

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>University Health Systems of Eastern Carolina Foundation, Inc.</b><br>Doing business as <b>Vidant Health Foundation</b><br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>690 Medical Drive</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Greenville, NC 27835</b><br><b>F</b> Name and address of principal officer: <b>Scott Senatore</b><br><b>same as C above</b> | <b>D</b> Employer identification number<br><b>20-0777374</b><br><b>E</b> Telephone number<br><b>(252) 847-5626</b><br><b>G</b> Gross receipts \$ <b>6,569,465.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J</b> Website: ▶ <b>vidanthealthfoundation.com</b>  |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   |
| <b>L</b> Year of formation: <b>2004</b>  |  | <b>M</b> State of legal domicile: <b>NC</b>   |

**Part I Summary**

|                                    |                |   |   |
|------------------------------------|----------------|---|---|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>To inspire generosity through philanthropy in support of Vidant Health and eastern North Carolina.</b> |   |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |   |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>25</b>                                     |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>25</b>                                     |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>0</b>                                      |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>650</b>                                    |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>0.</b>                                     |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, line 38  | <b>0.</b>                                     |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h) |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | <b>0.</b>                                     |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>984,425.</b>                               |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>-60,767.</b>                               |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>9,016,593.</b>                             |
| <b>13</b>                          |                | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>8,506,620.</b>                             |
| <b>14</b>                          |                | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>                                     |
| <b>Expenses</b>                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>                                     |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>                                     |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>25,716.</b>  |   |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>10,359.</b>                                |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>8,516,979.</b>                             |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | <b>499,614.</b>                               |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>40,940,035.</b>                            |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | <b>29,063,737.</b>                            |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | <b>11,876,298.</b>                            |

**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.

|                               |   |  |
|-------------------------------|---|--|
| <b>Sign Here</b>              | Signature of officer<br>Date <b>8/17/20</b>   |  |
|                               | Type or print name and title<br><b>Scott Senatore, President</b>  |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Amy Bibby</b><br>Preparer's signature<br><b>Amy Bibby</b><br>Date<br><b>08/10/20</b><br>Check if self-employed <input type="checkbox"/> PTIN<br><b>P00445891</b><br>Firm's name ▶ <b>Dixon Huches Goodman LLP</b><br>Firm's EIN ▶ <b>56-0747981</b><br>Firm's address ▶ <b>500 Ridgefield Court Asheville, NC 28806</b><br>Phone no. (828) <b>254-2254</b> |  |

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 [X]

1 Briefly describe the organization's mission: The University Health Systems Foundation (DBA Vidant Health Foundation) is a non-profit corporation organized to inspire generosity through philanthropy in support of Vidant Health and eastern North Carolina

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 [X] 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 [X] 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 \$ 6,067,970. including grants of \$ 6,067,970. ) (Revenue \$ ) Vidant Health Foundation supports the general public and communities served by University Health Systems of Eastern Carolina DBA Vidant Health and its subsidiaries, affiliates, or equity partners by assisting and supporting financially the regional hospitals that are part of the Vidant Health System, and any other qualified health care provider, governmental entity and charitable organization formed for the promotion of health and wellness. This support is conducted through contributions to be used for equipment, research, education, patient and family support, community benefit, and direct health care services.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) During the fiscal year, Vidant Health Foundation raised \$3,476,272 of contributions on behalf of not-for-profit hospitals in the Vidant Health System. These contributions are considered agency transactions under Generally Accepted Accounting Principles and are not recorded as revenue by the Foundation.

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 6,067,970.

**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)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule D, Part VI</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part VII</i>   | X   |    |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule D, Part IX</i>  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| 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)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | X  |
| 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? <i>If "Yes," complete Schedule G, Part I</i>   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  | X   |    |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....  |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | X   |    |

**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 |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | 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   |            | 0  |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | <b>2b</b>  |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | <b>3b</b>  |    |
| <b>4a</b>  | 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)? | <b>4a</b>  | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |    |
| <b>6a</b>  | 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?                                    | <b>6a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | 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?  | <b>7a</b>  | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  | X  |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</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  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | <b>14b</b> |    |
| <b>15</b>  | 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?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X  |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | 1a   | 25  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
|           | 1b   | 25  |    |
| <b>2</b>  | 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?  |     | X  |
| <b>3</b>  | 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?   |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | 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?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>7a</b> |  |     | X  |
| <b>7b</b> |  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>8a</b> |  | X   |    |
| <b>8b</b> |  | X   |    |
| <b>9</b>  | 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   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>12b</b> |  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15a</b> |  | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
| <b>15b</b> |  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 **Chris Smith - (252) 847-9523**  
**690 Medical Drive, Greenville, NC 27835**

**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, and 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)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Mrs. Myra Bowen<br>Chair                  | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) Mr. William D. Mitchum, Jr.<br>Vice Chair | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) Mr. Drew M. Covert<br>Secretary           | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) Mr. Spence Cosby<br>Treasurer             | 1.00  | X  |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) Mr. Bob Barbour<br>Trustee                | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) Mr. Thomas W. Bradshaw<br>Trustee         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Mr. John Cooke<br>Trustee                 | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Mr. Charles P. Gaskins, Jr.<br>Trustee    | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) Mr. C. Mark Gentner<br>Trustee            | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Mr. George Griffin, III<br>Trustee       | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Mr. J. Loyd Horton, III<br>Trustee       | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) Mr. Mitch Jones<br>Trustee               | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) Mrs. Thomasine S. Kennedy<br>Trustee     | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) Mr. Thomas Kulikowski<br>Trustee         | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) Dr. Brian Kuszyk, MD<br>Trustee          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) Mrs. Marcy S. Morgan<br>Trustee          | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) Dr. James Yancy Morris, DDS<br>Trustee   | 1.00  | X  |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**University Health Systems of Eastern  
Carolina Foundation, Inc.**

