDS FOR ITS CURRENT CHNA AS FOLLOWS (1) HEALTHY EATING & ACTIVE LIVING, (2) SOCIAL DETERMINANTS OF HEALTH, (3) BEHAVIORAL HEALTH, AND (4) MATERNAL & CHILD HEALTH HPRH PLANS TO PROVIDE COMMUNITY BEN EFIT PROGRAMS RESPONSIVE TO THESE HEALTH NEEDS THROUGH ITS APPROVED CHNA IMPLEMENTATION ST RATEGY THE HPRH CHNA IMPLEMENTATION STRATEGY OUTLINES THE IMPLEMENTATION OF PROGRAMS AND THE EVALUATION OF IMPACT OF THOSE PROGRAMS ON PRIORITY COMMUNITY HEALTH NEEDS IDENTIFIED F ROM THE CHNA SPECIFICALLY, THE HOSPITAL IS ADDRESSING THE SIGNIFICANT HEALTH NEEDS AS FOL LOWS 1 HEALTHY EATING & ACTIVE LIVING-HPRH SCREENS PATIENTS FOR FOOD SECURITY UPON ADMISS ION UTILIZING A SCREENING TOOL BUILT INTO THE ELECTRONIC MEDICAL RECORD, FOCUSING SPECIFIC ALLY ON PATIENTS LIVING IN VULNERABLE COMMUNITIES -HPRH COLLABORATES WITH INTERNAL RESOUR CES INCLUDING CLINICAL NUTRITION, SOCIAL WORK, AND FAITHHEALTH TO PROVIDE RESOURCES TO PAT IENTS INCLUDING INFORMATION ABOUT COMMUNITY RESOURCES AND NUTRITION EDUCATION -HPRH COLLAB ORATES WITH VARIOUS AGENCIES TO DETERMINE ADDITIONAL RESOURCES AND TO ASSESS NEEDS THROUGH OUT GREATER HIGH POINT 2 SOCIAL DETERMINANTS OF HEALTH-HPRH CONNECTS WITH COMMUNITY RESOU RCES INCLUDING THE UNITED WAY JOBS PROGRAM TO FOSTER EDUCATION AND CONNECT APPLICANTS WITH JOB OPPORTUNITIES -HPRH PARTICIPATES IN THE GUILFORD APPRENTICE PROGRAM (GAP) IN CONNECTI ON WITH GUILFORD TECHNICAL COMMUNITY COLLEGE TO PROVIDE STUDENTS WITH A PATH TO OBTAIN HIG HER EDUCATION -HPRH UTILIZES FAITHHEALTH, A DIVISION OF WAKE FOREST BAPTIST HEALTH, TO EDU CATE THE COMMUNITY ON THE SERVICES THEY PROVIDE, FOCUSING ON VULNERABLE ZIP CODES, WITH TH E GOAL OF INCREASING THE UTILIZATION OF THE FAITHHEALTH PROGRAM IN THE COMMUNITY FAITHHEA LTH ALSO CONNECTS HEART FAILURE PATIENTS AT HIGH RISK FOR READMISSION TO PROVIDED NEEDED R ESOURCES 3 BEHAVIORAL HEALTH-HPRH COLLABORATES WITH COMMUNITY PARTNERS TO PROVIDE LOCAL R ESOURCES TO SUPPORT BEHAVIORAL HEALTH NEEDS OF THE COMMUNITY, INCLUDING A WEEKLY SUPPORT P ROGRAM PROVIDED BY RHA BEHAVIORAL HEALTH FOR ADMITTED PATIENTS -HPRH COLLABORATES WITH RHA BEHAVIORAL HEALTH TO CONNECT PATIENTS WITH A PEER SUPPORT PROGRAM TO IMPROVE OUTCOMES ONC E A PATIENT IS DISCHARGED, INCLUDING TRANSPORTATION ASSISTANCE TO APPOINTMENTS/MEETINGS TO SUPPORT EFFICIENT DISCHARGE PLANNING AND PREVENT READMISSION -HPRH WILL CONTINUE TO SUPPO RT RHA BEHAVIORAL HEALTH IN TH

