Public Inspection Copy

THIS COPY OF FORM 990 SHOULD BE RETAINED FOR PUBLIC INSPECTION. INTERNAL REVENUE CODE SECTION 6104(e) REQUIRES THAT FORM 990 MUST BE MADE AVAILABLE FOR PUBLIC INSPECTION DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PRINCIPAL OFFICE. THE RETURN MUST ALSO BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DUE DATE THE RETURN IS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN EXCEPT FOR THE NAMES AND ADDRESSES OF ANY CONTRIBUTORS TO THE ORGANIZATION. THIS INFORMATION HAS BEEN REMOVED FROM THIS COPY.

EFFECTIVE AUGUST 17, 2006 SECTION 501(C)(3) ORGANIZATIONS MUST MAKE UNRELATED BUSINESS INCOME TAX RETURNS (FORMS 990-T) AVAILABLE FOR PUBLIC INSPECTION. THE RETURN MUST BE AVAILABLE FOR PUBLIC INSPECTION AT ANY REGIONAL OR DISTRICT OFFICES HAVING THREE OR MORE EMPLOYEES. INSPECTION OF THIS RETURN MUST BE ALLOWED FOR THREE YEARS FROM THE DATE THE RETURNIS FILED. THE INSPECTION REQUIREMENT APPLIES TO ALL PORTIONS OF THE RETURN.

DHG
DIXON HUGHES GOODMAN LLP

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

C Name of organization
University Health Systems of Eastern Carolina, Inc.

Doing business as Vidant Health

Number and street (or P.O. box if mail is not delivered to street address) 2100 Stantonsburg Road

Room/suite

City or town, state or province, country, and ZIP or foreign postal code Greenville, NC 27835

F Name and address of principal officer: Michael Waldrum
same as C above

D Employer identification number
56-2141073

E Telephone number (252) 847-5129

G Gross receipts $ 250,633,018.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.Vidanthealth.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1998

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities: To advance and support the healthcare needs of the communities of eastern North Carolina.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	534,075.	730,580.
9	Program service revenue (Part VIII, line 2g)	233,968,580.	258,753,216.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,057,044.	-8,891,775.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-550,560.	2,760.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,895,051.	250,594,781.

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	830,483.	978,951.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	112,337,601.	126,968,433.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	137,540,432.	143,083,596.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	250,708,516.	271,030,980.
19	Revenue less expenses. Subtract line 18 from line 12	-22,813,465.	-20,436,199.

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	282,856,849.	215,968,711.
21	Total liabilities (Part X, line 26)	734,966,355.	714,225,718.
22	Net assets or fund balances. Subtract line 21 from line 20	-452,109,506.	-498,257,007.

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

▶ Signature of officer David S. Hughes — Date 8/13/20

▶ David S. Hughes, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Amy Bibby	Amy Bibby	08/12/20	☐	P00445891

Firm's name ▶ Dixon Hughes Goodman LLP — Firm's EIN ▶ 56-0747981

Firm's address ▶ 500 Ridgefield Court, Asheville, NC 28806 — Phone no. (828) 254-2254

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
To improve the health and well-being of 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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 253,099,190. including grants of $ 978,951.) (Revenue $ 258,755,976.)
See Schedule O

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

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

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

4e Total program service expenses ▶ 253,099,190.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	863		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a: 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ Cayman Islands			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d:			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b:			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a:			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b:			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b:			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b:			
c	Enter the amount of reserves on hand 13c:			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		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 X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

[X] Own website [ ] Another's website [X] 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 ▶