Form 990 (2018)

20-0777374 Page **8**

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) Mr. J. Freeman Paylor<br>Trustee                                | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (19) Mrs. Danette Pugh<br>Trustee                                    | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (20) Mr. Waightstill Scales, IV<br>Trustee                           | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (21) Dr. D. Paul Shackelford, MD<br>Trustee                          | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (22) Mrs. Ann Taylor<br>Trustee                                      | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (23) Mr. Jeff Stalls<br>Trustee                                      | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (24) Mr. William M. Parker<br>Trustee                                | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (25) Mrs. Tess Judge<br>Trustee                                      | 1.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (26) Mr. Scott Senatore<br>President                                 | 40.00   |   |                       | X       |              |                              | 0.     | 156,823.   | 57,441.   |   |
| <b>1b Sub-total</b> .....  |   |   |                       |         |              |                              | 0.     | 156,823.   | 57,441.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 0.     | 156,823.   | 57,441.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 **0**

Form **990** (2018)



**Part VIII Statement of Revenue**

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

|  |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |           |
|--|--|--|----------------------|---|---|--|-----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  |                      |   |   |  |           |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                      |   |   |  |           |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  | 87,989.              |   |   |  |           |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |                      |   |   |  |           |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  | 995,149.             |   |   |  |           |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1f</b>  | 4,972,903.           |   |   |  |           |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....   |  |                      |   |   |  |           |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  | 6,056,041.           |   |   |  |           |
| <b>Program Service<br/>Revenue</b>   | <b>2 a</b> _____   | <b>Business Code</b>   |                      |   |   |  |           |
|  | <b>b</b> _____   |  |                      |   |   |  |           |
|  | <b>c</b> _____   |  |                      |   |   |  |           |
|  | <b>d</b> _____   |  |                      |   |   |  |           |
|  | <b>e</b> _____   |  |                      |   |   |  |           |
|  | <b>f</b> All other program service revenue .....   |  |                      |   |   |  |           |
|  | <b>g Total.</b> Add lines 2a-2f .....  |  |                      |   |   |  |           |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 488,592.             |   |   | 488,592.   |           |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |   |   |  |           |
|  | <b>5</b> Royalties .....   |  |                      |   |   |  |           |
|  | <b>6 a</b> Gross rents .....   | (i) Real   | (ii) Personal        |   |   |  |           |
|  |  | <b>b</b> Less: rental expenses .....                           |                      |   |   |  |           |
|  |  | <b>c</b> Rental income or (loss) .....                         |                      |   |   |  |           |
|  |  | <b>d</b> Net rental income or (loss) .....                     |                      |   |   |  |           |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | (i) Securities   | (ii) Other           |   |   |  |           |
|  |  | <b>b</b> Less: cost or other basis<br>and sales expenses ..... |                      | 185,236.  |   |  |           |
|  |  | <b>c</b> Gain or (loss) .....                                  |                      | -185,236.                                       |   |  |           |
|  |  | <b>d</b> Net gain or (loss) .....                              |                      | -185,236.                                       |   |  | -185,236. |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 87,989. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>   | 24,832.              |   |   |  |           |
|  |  | <b>b</b> Less: direct expenses .....                           | <b>b</b>             | 92,516.   |   |  |           |
|  |  | <b>c</b> Net income or (loss) from fundraising events .....    |                      | -67,684.  |   |  | -67,684.  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>a</b>   |                      |   |   |  |           |
| <b>b</b> Less: direct expenses .....                                       |  | <b>b</b>   |                      |   |   |  |           |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |                      |   |   |  |           |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>a</b>   |  |                      |   |   |  |           |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>   |                      |   |   |  |           |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  |  |                      |   |   |  |           |
| <b>Miscellaneous Revenue</b>   |  | <b>Business Code</b>   |                      |   |   |  |           |
| <b>11 a</b> _____  |  |  |                      |   |   |  |           |
|  | <b>b</b> _____   |  |                      |   |   |  |           |
|  | <b>c</b> _____   |  |                      |   |   |  |           |
|  | <b>d</b> All other revenue .....   |  |                      |   |   |  |           |
|  | <b>e Total.</b> Add lines 11a-11d .....  |  |                      |   |   |  |           |
| <b>12 Total revenue.</b> See instructions .....                            |  |  | 6,291,713.           | 0.  | 0.                                      | 235,672.   |           |

**University Health Systems of Eastern  
Carolina Foundation, Inc.**

Form 990 (2018)