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
HIGH POINT REGIONAL HEALTH	EIR PLANS TO OPEN A SUBSTANCE ABUSE INTENSIVE OUTPATIENT TREATMENT CENTER IN HIGH POINT 4 MATERNAL & CHILD HEALTH-HPRH IS EXPLORING COLLABORATION WITH FOUNDATION FOR A HEALTHY HIG H POINT AND THE JUST TEEN'S PROGRAM BY IDENTIFYING A CLINIC PARTNER TO CONNECT TEENS WITH HEALTH EDUCATION -HPRH PROVIDES MOMMY & ME AND PRENATAL CLASSES ON-SITE, AND PROVIDES INFO RMATION ABOUT THESE PROGRAMS THROUGHOUT ITS PHYSICIAN OFFICES

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
HIGH POINT REGIONAL HEALTH	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
HIGH POINT REGIONAL HEALTH	PART V, SECTION B, LINE 16J IN ADDITION TO THE METHODS PREVIOUSLY DESCRIBED, HIGH POINT MEDICAL CENTER 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

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 . . . . . ▶ 2

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)					
(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 GRANTEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS THE HOSPITAL MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS DISBURSED

Additional Data

Software ID:
Software Version:
EIN: 56-0532309
Name: HIGH POINT REGIONAL HEALTH

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
BUSINESS HIGH POINT INC (DBA HIGH POINT CHAMBER OF COMMERCE) PO BOX 5025 HIGH POINT, NC 27262	56-0473292	501(C)(6)	25,500				COMMUNITY SUPPORT
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF HP 155 WEST WESTWOOD AVE HIGH POINT, NC 27262	56-0579600	501(C)(3)	5,000				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
THE COMMUNITY CLINIC OF HIGH POINT INC PO BOX 5607 HIGH POINT, NC 27262	56-1795022	501(C)(3)	73,401				SUPPORT FOR HEALTHCARE OF INDIGENT POPULATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		

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

For each individual whose compensation must be reported 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

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	UNDER THE UNC HCS LEGAL STRUCTURE, THE FILING ORGANIZATION PROVIDED A CORPORATE MEMBERSHIP TO A LOCAL SOCIAL CLUB FOR USE BY OFFICERS OF THE ORGANIZATION

Return Reference	Explanation
PART I, LINES 4A-B	CERTAIN OFFICERS/DIRECTORS & KEY EMPLOYEES OF THE FILING ORGANIZATION PARTICIPATED IN AND/OR RECEIVED PAYMENTS FROM SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS (SERP) OF THEIR EMPLOYER, THE FILING ORGANIZATION OR RELATED ORGANIZATIONS (UNC HCS OR WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER) THE DETERMINATION OF THE AMOUNT OF THE NON QUALIFIED RETIREMENT PLANS FOLLOWED THE FILING ORGANIZATION OR RELATED ORGANIZATIONS' COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THEIR FORMS 990 THE FOLLOWING DIRECTORS, OFFICERS & KEY EMPLOYEES RECEIVED SERP PAYMENTS IN THEIR CALENDAR YEAR 2018 COMPENSATION FROM THE FILING ORGANIZATION OR RELATED ORGANIZATION (UNC HCS OR WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER) CHRIS ELLINGTON $180,594 GARY PARK $1,461,911 KEVIN SMITH, MD $11,186 LAWRENCE WILLIAMS $511,923 JAMES HOEKSTRA, MD $26,294 DENISE POTTER $63,485 J MCLAIN WALLACE, JR $119,125 MICHAEL WAID $21,911