Brian Dunn - (252) 847-7479
2100 Stantonsburg Road, 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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Bryant Kittrell	2.00									
Chairman	2.00	X						0.	0.	0.
(2) Shirley Carraway	2.00									
Vice Chariman	2.00	X						0.	0.	0.
(3) Dr. Walter Pofahl, MD	2.00									
Secretary	4.00	X						0.	0.	0.
(4) Bynum Satterwhite	2.00									
Treasurer	2.00	X						0.	0.	0.
(5) David Womack	2.00									
Assist Secretary (Thru 12/18)		X						0.	0.	0.
(6) Dr. Marcus Albernaz, MD	2.00									
Board Member (Beg 3/19)	4.00	X						0.	0.	0.
(7) Jim Chesnutt	2.00									
Board Member (Beg 3/19)		X						0.	0.	0.
(8) Thomasine Kennedy	2.00									
Board Member	4.00	X						0.	0.	0.
(9) Robert Greczyn	2.00									
Board Member		X						0.	0.	0.
(10) Carlester Crumpler	2.00									
Board Member	2.00	X						0.	0.	0.
(11) Arthur Keeney	2.00									
Board Member (Thru 12/18)	4.00	X						0.	0.	0.
(12) Phillip Flowers	2.00									
Board Member (Thru 12/18)	2.00	X						0.	0.	0.
(13) Jimmy Garris	2.00									
Board Member (Beg 3/19)		X						0.	0.	0.
(14) Phillip Hodges	2.00									
Board Member (Beg 3/19)		X						0.	0.	0.
(15) Lawrence Davenport	2.00									
Board Member (Thru 12/18)		X						0.	0.	0.
(16) Dr. Michael Waldrum MD	40.00									
Chief Executive Officer	10.00			X				1,155,199.	0.	218,911.
(17) Niti Armistead, MD	40.00									
Chief Medical Officer				X				189,127.	0.	36,407.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) David Hughes	40.00									
Chief Financial Officer	12.00			X				524,535.	0.	1471416.
(19) Jay Briley	40.00									
President Vidant Community Hospitals	6.00			X				212,156.	101,775.	111,700.
(20) Brian Floyd	40.00									
President VMC	6.00			X				0.	532,328.	446,999.
(21) Joan Wynn	40.00									
Chief Qualty &Patient Safety Officer	2.00			X				284,317.	0.	883,395.
(22) Donnette Herring	40.00									
Chief Information Officer					X			387,260.	0.	115,405.
(23) John Marques	40.00									
Chief Human Resouces Officer					X			337,973.	0.	107,066.
(24) Julie Oehlert	40.00									
Chief Experience Officer					X			303,161.	0.	91,397.
(25) Timothy McDonnell	40.00									
Chief Facilities Officer					X			226,422.	0.	895,278.
(26) David Michael	40.00									
Chief Medical Information Officer					X			267,175.	0.	70,390.
1b Sub-total								3,887,325.	634,103.	4448364.
c Total from continuation sheets to Part VII, Section A								2,581,640.	0.	4358991.
d Total (add lines 1b and 1c)								6,468,965.	634,103.	8807355.

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 ▶ 213

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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) Name and business address	(B) Description of services	(C) Compensation
Premier Heatlhcare Solutions, Inc., 5882 Collections Center Drive, Chicago, IL	Consultants	3,905,211.
Jennings & Company Corp, 110 Banks Dr., Suite 200, Chapel Hill, NC 27514	Marketing	1,544,730.
K & L Gates, LLP PO BOX 844255, Boston , MA 02284-4255	Legal Support	1,311,544.
ECU School of Medicine, Contract Acctg PO Box 75514, Charlotte, NC 28275-0514	Contracted Outside Services	964,104.
Ntara Inc 2214 E FAIRVIEW AVE, Johnson City, TN 37601	Marketing	879,844.