20-0777374 Page **10**

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 6,067,970.            | 6,067,970.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  |                       |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                       |                                 |  |                             |
| <b>9</b> Other employee benefits   |                       |                                 |  |                             |
| <b>10</b> Payroll taxes  |                       |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   |                       |                                 |  |                             |
| <b>c</b> Accounting  |                       |                                 |  |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)  | 12,575.               |                                 |  | 12,575.                     |
| <b>12</b> Advertising and promotion  | 13,141.               |                                 |  | 13,141.                     |
| <b>13</b> Office expenses  |                       |                                 |  |                             |
| <b>14</b> Information technology   |                       |                                 |  |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  |                       |                                 |  |                             |
| <b>17</b> Travel   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  |                       |                                 |  |                             |
| <b>23</b> Insurance  |                       |                                 |  |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> _____   |                       |                                 |  |                             |
| <b>b</b> _____   |                       |                                 |  |                             |
| <b>c</b> _____   |                       |                                 |  |                             |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 6,093,686.            | 6,067,970.                      | 0.                                     | 25,716.                     |
| <b>26</b> <b>Joint costs.</b> 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)

**University Health Systems of Eastern  
Carolina Foundation, Inc.**

Form 990 (2018)

20-0777374 Page **11**

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |             | (B)<br>End of year |  |
|---|---|--------------------------|-------------|--------------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....  |                          | <b>1</b>    |                    |  |
|   | <b>2</b> Savings and temporary cash investments .....   | 1,756,899.               | <b>2</b>    | 1,935,480.         |  |
|   | <b>3</b> Pledges and grants receivable, net .....   | 13,097,824.              | <b>3</b>    | 9,726,564.         |  |
|   | <b>4</b> Accounts receivable, net .....   |                          | <b>4</b>    |                    |  |
|   | <b>5</b> Loans and other receivables from current and former officers, directors,<br>trustees, key employees, and highest compensated employees. Complete<br>Part II of Schedule L .....  |                          |             | <b>5</b>           |  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under<br>section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing<br>employers and sponsoring organizations of section 501(c)(9) voluntary<br>employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... |                          |             | <b>6</b>           |  |
|   | <b>7</b> Notes and loans receivable, net .....  |                          | <b>7</b>    |                    |  |
|   | <b>8</b> Inventories for sale or use .....  |                          | <b>8</b>    |                    |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....  |                          | <b>9</b>    |                    |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....   | <b>10a</b>               |             |                    |  |
|   | <b>b</b> Less: accumulated depreciation .....   | <b>10b</b>               |             | <b>10c</b>         |  |
|   | <b>11</b> Investments - publicly traded securities .....  |                          | <b>11</b>   |                    |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....  | 26,047,696.              | <b>12</b>   | 23,569,429.        |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....   |                          | <b>13</b>   |                    |  |
|   | <b>14</b> Intangible assets .....   |                          | <b>14</b>   |                    |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....  | 37,616.                  | <b>15</b>   | 40,223.            |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 40,940,035.   | <b>16</b>                | 35,271,696. |                    |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....   | 181,358.                 | <b>17</b>   | 931,035.           |  |
|   | <b>18</b> Grants payable .....  |                          | <b>18</b>   |                    |  |
|   | <b>19</b> Deferred revenue .....  |                          | <b>19</b>   |                    |  |
|   | <b>20</b> Tax-exempt bond liabilities .....   |                          | <b>20</b>   |                    |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....   |                          | <b>21</b>   |                    |  |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees,<br>key employees, highest compensated employees, and disqualified persons.<br>Complete Part II of Schedule L .....  |                          |             | <b>22</b>          |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....  |                          | <b>23</b>   |                    |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....  |                          | <b>24</b>   |                    |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X of<br>Schedule D .....   | 28,882,379.              | <b>25</b>   | 21,688,629.        |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....  | 29,063,737.              | <b>26</b>   | 22,619,664.        |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and<br/>complete lines 27 through 29, and lines 33 and 34.</b>   |                          |             |                    |  |
|   | <b>27</b> Unrestricted net assets .....   | 7,612,420.               | <b>27</b>   | 8,345,233.         |  |
|   | <b>28</b> Temporarily restricted net assets .....   | 3,430,347.               | <b>28</b>   | 3,200,217.         |  |
|   | <b>29</b> Permanently restricted net assets .....   | 833,531.                 | <b>29</b>   | 1,106,582.         |  |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and<br/>complete lines 30 through 34.</b>  |                          |             |                    |  |
|   | <b>30</b> Capital stock or trust principal, or current funds .....  |                          | <b>30</b>   |                    |  |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....  |                          | <b>31</b>   |                    |  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....  |                          | <b>32</b>   |                    |  |
| <b>33</b> Total net assets or fund balances .....                         | 11,876,298.   | <b>33</b>                | 12,652,032. |                    |  |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 40,940,035.   | <b>34</b>                | 35,271,696. |                    |  |

Form **990** (2018)

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 6,291,713.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,093,686.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 198,027.    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 11,876,298. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 577,707.    |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 12,652,032. |

**Part XII Financial Statements and Reporting**

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

- 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? .....  
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? .....  
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? .....  
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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

|    | Yes | No |
|----|-----|----|
| 1  |     |    |
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a | X   |    |
| 3b | X   |    |