Return Reference	Explanation
PART I, LINE 7	UNDER THE UNC HCS LEGAL STRUCTURE, EMPLOYEES IN MANAGERIAL ROLES AND CERTAIN OTHER EMPLOYEES PARTICIPATED IN INCENTIVE COMPENSATION PLAN APPROVED ANNUALLY BY THE UNC HCS BOARD OF DIRECTORS THE COMPENSATION COMPONENTS CONTAINED IN THEIR EMPLOYMENT AGREEMENTS WERE INDIVIDUAL PERFORMANCE AND GOAL BASED THAT WERE DETERMINED IN THE COURSE OF THE INDIVIDUAL'S ANNUAL REVIEW AND PERFORMANCE OF THE ORGANIZATION THE INCENTIVES WERE REVIEWED BY THE INDIVIDUAL'S DEPARTMENT CHAIR OR COMPENSATION COMMITTEE

Return Reference	Explanation
FORM 990, PART VII, LINE 5 - COMPENSATION FROM UNRELATED ORGANIZATION	THE FOLLOWING DIRECTOR/OFFICER WAS COMPENSATED BY WAKE FOREST UNIVERSITY HEALTH SCIENCES, AN UNRELATED ORGANIZATION, FOR SERVICES RENDERED AS AN OFFICER OF THE HOSPITAL SEE PART VII AND SCHEDULE J, PART II FOR HIS COMPENSATION JAMES HOEKSTRA, MD

Additional Data

Software ID:
Software Version:
EIN: 56-0532309
Name: HIGH POINT REGIONAL HEALTH

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				
CHRIS ELLINGTON DIRECTOR (TO 8-31-18)	(I)	0	0	0	0	0	0	0
	(II)	684,185	231,196	232,873	152,107	21,233	1,321,594	180,594
GARY PARK DIRECTOR (TO 8-31-18)	(I)	0	0	0	0	0	0	0
	(II)	526,087	507,300	1,589,767	532,111	20,993	3,176,258	1,461,911
PATRICIA TRIPLETT MD DIRECTOR	(I)	239,496	94,298	9,425	6,176	18,837	368,232	0
	(II)	136,014	0	396	9,515	6,226	152,151	0
ERNIE BOVIO DIRECTOR/PRESIDENT (TO 8-31-18)	(I)	390,194	197,104	8,794	7,115	18,656	621,863	0
	(II)	0	0	0	0	0	0	0
JAMES HOEKSTRA MD DIRECTOR/PRESIDENT (EFF 9-1-18)	(I)	600,334	111,246	52,383	101,836	19,809	885,608	0
	(II)	0	0	0	0	0	0	0
GLEN SPIVAK DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	254,311	45,584	18,256	74,513	21,053	413,717	0
MICHAEL T WAID DIRECTOR (EFF 9-1-18)	(I)	0	0	0	0	0	0	0
	(II)	421,146	112,161	42,343	91,980	24,144	691,774	0
CATHLEEN WHEATLEY DIRECTOR (EFF 9-1-18)	(I)	0	0	0	0	0	0	0
	(II)	447,879	100,236	5,544	113,338	10,584	677,581	0
KEVIN SMITH COO & SECRETARY (TO 8-31-18)	(I)	174,043	44,515	24,156	3,818	15,935	262,467	0
	(II)	88,211	0	60	6,277	6,109	100,657	0
WILLIAM BRYANT CFO & TREASURER (TO 8-31-18)	(I)	0	0	0	0	0	0	0
	(II)	288,747	72,308	8,213	78,981	21,233	469,482	0
J MCLAIN WALLACE JR SECRETARY (EFF 9-1-18)	(I)	0	0	0	0	0	0	0
	(II)	494,762	136,968	141,237	65,532	16,713	855,212	0
BRADLEY A CLARK TREASURER (EFF 9-1-18)	(I)	0	0	0	0	0	0	0
	(II)	591,354	183,583	840	155,477	23,277	954,531	0
LAWRENCE WILLIAMS CMO	(I)	329,447	59,167	526,923	10,050	10,116	935,703	0
	(II)	155,917	0	6,563	11,803	5,106	179,389	0
DENISE POTTER VP	(I)	139,863	36,231	76,822	5,631	6,194	264,741	0
	(II)	88,994	0	258	5,000	2,615	96,867	0
ALI AKBARY MD PHYSICIAN	(I)	395,675	164,893	6,029	8,780	15,020	590,397	0
	(II)	223,572	0	258	17,592	6,226	247,648	0
KENNETH LENNON MD PHYSICIAN	(I)	414,777	504,875	26,567	7,115	17,789	971,123	0
	(II)	393,532	0	90	22,417	6,226	422,265	0
NIKHIL TEPPARA MD PHYSICIAN	(I)	316,744	274,358	11,691	6,223	19,855	628,871	0
	(II)	203,439	0	60	11,831	6,742	222,072	0
MICHAEL LUCAS MD PHYSICIAN	(I)	400,561	143,190	20,994	9,062	18,172	591,979	0
	(II)	228,620	0	6,176	17,711	6,226	258,733	0
STEPHEN MILLS MD PHYSICIAN	(I)	475,848	60,754	13,135	9,193	18,838	577,768	0
	(II)	231,735	0	659	16,132	4,122	252,648	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