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 ▶ 75

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Ryan Hickey Chief Clin Network Dev Officer	40.00				X			272,878.	0.	113,049.
(28) Jennifer Thomas VP, Financial Services	40.00					X		272,186.	0.	109,494.
(29) William Case President, Vidant Beaufort	40.00					X		245,643.	0.	1050371.
(30) Marcy Stoots VP, Clinical Informatics	40.00					X		237,551.	0.	55,177.
(31) Jerry Townsend VP, Financial Svcs-Operations	40.00					X		228,567.	0.	96,582.
(32) Veronica Baricevic VP, Total Rewards	40.00					X		214,483.	0.	59,477.
(33) Janet Mullaney Chief Administrative Officer	40.00						X	443,970.	0.	2273589.
(34) Roger Robertson President Vidant Community Hospitals	40.00 6.00						X	461,025.	0.	78,388.
(35) Anissa Davenport Chief Strategic Dev & Marketing Offi	40.00						X	205,337.	0.	522,864.
Total to Part VII, Section A, line 1c								2,581,640.	0.	4,358,991.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	730,580.			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		730,580.			
Program Service Revenue		Business Code				
	2a Supported Organizations	900099	258,753,216.	258,753,216.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		258,753,216.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		-8,853,538.			-8,853,538.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	2,760.				
	b Less: rental expenses	0.				
	c Rental income or (loss)	2,760.				
	d Net rental income or (loss)			2,760.	2,760.	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses		38,237.			
	c Gain or (loss)		-38,237.			
	d Net gain or (loss)			-38,237.		-38,237.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		250,594,781.	258,755,976.	0.	-8,891,775.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	978,951.	978,951.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,160,203.	4,160,203.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	205,337.	205,337.		
7 Other salaries and wages	98,257,822.	98,257,822.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,203,616.	2,203,616.		
9 Other employee benefits	14,896,337.	14,896,337.		
10 Payroll taxes	7,245,118.	7,245,118.		
11 Fees for services (non-employees):				
a Management				
b Legal	1,840,278.		1,840,278.	
c Accounting	107,472.		107,472.	
d Lobbying	221,605.		221,605.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,216,160.	1,216,160.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	25,950,626.	12,824,393.	13,126,233.	
12 Advertising and promotion	3,696,198.	3,696,198.		
13 Office expenses	6,590,504.	3,954,302.	2,636,202.	
14 Information technology	31,572,760.	31,572,760.		
15 Royalties				
16 Occupancy	3,996,172.	3,996,172.		
17 Travel	1,452,641.	1,452,641.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,805,420.	28,805,420.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,242,805.	16,242,805.		
23 Insurance	-1,004,434.	-1,004,434.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	19,416,777.	19,416,777.		
b Bad Debt	26,285.	26,285.		
c				
d				
e All other expenses	2,952,327.	2,952,327.		
25 **Total functional expenses.** Add lines 1 through 24e	271,030,980.	253,099,190.	17,931,790.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	6,515,953.	2	21,261,112.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,180,470.	8	1,126,143.
	9	Prepaid expenses and deferred charges	14,787,608.	9	13,857,146.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 171,643,564.			
	b	Less: accumulated depreciation — 10b: 111,641,762.	65,362,547.	10c	60,001,802.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	305,374.	14	305,374.
	15	Other assets. See Part IV, line 11	194,704,897.	15	119,417,134.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	282,856,849.	16	215,968,711.
Liabilities	17	Accounts payable and accrued expenses	40,552,496.	17	41,963,673.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	673,373,308.	20	655,223,971.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	21,040,551.	25	17,038,074.
	26	**Total liabilities.** Add lines 17 through 25	734,966,355.	26	714,225,718.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-452,109,506.	27	-498,257,007.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	-452,109,506.	33	-498,257,007.
	34	Total liabilities and net assets/fund balances	282,856,849.	34	215,968,711.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	250,594,781.
2	Total expenses (must equal Part IX, column (A), line 25)	2	271,030,980.
3	Revenue less expenses. Subtract line 2 from line 1	3	-20,436,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-452,109,506.
5	Net unrealized gains (losses) on investments	5	1,981,641.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	132,782.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,825,725.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-498,257,007.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
University Health Systems of Eastern Carolina, Inc.	56-2141073

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations 11

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Pitt County Memorial Hospital	56-0585243	3	X		0.	0.
Vidant Medical Group, LLC	38-3740839	10	X		119,500,000.	0.
The Outer Banks Hospital, Inc.	56-2112733	3	X		0.	0.
East Carolina Health, Inc. DBA Vi	56-2003393	3	X		0.	0.
East Carolina Health-Bertie	56-2072002	3	X		0.	0.
Total					123,885,759.	0.

See Part VI for Line 12g Continuation

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☒ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**	3a	X	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	X	

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

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

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

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

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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 IV, Section E, Line 3a

Vidant Health maintains control over the management of Vidant Medical Center through restrictive provisions in the Articles of Incorporation and corporate policies addressing financial management. In addition, the standing committees of the Board of Directors serve as the committees for Vidant Medical Center, or hold reserved powers. The Chief Executive Office of Vidant Health selects and points a President of the corporation.