Form 990 (2018)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017  | (e) 2018 | (f) Total |
|--|----------|----------|----------|-----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1155854. | 760,150. | 3278931. | 23046465. | 9528513. | 37769913. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |           |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |           |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1155854. | 760,150. | 3278931. | 23046465. | 9528513. | 37769913. |
| <b>5</b> 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) ..... |          |          |          |           |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |           |          | 37769913. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017  | (e) 2018 | (f) Total                |
|--|----------|----------|----------|-----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1155854. | 760,150. | 3278931. | 23046465. | 9528513. | 37769913.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   | 2,898.   | 5,856.   | 347,804. | 357,926.  | 488,592. | 1203076.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |           |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          | 1,001.   |          |           |          | 1,001.                   |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |           |          | 38973990.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |           | 12       |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |           |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 96.91 | %                                   |
| <b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....  | <b>15</b> | 97.62 | %                                   |
| <b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (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 |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

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



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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                               | <b>Adjusted Net Income</b> (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): |                |                             |
| 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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   | (A) Prior Year | 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2018 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018   |                             |  |   |
| <b>a</b> From 2013   |                             |  |   |
| <b>b</b> From 2014   |                             |  |   |
| <b>c</b> From 2015   |                             |  |   |
| <b>d</b> From 2016   |                             |  |   |
| <b>e</b> From 2017   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2018 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2018 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2014  |                             |  |   |
| <b>b</b> Excess from 2015  |                             |  |   |
| <b>c</b> Excess from 2016  |                             |  |   |
| <b>d</b> Excess from 2017  |                             |  |   |
| <b>e</b> Excess from 2018  |                             |  |   |

**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.)

Part VI

Basis for characterizing contributions not reported as revenue:

Vidant Health Foundation raises contributions on behalf of the not-for-profit hospitals in the Vidant Health system. These contributions are considered agency transactions under generally accepted accounting principles. Contributions received through agency transactions are not recorded as revenue on the books of the agent. The primary factor in determining if a transaction is considered an agency transaction is "variance power". If the donor stipulates the final recipient of the contribution, then the agent does not have variance power and would not recognize the contribution as revenue or the distribution of those funds as an expense.

Agency fund transactions for the fiscal year ended September 30, 2019 are as follows:

- 3,476,272 Contributions received on behalf of others
- 22,676 Returned grant funds
- 87,645 Interest and dividends (net of fees)
- 82,278 Realized and unrealized gains
- 46,380 Change in allowance for doubtful accounts
- 3,715,251 Total increases

See next page for more detail:

University Health Systems of Eastern  
Carolina Foundation, Inc.

**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.)

10,624,335 Funding distributions

554,792 Adjustments to discharge liabilities

130,204 Pledge writeoffs

(400,329) Change in NPV of pledge receivable

10,909,001 Total decreases

(7,193,750) Change in agency funds payable

Agency funds payable:

28,882,379 Beginning

21,688,629 Ending

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

University Health Systems of Eastern  
Carolina Foundation, Inc.

Employer identification number

20-0777374

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |   |
|---|---|
| Name of organization<br><b>University Health Systems of Eastern Carolina Foundation, Inc.</b> | Employer identification number<br><b>20-0777374</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ <u>593,983.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ <u>141,565.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ <u>151,001.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ <u>1,030,000.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/> <hr/> <hr/>                 | \$ <u>1,617,454.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/> <hr/> <hr/>                 | \$ <u>918,583.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><b>University Health Systems of Eastern Carolina Foundation, Inc.</b> | Employer identification number<br><b>20-0777374</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/> <hr/> <hr/>                 | \$ <u>189,318.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |



|   |   |
|---|---|
| Name of organization<br><b>University Health Systems of Eastern Carolina Foundation, Inc.</b> | Employer identification number<br><b>20-0777374</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>University Health Systems of Eastern Carolina Foundation, Inc.</b> | Employer identification number<br><b>20-0777374</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**  
**Open to Public Inspection**

**Name of the organization** University Health Systems of Eastern Carolina Foundation, Inc. **Employer identification number** 20-0777374

**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? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 a 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 Tax 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? .....

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)? .....

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

**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 on 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                     | 1,048,205.       | 1,046,240.     | 995,279.           |                      |                     |
| b Contributions                                  | 306,480.         | 1,000.         | 1,500.             | 995,279.             |                     |
| c Net investment earnings, gains, and losses     | 49,233.          | 66,965.        | 103,961.           |                      |                     |
| d Grants or scholarships                         | 31,000.          | 66,000.        | 54,500.            |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,372,918.       | 1,048,205.     | 1,046,240.         | 995,279.             |                     |

- 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  80.60 %
  - c Temporarily restricted endowment  19.40 %
- 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   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 0.             |

**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>Investments</b>  | <b>23,569,429.</b> | <b>End-of-Year Market Value</b>                           |
| (B)   |                    |   |
| (C)   |                    |   |
| (D)   |                    |   |
| (E)   |                    |   |
| (F)   |                    |   |
| (G)   |                    |   |
| (H)   |                    |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | <b>23,569,429.</b> |   |

**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)   |                |   |
| <b>Total.</b> (Col. (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)   |                |
| <b>Total.</b> (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  |                    |
| (2) <b>Due to Designated Beneficiaries</b>                                  | <b>20,124,741.</b> |
| (3) <b>Assets Held for Related Party</b>                                    | <b>1,563,888.</b>  |
| (4)   |                    |
| (5)   |                    |
| (6)   |                    |
| (7)   |                    |
| (8)   |                    |
| (9)   |                    |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>21,688,629.</b> |