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, 2019 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 HIGH POINT REGIONAL HEALTH AND AFFILIATES, LEXINGTON MEDICAL CENTER AND AFFILIATE, NORTH CAROLINA BAPTIST HOSPITAL AND AFFILIATES, WAKE FOREST UNIVERSITY HEALTH SCIENCES AND AFFILIATES, DAVIE MEDICAL CENTER, NORTHWEST COMMUNITY CARE NETWORK, INC , FAITHHEALTH INNOVATIONS, WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (WFUBMC), WAKE FOREST HEALTH NETWORK, LLC, WILKES REGIONAL MEDICAL CENTER, AND OTHER WFUBMC AFFILIATES ALL SIGNIFICANT INTERCOMPANY TRANSACTIONS HAVE BEEN ELIMINATED IN CONSOLIDATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	PURSUANT TO THE ORGANIZATION'S ARTICLES OF AMENDMENT (EFFECTIVE SEPTEMBER 1, 2018), THE NA ME OF THE CORPORATION IS HIGH POINT REGIONAL HEALTH, WHOSE EXEMPT PURPOSE IS THE OWNERSHIP , OPERATION, AND MAINTENANCE OF THE HOSPITAL DBA HIGH POINT MEDICAL CENTER PURSUANT TO TH E ORGANIZATION'S ARTICLES OF AMENDMENT AND AMENDED BYLAWS (EFFECTIVE SEPTEMBER 1, 2018), T HE SOLE MEMBER OF THE CORPORATION IS WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, A NORT H CAROLINA NONPROFIT CORPORATION PURSUANT TO THE ORGANIZATION'S ARTICLES OF AMENDMENT, IN THE EVENT OF DISSOLUTION, THE BOARD OF DIRECTORS SHALL AFTER PAYMENT OF ALL LIABILITIES, DISTRIBUTE ALL REMAINING ASSETS TO ONE OR MORE ORGANIZATIONS WHICH ARE EXEMPT FROM TAXATIO N UNDER 501(C)(3) THE AMENDED BYLAWS PROVIDE THAT THE SOLE MEMBER SHALL HAVE THE FOLLOWIN G POWERS AT ALL TIMES WITH RESPECT TO THE ORGANIZATION AND ITS SUBSIDIARIES AFFILIATES -T HE POWER TO TAKE ALL ACTIONS AND EXERCISE ALL POWERS OF A SOLE MEMBER OF A NORTH CAROLINA NONPROFIT CORPORATION, INCLUDING ACTIONS TO INTEGRATE THE CORPORATION INTO THE MEMBER'S SY STEM AND/OR TO CAUSE THE ORGANIZATION TO PARTICIPATE IN MEMBER INITIATIVES AND PROGRAMS IN A MANNER CONSISTENT WITH THE MEMBER SUBSTITUTION AGREEMENT (THE "MSA") DATED MARCH 8, 201 8, -THE POWER TO PLAN, DIRECT AND ESTABLISH POLICY TO ASSURE THE DEVELOPMENT AND DELIVERY OF QUALITY HEALTH SERVICES, -THE POWER TO APPOINT/REMOVE THE CHAIRMAN OF THE BOARD, VICE C HAIRMAN, PRESIDENT, VICE PRESIDENTS, SECRETARY AND TREASURER AND OTHER CORPORATE OFFICERS, -THE POWER TO NOMINATE/APPOINT/REMOVE INDIVIDUAL MEMBERS OF THE BOARD OF DIRECTORS, -THE POWER TO ESTABLISH A SCHEDULE OF ASSESSMENTS PAYABLE, -THE POWER TO DEVELOP GUIDELINES FOR CONSTRUCTION AND RENOVATION PROJECTS, -THE POWER TO DEVELOP/MONITOR/EVALUATE THE QUALITY, SERVICE DELIVERY AND FINANCIAL STANDARDS TO BE OBSERVED BY THE ORGANIZATION TO ALIGN WITH THE OVERALL OBJECTIVES OF THE SOLE