Vidant Health maintains control over the management of the Vidant Community Hospitals through (1) election of the members of the Board; (2) appointment and removal of the officers; (3) restrictive provisions in the Article of Incorporation[i]; and (4) corporate policies addressing financial management. In addition, the standing committees of the Board of Directors serve as the committees for the Vidant Community Hospitals. The Chief Executive Office of Vidant Health serves as President of the corporation pursuant to the Articles and serves as Chairman of the Board. The Chief Financial Officer of Vidant Health serves as Secretary and Treasurer.

Part IV, Section E, Line 3b

Pursuant to Vidant Medical Center's Articles of Incorporation, (i) Vidant Health must approve any amendments to Vidant Medical Center's Articles of Incorporation or Bylaws, and (ii) the Chief Executive Officer of Vidant Health has general charge of the business affairs and property of Vidant Medical Center.

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.)

Vidant Health maintains control over the management and policies of the other supported organizations through restrictive provisions in their Articles of Incorporation and Bylaws and through the direct or indirect right to appoint and remove without cause a majority of the Board of Directors for each. The Chief Executive Officer of Vidant Health also serves as the Chairman of the Board of Directors for each of the supported organizations, other than Vidant Medical Center.

Part IV, Section D, Line 3:

The Board of Directors of Vidant Health consists of eleven (11) members, of whom 55% of shall be current or former appointment of Vidant Medical Center's Board of Trustees. The Vidant Health Articles of Restatement require that, at all times, a majority of the members of the Vidant Health's Board of Directors shall be currently serving members of the Vidant Medical Center's Board of Trustees. Further, at all times, at least one director or trustee from each of the Supported Entities shall serve on the Vidant Health Board of Directors.

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support	(vi) Amount of other support
East Carolina Health-Chowan	56-2101090	3	X		0.	0.
East Carolina Health-Heritage	56-2093700	3	X		0.	0.
East Carolina Health-Beaufort	45-2436270	3	X		4,385,759.	0.
Duplin General Hospital	56-6011594	3	X		0.	0.
East Carolina Health, Inc.	26-4634725	3	X		0.	0.
Halifax Regional Medical Center	56-0989789	3	X		0.	0.
Continuation Totals					4,385,759.	

** PUBLIC DISCLOSURE COPY **

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 for the latest information.

OMB No. 1545-0047

2018

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

Employer identification number
56-2141073

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 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

[X] 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: University Health Systems of Eastern Carolina, Inc.

Employer identification number: 56-2141073

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 323,081.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 124,306.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 248,611.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Employer identification number
56-2141073

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

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

Employer identification number
56-2141073

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of organization	Employer identification number
University Health Systems of Eastern Carolina, Inc.	56-2141073

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		90,006.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		131,599.
j Total. Add lines 1c through 1i			221,605.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Part II-B, Line 1, Lobbying Activities:

22.73% of dues to AHA are allocated to lobbying. Daniel Van Liere was paid $90,006 to perform lobbying activities. Connect C, LLC was paid $60,000 to perform lobbying activities. Jones Street Consulting was paid $18,000 to perform lobbying activities. Richard Carlton Law was paid $9,000 to perform lobbying activities.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number 56-2141073

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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 ▶ _____%
c Temporarily restricted endowment ▶ _____%

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		1,427,221.		1,427,221.
b Buildings		2,039,434.	1,337,627.	701,807.
c Leasehold improvements				
d Equipment		168,176,909.	110,304,135.	57,872,774.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				60,001,802.

Schedule D (Form 990) 2018

832052 10-29-18

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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) Assets Held by Trustee	4,402.
(2) Other Assets	7,930,669.
(3) Other Receivables	15,883,957.
(4) Deferred Outflows from Refunding and Other Assets	47,685,713.
(5) Assets Limited for Improvements	31,380,590.
(6) Assets Limited for Liability Losses	16,531,803.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	119,417,134.

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) Reserve for Professional Liability	16,531,000.
(3) Other	406,107.
(4) Deferred Inflow	100,967.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	17,038,074.