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          | 9,307,343. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |            |            |
| a | Net unrealized gains (losses) on investments                                    | 2a | 577,707.   |            |
| b | Donated services and use of facilities  | 2b | 2,345,407. |            |
| c | Recoveries of prior year grants   | 2c |            |            |
| d | Other (Describe in Part XIII.)  | 2d | 92,516.    |            |
| e | Add lines 2a through 2d   | 2e |            | 3,015,630. |
| 3 | Subtract line 2e from line 1  | 3  |            | 6,291,713. |
| 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 |            | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  |            | 6,291,713. |

**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          | 8,531,609. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |            |
| a | Donated services and use of facilities   | 2a | 2,345,407. |            |
| b | Prior year adjustments   | 2b |            |            |
| c | Other losses   | 2c |            |            |
| d | Other (Describe in Part XIII.)   | 2d | 92,516.    |            |
| e | Add lines 2a through 2d  | 2e |            | 2,437,923. |
| 3 | Subtract line 2e from line 1   | 3  |            | 6,093,686. |
| 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 |            | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  |            | 6,093,686. |

**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.

**Part V, line 4:**

The endowment funds' intended uses include providing nursing and medical-related scholarships and community benefit in the region.

**Part X, Line 2:**

The Foundation has a tax determination letter from the Internal Revenue Service stating that it qualifies under the applicable provisions of the Internal Revenue Code (the Code) and is exempt from federal income taxes. The Code provides for taxation of unrelated business income under certain circumstances. The Foundation has no unrelated business income. Accordingly, no provision for income taxes has been made in the accompanying financial statements. The Foundation has adopted the

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

income tax standard regarding the recognition and measurement of  
uncertain tax positions, which clarifies the accounting for uncertainty in  
income taxes recognized in an organization's financial statements and  
prescribes a recognition threshold and measurement principles for the  
financial statement recognition and measurement of tax positions taken  
or expected to be taken on a tax return that are not certain to be  
realized.

Part XI, Line 2d - Other Adjustments:

Special Event Expenses 92,516.

Part XII, Line 2d - Other Adjustments:

Special Event Expenses 92,516.





**University Health Systems of Eastern  
Carolina Foundation, Inc.**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|    |  | (a) Event #1         | (b) Event #2 | (c) Other events | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|----|--|----------------------|--------------|------------------|--|
|    |  | NUTCRACKER<br>BALLET |              | None             |  |
|    | Revenue  | (event type)         | (event type) | (total number)   |  |
| 1  | Gross receipts .....   | 112,821.             |              |                  | 112,821.   |
| 2  | Less: Contributions .....  | 87,989.              |              |                  | 87,989.  |
| 3  | Gross income (line 1 minus line 2) .....                           | 24,832.              |              |                  | 24,832.  |
| 4  | Cash prizes .....  |                      |              |                  |  |
| 5  | Noncash prizes .....   |                      |              |                  |  |
| 6  | Rent/facility costs .....  | 12,000.              |              |                  | 12,000.  |
| 7  | Food and beverages .....   |                      |              |                  |  |
| 8  | Entertainment .....  | 72,516.              |              |                  | 72,516.  |
| 9  | Other direct expenses .....  | 8,000.               |              |                  | 8,000.   |
| 10 | Direct expense summary. Add lines 4 through 9 in column (d) .....  |                      |              |                  | 92,516.  |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) ..... |                      |              |                  | -67,684.   |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |  | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|---|--|---|---|---|---|
|   |  |   |   |   |   |
| 1 | Gross revenue .....  |   |   |   |   |
| 2 | Cash prizes .....  |   |   |   |   |
| 3 | Noncash prizes .....   |   |   |   |   |
| 4 | Rent/facility costs .....  |   |   |   |   |
| 5 | Other direct expenses .....  |   |   |   |   |
| 6 | Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **University Health Systems of Eastern Carolina Foundation, Inc.** Employer identification number **20-0777374**

**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.

| <b>1 (a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| A Time For Science/Bray Hollow Foundation - PO Box 245 - Ayden, NC 28513                       | 56-2152669     | 501(c)3                                | 10,000.                         | 0.                                       |  |  | Community<br>Benefit/Population Health    |
| Access East/HealthAssist P.O. BOX 6028 GREENVILLE, NC 27835-6028                               | 56-1949493     | 501(c)3                                | 202,500.                        | 0.                                       |  |  | Community<br>Benefit/Population Health    |
| Aces for Autism 535 Cedar Ridge Drive Winterville, NC 28590                                    | 47-1634440     | 501(c)3                                | 10,000.                         | 0.                                       |  |  | Community<br>Benefit/Population Health    |
| BOYS & GIRLS CLUB OF COASTAL PLAINS - 621 W. Firetower Road - Winterville, NC 28590            | 56-0927694     | 501(c)3                                | 50,000.                         | 0.                                       |  |  | Community<br>Benefit/Population Health    |
| CareNet Counseling East 108 Oakmont Drive Greenville, NC 27858                                 | 56-2189431     | 501(c)3                                | 10,500.                         | 0.                                       |  |  | Community<br>Benefit/Population Health    |
| Center for Family Violence Prevention - 150 E. Arlington Blvd., Suite D - Greenville, NC 27858 | 56-1438138     | 501(c)3                                | 15,000.                         | 0.                                       |  |  | Community<br>Benefit/Population Health    |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **52.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**University Health Systems of Eastern  
Carolina Foundation, Inc.**

Schedule I (Form 990)