MEMBER, -THE POWER TO APPROVE ANY VOTE BY THE ORGANIZA TION OF ITS CAPITAL STOCK OR MEMBERSHIP VOTING RIGHTS IN ALL OF ITS AFFILIATES, -THE POWER TO NEGOTIATE/DEVELOP/APPROVE ALL MANAGED CARE AGREEMENTS, -THE POWER TO APPROVE STRATEGIC PLANS AND CHANGES TO THE MISSION STATEMENTS PROPOSED BY THE BOARD OF DIRECTORS, AND -THE POWER TO APPROVE THE CAPITAL/OPERATING BUDGETS AND MATERIAL EXPENDITURES PURSUANT TO THE AMENDED BYLAWS, THE BUSINESS AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY THE BOARD OF D IRECTORS, CONSISTING OF 17 TO 24 PERSONS APPOINTED/REMOVED BY THE MEMBER IN ITS SOLE DISCR ETION THE DIRECTORS SHALL NOT RECEIVE COMPENSATION FOR THEIR SERVICES, EXCEPT FOR REIMBUR SEMENT FOR REASONABLE EXPENSES INCURRED IN CONNECTION WITH SERVICES RENDERED TO THE BOARD OF DIRECTORS AT ALL MEETINGS OF THE BOARD OF DIRECTORS, A MAJORITY OF THE DIRECTORS SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS THE BOARD OF DIRECTORS MAY ESTABLISH AN EXECUTIVE COMMITTEE, FINANCE COMMITTEE, QUALITY COMMITTEE, JOINT CONFERENCE COMMITTEE, AND ANY SPECIAL COMMITTEE SUG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	GESTED BY THE CHAIRMAN OR DESIRED BY THE DIRECTORS/EXECUTIVE COMMITTEE, GOVERNED BY THE RU LES AND REGULATIONS APPLICABLE TO THE BOARD OF DIRECTORS AS STATED IN THE AMENDED BYLAWS PURSUANT TO THE AMENDED BYLAWS, THE BOARD OF DIRECTORS SHALL APPOINT EXECUTIVE OFFICERS, C ONSISTING OF PRESIDENT, SECRETARY, TREASURER, AND VICE PRESIDENTS SERVING UNTIL DEATH/ RES IGNATION/ REMOVAL/ RETIREMENT OR THEIR SUCCESSORS ARE APPOINTED THE PRESIDENT, AS CHIEF E XECUTIVE OFFICER OF THE CORPORATION, SHALL BE RESPONSIBLE FOR SEEING THAT POLICIES/DIRECTI VES OF THE BOARD OF DIRECTORS ARE PROPERLY CARRIED OUT AND IS IN GENERAL CHARGE OF THE AFF AIRS OF THE CORPORATION IN THE ORDINARY COURSE OF BUSINESS, SUBJECT TO THE CONTROL OF THE BOARD OF DIRECTORS PURSUANT TO THE AMENDED BYLAWS, THE FISCAL YEAR OF THE ORGANIZATION SH ALL BE JUNE 30TH OF EACH CALENDAR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PURSUANT TO ITS ARTICLES OF AMENDMENT FILED ON AUGUST 30, 2018 AND EFFECTIVE SEPTEMBER 1, 2018, THE SOLE MEMBER OF THE ORGANIZATION IS WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, A NORTH CAROLINA NONPROFIT CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS PROVIDED IN THE ORGANIZATION'S BYLAWS, THE SOLE MEMBER OF THE ORGANIZATION SHALL HAVE THE RIGHT AT ALL TIMES, WITH RESPECT TO THE ORGANIZATION AND ITS AFFILIATE, TO NOMINATE, APPOINT, AND REMOVE INDIVIDUAL MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, AS WELL AS CORPORATE OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AS