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 [X]

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

Part X, Line 2:

Vidant Health has been determined to qualify as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Vidant Health has reviewed its tax positions for all open years and has concluded that no material liabilities exist as of September 30, 2019 and 2018. Vidant Health files tax returns with the U.S. federal and State of North Carolina jurisdictions. With few exceptions, Vidant Health is no longer subject to U.S. federal examinations by tax authorities for years before 2016.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number
56-2141073

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America & The Caribbean	0	0	Investments		28,661,026.
3 a Subtotal	0	0			28,661,026.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			28,661,026.

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

832071 10-31-18

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

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

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

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	[ ] Yes	[X] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	[ ] Yes	[X] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

Part V Supplemental Information

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number: 56-2141073

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Vidant Health Foundation 3900 Stantonsburg Rd Greenville, NC 27835	56-1399266	501(c)(3)	700,000.	0.			Charitable
NC Physicians Health Program 551 Horizon Drive Suite 201 Raleigh, NC 27615	56-1846599	501(c)(3)	15,000.	0.			Charitable
American Cancer Society 250 Williams Street NW Suite 400 Atlanta, GA 30303-1002	13-1788491	501(c)(3)	20,000.	0.			Charitable
Vidant Health Foundation 3900 Stantonsburg Rd Greenville, NC 27835	56-1399266	501(c)(3)	100,000.	0.			Disaster Relief
The Great 100 Inc PO Box 4875 Greensboro, NC 27404-4875	56-1705456	501(c)(3)	15,000.	0.			sponsorship
United Way PO Box 1028 Greenville, NC 27835	56-0671360	501(c)(3)	10,700.	0.			Kids Read Now Sponsor

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 9.

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

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 Eastern Alliance 3802 NC HWY 58 North Kinston, NC 28504	51-0422797	501(c)(3)	7,500.	0.			charitable
Ronald McDonald House 529 Moye Blvd Greenville, NC 27835	56-1420505	501(c)(3)	7,500.	0.			Charitable
NC Civil 3262 E5 Landmark St Greenville , NC 27834	46-2743202	501(c)(3)	32,245.	0.			Charitable

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:

Vidant Health maintains records to substantiate all disbursements made in accordance with its document retention policy. All grants and assistance are approved at the appropriate level outlined in its policy and procedures.

Note: Grant funds for Vidant Health are sent to the Vidant Health Foundation and have the same audit procedures. All grant funds are recorded/monitored by the corporate accountant and the Vice President of

Part IV Supplemental Information

Financial Services.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number: 56-2141073

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☒ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	1b	X	
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?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	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	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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) Dr. Michael Waldrum MD	(i)	1,143,540.	0.	11,659.	175,115.	43,796.	1,374,110.	0.
Chief Executive Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Niti Armistead, MD	(i)	189,127.	0.	0.	32,573.	3,834.	225,534.	0.
Chief Medical Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) David Hughes	(i)	522,510.	0.	2,025.	1,433,650.	37,766.	1,995,951.	0.
Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Jay Briley	(i)	212,156.	0.	0.	65,489.	32,561.	310,206.	0.
President Vidant Community Hospitals	(ii)	101,775.	0.	0.	10,528.	3,122.	115,425.	0.
(5) Brian Floyd	(i)	0.	0.	0.	0.	0.	0.	0.
President VMC	(ii)	531,518.	0.	810.	406,335.	40,664.	979,327.	0.
(6) Joan Wynn	(i)	283,351.	0.	966.	843,799.	39,596.	1,167,712.	0.
Chief Qualty &Patient Safety Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Donnette Herring	(i)	387,260.	0.	0.	82,649.	32,756.	502,665.	0.
Chief Information Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) John Marques	(i)	337,973.	0.	0.	67,470.	39,596.	445,039.	0.
Chief Human Resouces Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Julie Oehlert	(i)	303,161.	0.	0.	57,190.	34,207.	394,558.	0.
Chief Experience Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) Timothy McDonnell	(i)	225,472.	0.	950.	855,789.	39,489.	1,121,700.	0.
Chief Facilities Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) David Michael	(i)	267,175.	0.	0.	27,659.	42,731.	337,565.	0.
Chief Medical Information Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) Ryan Hickey	(i)	272,878.	0.	0.	73,681.	39,368.	385,927.	0.
Chief Clin Network Dev Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) Jennifer Thomas	(i)	272,186.	0.	0.	93,138.	16,356.	381,680.	0.
VP, Financial Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) William Case	(i)	244,888.	0.	755.	1,011,762.	38,609.	1,296,014.	0.
President, Vidant Beaufort	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) Marcy Stoots	(i)	237,551.	0.	0.	24,298.	30,879.	292,728.	0.
VP, Clinical Informatics	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) Jerry Townsend	(i)	228,567.	0.	0.	78,843.	17,739.	325,149.	0.
VP, Financial Svcs-Operations	(ii)	0.	0.	0.	0.	0.	0.	0.