20-0777374

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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     |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Churches Outreach Network<br>1206 Evans Street, Suite 25<br>Greenville, NC 27834   | 74-3255184 | 501(c)3                       | 7,500.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| City Of Greenville<br>P.O. Box 7207<br>Greenville, NC 27835  | 56-6000229 | Government                    | 60,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| CONETOE FAMILY LIFE CENTER<br>205 FACTORY STREET<br>CONETOE, NC 27819  | 56-2373189 | 501(c)3                       | 5,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| East Carolina University<br>Sponsored Programs, Mail Stop 165,<br>Greenville Centre, Room 2906 -<br>Greenville                           | 56-6000403 | Government                    | 80,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| ECU BRODY SCHOOL OF MEDICINE<br>Sponsored Programs, Mail Stop 165,<br>Greenville Centre, Room 2906 -<br>Greenville                       | 56-6000403 | Government                    | 15,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| ECU Dept of Family Medicine<br>Sponsored Programs, Mail Stop 165,<br>Greenville Centre, Room 2906 -<br>Greenville                        | 56-6000403 | Government                    | 6,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| ECU PHYSICIANS<br>Sponsored Programs, Mail Stop 165,<br>Greenville Centre, Room 2906 -<br>Greenville                                     | 56-6000403 | Government                    | 25,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| ECU/BSOM Department of Family<br>Medicine - Sponsored Programs,<br>Mail Stop 165, Greenville Centre,<br>Room 2906 - Greenville, NC 27835 | 56-6000403 | Government                    | 12,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| EXCEED, INC.<br>PO Box 8396<br>Greenville, NC 27835  | 56-2245575 | 501(c)3                       | 9,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |

Schedule I (Form 990)

**University Health Systems of Eastern  
Carolina Foundation, Inc.**

Schedule I (Form 990)

20-0777374

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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     |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Food Bank Of Central & Eastern North Carolina - 1924 Capital Blvd - Raleigh, NC 27604 | 56-1283426 | 501(c)3                       | 30,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Greenville Community Shelters, Inc. - 207 Manhattan Avenue - Greenville, NC 27834     | 58-1778990 | 501(c)3                       | 36,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Grifton Mission Ministries<br>6499 N. Highland Blvd.<br>Grifton, NC 28530             | 42-1609739 | 501(c)3                       | 12,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Hope of Glory Ministries<br>103 East Arlington Blvd<br>Greenville, NC 27858           | 31-1766003 | 501(c)3                       | 7,500.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| Hyde County Government<br>30 Oyster Creek Road<br>Swan Quarter, NC 27885              | 56-6000308 | Government                    | 31,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| JOY Soup Kitchen<br>107 Louis St<br>Greenville, NC 27858                              | 56-1912691 | 501(c)3                       | 5,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| Martin-Pitt Partnership for Children - 111 Eastbrook Drive - Greenville, NC 27858     | 56-1913394 | 501(c)3                       | 10,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Mental Health America of Eastern Carolina - PO Box 2833 - Greenville, NC 27836        | 46-4789293 | 501(c)3                       | 37,500.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Mid-East Commission Area Agency on Aging - 1385 John Small Ave - Washington, NC 27889 | 56-0905636 | 501(c)3                       | 5,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |

Schedule I (Form 990)

University Health Systems of Eastern  
Carolina Foundation, Inc.

Schedule I (Form 990)

20-0777374

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NC COOPERATIVE EXT. SVCS. - PITT COUNTY - 403 Government Circle, Suite 2 - Greenville, NC 27834          | 56-6000332 | 501(c)3                       | 97,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| NC MedAssist<br>4428 Taggart Creek Road, Ste 101<br>Charlotte, NC 28208                                  | 56-2018957 | 501(c)3                       | 15,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| NCFASD Informed Pitt Affiliate<br>ECU - 2301 Belk Bldg<br>Greenville, NC 27858                           | 82-3952906 | 501(c)3                       | 10,600.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Oakmont Baptist Church<br>1100 Red Banks Road<br>Greenville, NC 27858                                    | 56-0817108 | 501(c)3                       | 15,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Operation Sunshine, Inc.<br>1328 Chestnut Street<br>Greenville, NC 27834                                 | 56-0896240 | 501(c)3                       | 5,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| Pitt County AIDS Service<br>Organization - 1530 South Evans<br>Street, Ste 106 - Greenville, NC<br>27834 | 56-1739570 | 501(c)3                       | 5,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| Pitt County Care, Inc.<br>600 Moyer Blvd<br>Greenville, NC 27834   | 56-2097183 | 501(c)3                       | 5,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| PITT COUNTY COALITION ON SUBSTANCE<br>ABUSE - P.O. BOX 1666 -<br>GREENVILLE, NC 27835                    | 56-1579736 | 501(c)3                       | 15,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Pitt County Council On Aging<br>4551 County Home Road<br>Greenville, NC 27858                            | 52-1042008 | 501(c)3                       | 78,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |

Schedule I (Form 990)

University Health Systems of Eastern  
Carolina Foundation, Inc.