PROVIDED IN THE ORGANIZATION'S BYLAWS, THE SOLE MEMBER OF THE ORGANIZATION SHALL HAVE THE RIGHT AT ALL TIMES, WITH RESPECT TO THE ORGANIZATION, TO APPROVE OF THE SALE, LEASE, OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE ORGANIZATION, TO APPROVE ANY AMENDMENTS TO THE ORGANIZATION'S ARTICLES OR BYLAWS, AND TO APPROVE THE MISSION, VISION AND VALUE STATEMENTS OF THE ORGANIZATION THE SOLE MEMBER MAY ACT WITHOUT A MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVE COPIES OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND QUESTIONS PRIOR TO ITS FILING IF MODIFICATIONS ARE REQUIRED FOLLOWING SUCH REVIEW AND COMMENT, THE REVISED FORM 990 IS REDISTRIBUTED TO ALL DIRECTORS 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	THROUGH AUGUST 31, 2018, UNDER THE UNC HCS LEGAL STRUCTURE, THE FILING ORGANIZATION REQUIRED BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THE ORGANIZATION HAD ADMINISTRATIVE STAFF MONITOR AND TRACK THAT ALL FORMS WERE COMPLETE IF ANY ISSUES WERE RAISED ON THOSE DISCLOSURES, UNC HCS COMPLIANCE WAS NOTIFIED AND APPROPRIATE MEASURES WERE TAKEN AT THE BOARD'S DISCRETION AS OF SEPTEMBER 1, 2018, UNDER THE WAKE FOREST BAPTIST HEALTH LEGAL STRUCTURE, 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 ON AN ANNUAL BASIS (OR AS THEY ARISE) 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	THROUGH AUGUST 31, 2018, UNDER THE UNC HCS LEGAL STRUCTURE, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES SET COMPENSATION FOR THE CEO AND APPROVED COMPENSATION FOR VICE PRESIDENTS AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM, THE HAY GROUP, EVALUATED THESE POSITIONS AND PROVIDED COMPARISONS AGAINST A NATIONAL DATABASE COMPENSATION WAS SET AGAINST THE 50TH PERCENTILE OF THE MARKET AS OF SEPTEMBER 1, 2018, HIGH POINT MEDICAL CENTER IS AN INTEGRAL PART OF WAKE FOREST BAPTIST HEALTH, A PREEMINENT, INTERNATIONALLY RECOGNIZED ACADEMIC MEDICAL CENTER OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION THE FILING ORGANIZATION PAYS NO COMPENSATION TO OFFICERS, DIRECTORS AND KEY EMPLOYEES ALL COMPENSATION PAID TO OFFICERS, DIRECTORS AND KEY EMPLOYEES IS PAID BY A RELATED ORGANIZATION, WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, AN ENTITY WITHIN THE WAKE FOREST BAPTIST HEALTH LEGAL STRUCTURE COMPENSATION PAID TO THESE INDIVIDUALS IS REVIEWED AND APPROVED IN ACCORDANCE WITH THE APPLICABLE ORGANIZATION'S COMPENSATION POLICIES AND PROCEDURES WHICH INCLUDE INDEPENDENT COMPENSATION CONSULTANTS, COMPENSATION SURVEYS AND STUDIES TO DETERMINE THE APPROPRIATENESS OF EACH OFFICER'S AND DIRECTOR'S COMPENSATION