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				
(17) Veronica Baricevic	(i)	214,483.	0.	0.	22,327.	37,150.	273,960.	0.
VP, Total Rewards	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) Janet Mullaney	(i)	441,561.	0.	2,409.	2,257,065.	16,524.	2,717,559.	0.
Chief Administrative Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) Roger Robertson	(i)	461,025.	0.	0.	46,618.	31,770.	539,413.	0.
President Vidant Community Hospitals	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) Anissa Davenport	(i)	205,337.	0.	0.	502,111.	20,753.	728,201.	0.
Chief Strategic Dev & Marketing Offi	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(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.

Part I, Line 1a:

One board member's spouse accompanied the board member on a business trip that was taken on behalf of the organization in FY19. The spousal travel was treated as a taxable benefit.

Part I, Line 4b:

As of January 1, 2013, the supplemental nonqualified retirement plan was frozen and no further amounts have accrued to its benefit. In lieu of the SERP, the comprehensive defined benefit pension plan will provide an equivalent benefit. The increase in the value of such plans is reflected in the sum of Part II, Column (c).

On May 3, 2018 an amendment was adopted in the non-vesting supplemental executive retirement plan (SERP) that effectively transferred the frozen SERP benefits for the remaining 10 active participants to the qualified pension plan to the extent permitted by IRS limits. This resulted in an increase in the reported deferred compensation for these 6 executives. The deferred compensation reported, in part, represent the amounts transferred to their qualified pension plan that was earned over and related to their

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.

years of service to the Organization ranging from 14 to 30 years.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

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

Employer identification number: 56-2141073

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	North Carolina Medical Care Commission	52-1309402	None	06/23/11	50000000.	To Purchase Capital Equipment		X		X		X
B	North Carolina Medical Care Commission	52-1309402	65821DKH3	05/03/12	159226894.	Proceeds Used To Partially Refund		X		X		X
C	North Carolina Medical Care Commission	52-1309402	None	08/22/13	213605000.	Proceeds Used To Refund 2008 Issue		X		X		X
D	North Carolina Medical Care Commission	52-1309402	65821DSP7	04/01/15	323487711.	Proceeds Used To Refund 2008 and F		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	8,695,000.	27,201,894.	64,217,056.	31,067,711.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,000,000.	159,226,894.	213,612,056.	323,487,711.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows			213,072,056.	
7	Issuance costs from proceeds		1,577,921.	540,000.	2,579,709.
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	50,000,000.			188,897,946.
11	Other spent proceeds		157,648,973.		132,010,056.
12	Other unspent proceeds				
13	Year of substantial completion	2011	2012	2013	2015

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X		X			X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X	X		X		X	
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			X

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

Schedule K (Form 990) 2018

832121 11-01-18

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Schedule K, Part IV Arbitrage, LN 2c
Bond A: Issuer Name: North Carolina Medical Care Commission
Date the Rebate Computation was Performed: 06/01/2016

Bond B: Issuer Name: North Carolina Medical Care Commission
Date the Rebate Computation was Performed: 05/01/2017

Bond D: Issuer Name: North Carolina Medical Care Commission
Date the Rebate Computation was Performed: 06/01/2019

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open To Public Inspection

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

Employer identification number: 56-2141073

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Curtis Construction	Phillip Flowers (Bo	1,730,761.	Constructio		X
Jockey Club/Rock Springs	Phillip Flowers (Bo	387,693.	Occasional		X

Part V Supplemental Information.