Schedule I (Form 990)

20-0777374

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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     |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| Pitt County EMS<br>1717 West Fifth Street<br>Greenville, NC 27834                           | 56-6000332 | Government                    | 52,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Pitt County Government<br>1717 West Fifth Street<br>Greenville, NC 27834                    | 56-6000332 | Government                    | 8,500.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| Pitt County Health Department<br>201 Government Circle<br>Greenville, NC 27834              | 56-6000332 | Government                    | 90,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Pitt County Schools<br>1717 West 5th Street<br>Greenville, NC 27834                         | 56-6001097 | Government                    | 35,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Project Anna, Inc.<br>P.O. Box 541<br>Greenville, NC 27835                                  | 51-0480777 | 501(c)3                       | 7,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| REAL CRISES<br>1011 Anderson Street<br>Greenville, NC 27858                                 | 56-0990583 | 501(c)3                       | 10,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Rebuilding Together Pitt County,<br>NC, Inc. - 1100 Ward Street -<br>Greenville, NC 27834   | 26-0757622 | 501(c)3                       | 15,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Safe Communities Coalition Of Pitt<br>County, Inc. - PO Box 31051 -<br>Greenville, NC 27833 | 56-2204444 | 501(c)3                       | 15,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Support Team for Active Recreation<br>PO Box 31076<br>Greenville, NC 27833                  | 45-0467141 | 501(c)3                       | 7,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |

Schedule I (Form 990)



**University Health Systems of Eastern  
Carolina Foundation, Inc.**

Schedule I (Form 990)

20-0777374

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (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 Little Willie Center CDC<br>807 West 5th Street<br>Greenville, NC 27834                   | 56-1715030 | 501(c) 3                      | 7,000.                   | 0.                                |   |  | Community<br>Benefit/Population Health |
| Town of Grifton<br>PO Box 579<br>Grifton, NC 28530  | 56-6011210 | 501(c) 3                      | 10,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| Transforming Christian Ministries,<br>Inc. - 2462 Stantonsburg Road -<br>Greenville, NC 27834 | 47-4812963 | 501(c) 3                      | 12,000.                  | 0.                                |   |  | Community<br>Benefit/Population Health |
| VIDANT BERTIE HOSPITAL<br>1403 SOUTH KING STREET<br>WINDSOR, NC 27983                         | 56-2072002 | 501(c) 3                      | 10,948.                  | 0.                                |   |  | Program Support/Capital                |
| VIDANT CHOWAN HOSPITAL<br>211 VIRGINIA ROAD<br>EDENTON, NC 27932                              | 56-2101090 | 501(c) 3                      | 17,749.                  | 0.                                |   |  | Program Support/Capital                |
| VIDANT DUPLIN HOSPITAL<br>401 NORTH MAIN STREET<br>KENANSVILLE, NC 28349                      | 56-6011594 | 501(c) 3                      | 9,738.                   | 0.                                |   |  | Program Support/Capital                |
| VIDANT EDGECOMBE HOSPITAL<br>111 Hospital Drive<br>Tarboro, NC 27886                          | 56-2093700 | 501(c) 3                      | 153,743.                 | 0.                                |   |  | Program Support/Capital                |
| VIDANT HEALTH<br>P.O. BOX 6028<br>GREENVILLE, NC 27835  | 56-2141073 | 501(c) 3                      | 18,488.                  | 0.                                |   |  | Program Support/Capital                |
| VIDANT MEDICAL CENTER<br>2100 Stantonsburg Road<br>Greenville, NC 27835                       | 56-0585243 | 501(c) 3                      | 4,301,565.               | 0.                                |   |  | Program Support/Capital                |

Schedule I (Form 990)



University Health Systems of Eastern  
Carolina Foundation, Inc.

**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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

Part I, Line 2:

Grants provided by the University Health Systems of Eastern Carolina Foundation (D/B/A Vidant Health Foundation) require the applicant to be a 501(c)(3) or government entity and recipients are required to provide proof of their status by submitting a copy of their IRS Letter of Determination. Requests must be related to disease prevention and disease management or wellness or children services. Once the grant has been awarded, the Foundation gets a mid-term update report from the grantees of the progression status towards the achievement of the specified goals. Any

**Part IV** Supplemental Information

revisions to the original grant specification has to be requested formally and approved by the Foundation. The mid-term report also indicates the corresponding grant funds used and at the end of the period, all unused funds are returned to the Foundation.

Part IV

Basis for characterizing contributions not reported as revenue:

Vidant Health Foundation raises contributions on behalf of the not-for-profit hospitals in the Vidant Health system. These contributions are considered agency transactions under generally accepted accounting principles. Contributions received through agency transactions are not recorded as revenue on the books of the agent. The primary factor in determining if a transaction is considered an agency transaction is "variance power". If the donor stipulates the final recipient of the contribution, then the agent does not have variance power and would not recognize the contribution as revenue or the distribution of those funds as an expense.