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 AVAILABLE TO THE PUBLIC ON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 44,394,343 MANAGEMENT AND GENERAL EXPENSES 1,224,976 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 45,619,319

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ACTUARY GAINS /(LOSSES) 7,313,213 AFFILIATE GAINS/(LOSSES) 259,264

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196023870

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
HIGH POINT REGIONAL HEALTH

Employer identification number
56-0532309

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) PREMIER SURGERY CENTER LLC 4515 PREMIER DRIVE STE 102 HIGH POINT, NC 27265 46-3321793	HEALTHCARE	NC	-959,049	2,605,889	HIGH POINT REGIONAL HEALTH
(2) REGIONAL PHYSICIANS LLC 611 N LINDSAY ST HIGH POINT, NC 27262 56-2120765	HEALTHCARE	NC	-1,674,080	5,077,287	HIGH POINT REGIONAL HEALTH
(3) PREMIER IMAGING LLC 4515 PREMIER DRIVE STE 101 HIGH POINT, NC 27265 61-1614223	HEALTHCARE	NC	-250,299	2,739,272	HIGH POINT REGIONAL HEALTH
(4) HIGH POINT PHYSICAL THERAPY LLC 1030 MALL LOOP ROAD HIGH POINT, NC 27265 81-1732827	HEALTHCARE	NC	-269,785	356,332	HIGH POINT REGIONAL HEALTH

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.

See Additional Data Table

(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	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HIGH POINT SURGERY CENTER LLC 600 NORTH LINDSAY STREET HIGH POINT, NC 27260 56-1867005	HEALTHCARE	NC	HIGH POINT REGIONAL HEALTH	RELATED	1,450,458	10,140,422		No		Yes		90 000 %
(2) REX SURGERY CENTER OF CARY 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-3684056	ASC	NC	N/A									
(3) JRH VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-4092967	MED CAMPUS DEVELOPMENT	NC	N/A									
(4) REX HEALTH VENTURES I LP 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 37-1690478	VENTURE CAPITAL INVST	NC	N/A									
(5) ORTHOPAEDIC SURGERY CENTER OF RALEIGH LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-1740526	ORTHOPAEDIC SURGERY	NC	N/A									
(6) TRO VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 82-1330195	HEALTHCARE	NC	N/A									
(7) MS LAND HOLDINGS LLC 1901 MOONEY STREET WINSTONSALEM, NC 27103 82-4005370	REAL ESTATE	NC	N/A									

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	(i) No
(1)HIGH POINT HEALTHCARE VENTURES INC 601 N ELM ST PO BOX HP-5 HIGH POINT, NC 27261 56-1343468	HOLDING COMPANY	NC	HIGH POINT REGIONAL HEALTH	C	994,836	19,531,650	100 000 %	Yes	
(2)REX ENTERPRISES COMPANY INC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-1740526	OPERATIONS SUPPORT	NC	N/A	C					No
(3)UNC PHYSICIANS NETWORK GROUP PRACTICES LLC 1600 PERIMETER PARK DR STE 225 MORRISVILLE, NC 27560 46-1416986	HEALTHCARE	NC	N/A	C					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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
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	Yes	
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	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
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		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)HIGH POINT REGIONAL HEALTH FOUNDATION	C	2,662,801	FMV
(2)PIEDMONT TRIAD HEALTH SERVICES	J	357,318	FMV
(3)HIGH POINT SURGERY CENTER	Q	1,482,060	FMV
(4)HIGH POINT SURGERY CENTER	K	117,698	FMV

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 56-0532309
Name: HIGH POINT REGIONAL HEALTH