See next page for more detail:

Agency fund transactions for the fiscal year ended September 30, 2019 are as follows:

- 3,476,272 Contributions received on behalf of others
- 22,676 Returned grant funds
- 87,645 Interest and dividends (net of fees)
- 82,278 Realized and unrealized gains
- 46,380 Change in allowance for doubtful accounts

**Part IV** Supplemental Information

3,715,251 Total increases

10,624,335 Funding distributions

130,204 Pledge writeoffs

(400,329) Change in NPV of pledge receivable

554,792 Adjustment to discharge liabilities

10,909,001 Total decreases

(7,193,750) Change in agency funds payable

Agency funds payable:

28,882,379 Beginning

21,688,629 Ending

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **University Health Systems of Eastern Carolina Foundation, Inc.**

Employer identification number  
**20-0777374**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2018

**University Health Systems of Eastern  
Carolina Foundation, Inc.**

20-0777374

Schedule J (Form 990) 2018

Page 2

**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 aren't 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 |  |                         |                                 |   |
| (1) Mr. Scott Senatore<br>President | (i)  | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                                     | (ii) | 156,823.   | 0.                                  | 0.                                  | 24,426.  | 33,015.                 | 214,264.                        | 0.  |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                                     | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                                     | (ii) |  |                                     |                                     |  |                         |                                 |   |

**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.

Compensation from unrelated organization:

The Foundation is not related to Vidant Health per the Form 990 instructions. However the Foundation is affiliated with Vidant Health and works closely with the hospital system. Vidant Health provides compensation for the Foundation's president.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

|                          |   |  |
|--------------------------|---|--|
| Name of the organization | University Health Systems of Eastern<br>Carolina Foundation, Inc. | Employer identification number<br>20-0777374 |
|--------------------------|---|--|

FORM 990, PART III, LINE 4A

University Health Systems of Eastern Carolina Foundation, Inc. (DBA Vidant Health Foundation) is committed to improving the health and well-being of the people and communities of Eastern North Carolina. The mission is to support the Vidant Health mission to inspire generosity through philanthropy in support of Vidant Health and eastern North Carolina.

The Foundation is a North Carolina non-profit corporation with headquarters in Greenville, North Carolina. Vidant Health and its affiliates operate an integrated health care delivery system that serves a total market of approximately 1.4 million people in 29 contiguous counties in Eastern North Carolina. The Vidant Health Foundation has a governing board comprised of 25 voting members as of 9/30/19. The Nominating Committee recommends appointments to the Board of Trustees. The Board Members have diverse backgrounds and are selected to represent the citizens of Eastern North Carolina. Board meetings are held quarterly.

The Vidant Medical Center and the Vidant Medical Center Board annually support the Community Benefit Initiatives Program of the Foundation. These funds are awarded to community agencies that successfully demonstrate both need and a well-designed plan to address one of the priority categories.

1. These grants support health initiatives through local community

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

|  |   |
|--|---|
| Name of the organization <b>University Health Systems of Eastern Carolina Foundation, Inc.</b> | Employer identification number<br><b>20-0777374</b> |
|--|---|

organizations. Generally, two to three focus areas have been selected for each program from the following list including: access to care, chronic disease prevention and management, nutrition and physical activity, diabetes prevention and management, and maternal and child health. The grants program's health priorities are determined by information obtained from the Community Health Needs Assessment (CHNA). Each Vidant Health Hospital collaborates with their local health department to conduct the CHNA. Volunteers from their local Healthy Carolinians partnership or other health collaborative assist in the process of gathering information for the CHNA.

2. The populations served are largely the poor, the under-served, and minorities. Determination of specific populations to address occurs when partners such as the North Carolina Department of Health and Human Services, local health departments, county Healthy Carolinian task forces, or physicians identify a quantifiable need, and community partners are engaged to work together with the health system.

**Other Program Services:**

Other programs resulted in distribution of approximately \$3.5 million from designated gifts and contributions for children's services, hospice services, scholarships, and other designated programs. The sources of these funds include contributions from donors across Eastern North Carolina, investment earnings from endowed funds and the Annual Children's Miracle Network Program.

**Form 990, Part III, Line 4a, Program Service Accomplishments:**

|                          |  |                                |            |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | University Health Systems of Eastern Carolina Foundation, Inc. | Employer identification number | 20-0777374 |
|--------------------------|--|--------------------------------|------------|

See Schedule O for a description of the Foundation's Community Benefit Program.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed by legal counsel, the Chief Compliance Officer, and Foundation officers. Following this review, it is made available to Board Members by email prior to filing.

Form 990, Part VI, Section B, Line 12c:

All Officers, Board Members and Key Employees are required to complete a yearly comprehensive conflict of interest questionnaire. These are reviewed by legal counsel and any potential or actual conflicts are brought to the Board for disposition. Board Members are instructed to report any potential conflicts arising during the year for review. Board Members are required to recuse themselves from voting on issues in which they are deemed to have a conflict.

Form 990, Part VI, Section B, Line 15:

The compensation is determined by the Compensation and Benefits Committee of the VH Board using comparative data from like organizations and input from consultants. This process is performed every year. Compensation of other officers and key employees is also determined by the Compensation and Benefits Committee of the VH Board using comparative data from like organizations and input from consultants. This process is performed every year. All compensation discussions and actions are documented and approved in the minutes of the Committee.

Name of the organization University Health Systems of Eastern Carolina Foundation, Inc.

Employer identification number 20-0777374

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, financial statements, and conflict of interest policy available upon request.

FORM 990, PART XII, LINE 2C

This process has not changed from the prior year.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  | Enter filer's identifying number   |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>University Health Systems of Eastern Carolina Foundation, Inc.</b> | Employer identification number (EIN) or<br><br><b>20-0777374</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>690 Medical Drive</b>                                     | Social security number (SSN)                                     |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Greenville, NC 27835</b>                |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**Chris Smith**

- The books are in the care of ▶ **690 Medical Drive - Greenville, NC 27835**  
Telephone No. ▶ **(252) 847-9523** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **August 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2018**, and ending **SEP 30, 2019**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.