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
101 MANNING DRIVE CHAPEL HILL, NC 27514 56-2206970	HEALTHCARE	NC	SECTION 115		N/A		No
211 FRIDAY CENTER DRIVE SUITE 2029 CHAPEL HILL, NC 27517 56-1118388	HEALTHCARE	NC	SECTION 115		UNC HEALTH CARE SYSTEM		No
321 MULBERRY STREET SW LENOIR, NC 28645 56-0554202	HEALTHCARE	NC	501(C)(3)	LINE 3	UNC HEALTH CARE SYSTEM		No
PO BOX 1890 LENOIR, NC 28645 58-1935514	SUPPORT OF CALDWELL MEMORIAL HOSPITAL	NC	501(C)(3)	LINE 7	CALDWELL MEMORIAL HOSPITAL		No
PO BOX 649 SILER CITY, NC 27344 56-0611546	HEALTHCARE	NC	501(C)(3)	LINE 3	UNC HEALTH CARE SYSTEM		No
601 N ELM STREET HIGH POINT, NC 27261 27-2854711	SUPPORT OF HIGH POINT REGIONAL HEALTH	NC	501(C)(3)	LINE 12A, I	HIGH POINT REGIONAL HEALTH	Yes	
101 MANNING DR MED WING E 2ND FL CHAPEL HILL, NC 27514 56-1497163	HEALTHCARE	NC	501(C)(3)	LINE 12B, II	UNC HEALTH CARE SYSTEM		No
4420 LAKE BOONE TRAIL RALEIGH, NC 27607 56-1509129	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	UNC HEALTH CARE SYSTEM		No
4420 LAKE BOONE TRAIL RALEIGH, NC 27607 56-1509260	HEALTHCARE	NC	501(C)(3)	LINE 3	REX HEALTHCARE		No
4420 LAKE BOONE TRAIL RALEIGH, NC 27607 56-6052117	SUPPORT OF REX HOSPITAL, INC	NC	501(C)(3)	LINE 12B, II	REX HOSPITAL		No
1600 PERIMETER PARK DRIVE STE 225 MORRISVILLE, NC 27560 27-1081647	HEALTHCARE	NC	SECTION 115/501(C)(3	LINE 10	UNC HEALTH CARE SYSTEM		No
117 EAST KINGS HWY EDEN, NC 27288 82-3745228	HEALTHCARE	NC	501(C)(3)	LINE 3	UNC HEALTH CARE SYSTEM		No
250 HOSPITAL DRIVE LEXINGTON, NC 27292 58-1876553	FUNDRAISING	NC	501(C)(3)	LINE 12A, I	LEXINGTON MEDICAL CENTER		No
250 HOSPITAL DRIVE LEXINGTON, NC 27292 56-0543238	HOSPITAL	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		No
MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157 51-0190238	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	N/A		No
2000 WEST 1ST STREET WINSTONSALEM, NC 27104 02-0774853	HEALTHCARE	NC	501(C)(3)	LINE 7	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		No
MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157 23-7426944	HEALTHCARE	NC	501(C)(3)	LINE 10	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		No
329 NC HWY 801N BERMUDA RUN, NC 27006 56-2276994	HOSPITAL	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		No
PO BOX 609 NORTH WILKESBORO, NC 28659 83-0343789	HOSPITAL	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		No
MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157 56-1903275	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HIGH POINT SURGERY CENTER LLC 600 NORTH LINDSAY STREET HIGH POINT, NC 27260 56-1867005	HEALTHCARE	NC	HIGH POINT REGIONAL HEALTH	RELATED	1,450,458	10,140,422		No		Yes		90 000 %
(1) REX SURGERY CENTER OF CARY 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-3684056	ASC	NC	N/A									
(2) JRH VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-4092967	MED CAMPUS DEVELOPMENT	NC	N/A									
(3) REX HEALTH VENTURES I LP 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 37-1690478	VENTURE CAPITAL INVST	NC	N/A									
(4) ORTHOPAEDIC SURGERY CENTER OF RALEIGH LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 27-1740526	ORTHOPAEDIC SURGERY	NC	N/A									
(5) TRO VENTURES LLC 4420 LAKE BOONE TRAIL RALEIGH, NC 27607 82-1330195	HEALTHCARE	NC	N/A									
(6) MS LAND HOLDINGS LLC 1901 MOONEY STREET WINSTONSALEM, NC 27103 82-4005370	REAL ESTATE	NC	N/A									