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Curtis Construction

(b) Relationship Between Interested Person and Organization:

Phillip Flowers (Board Director) owns/has material interest in Curtis Const

(d) Description of Transaction: Construction Services

(a) Name of Person: Jockey Club/Rock Springs

(b) Relationship Between Interested Person and Organization:

Phillip Flowers (Board Director) owns/has material interest in Rock Springs

(d) Description of Transaction: Occasional Catering Services for Vidant

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2018 Open to Public Inspection

Name of the organization	Employer identification number
University Health Systems of Eastern Carolina, Inc.	56-2141073

Form 990, Part III, Line 4a

Overview of University Health Systems of Eastern Carolina d/b/a Vidant Health (VH):

At Vidant Health ("VH"), we are committed to improving the health of our communities. Eastern North Carolina residents look to our hospitals for quality health care. We work hard to uphold the trust that our communities place in us. Through a clear vision, disciplined leadership and committed employees, VH serves the needs of the region, including those who are underserved and need us the most.

Our mission at VH to enhance the quality of life for the people and communities we serve, touch and support, drives us far beyond caring for patients within the confines of our hospital walls. It calls us to help make eastern North Carolina a better, healthier place to live.

VH is a North Carolina non-profit corporation with headquarters in Greenville, North Carolina. VH and its affiliates operate an 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 Health System includes hospitals, physician practices, outpatient services, long-term care, home health, hospice, and wellness services. The Health System's owned hospitals are Vidant Medical Center ("VMC"),which is a tertiary are hospital and an academic medical center, and eight other acute care hospitals: Vidant Roanoke-Chowan Hospital, Vidant Edgecombe Hospital, Vidant Chowan Hospital, Vidant Bertie Hospital, Vidant Duplin Hospital, Vidant Beaufort Hospital, The

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

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Outer Banks Hospital, and Halifax Regional Medical Center. VMC serves as the teaching hospital for the Brody School of Medicine, East Carolina Schools of Nursing and Allied Health and Pitt Community College. The system also serves as a regional referral center for eastern North Carolina.

The System's nine owned acute care hospitals are licensed to operate 1,708 beds. Each hospital is licensed by the Division of Facility Services of the North Carolina Department of Health and Human Services and approved as a provider by the Medicare and Medicaid programs. VH and its hospitals and affiliate organizations provide services to patients without regard to their ability to pay. In fiscal year 2019 VH's combined patient care statistics were: inpatient admissions, 68,725; inpatient days of care, 384,870; surgeries, 49,249; births, 5,943; and Outpatient visits, 371,954. Our System's workforce included 12,393 employees.

Each of VH's hospitals operates an emergency room, which is open 24 hours a day. VMC also offers a full spectrum of trauma Services. Emergency and trauma services are provided to patients without regard to their ability to pay. In fiscal year 2019 VH provided care to 282,062 emergency room patients.

VH's Board of Directors consists of 11 voting members, six of whom must be current or former Pitt County, North Carolina appointees of VMC's Board of Trustees and five of whom must be current or former Board of Governors of the University of North Carolina appointees of VMC's Board of Trustees.

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VMC, in affiliation with the Brody School of Medicine, which is owned by the State of North Carolina, operates 30 resident-training programs with over 400 medical residents. This Relationship enables VMC and the Brody School of Medicine to combine their resources for the provision of quality patient care, medical education and research for the residents of eastern North Carolina. The Brody School of Medicine has three important goals: educating primary care physicians, making medical care more readily available to the people of eastern North Carolina, and providing opportunities to minority and disadvantaged students.

As a non-profit organization, VH reinvests all excess of revenues over expenses in programs, services, and facilities that provide access to patient care and health services to the citizens of Eastern Carolina.

Overview of Vidant Health Community Benefit Programs

1. Eastern North Carolina is comprised of 1.4 million people living in 14,000 square miles. Boundaries are from I-95 East to the coast, and from the Virginia line up to and including Onslow County. The area is largely rural and largely poor, with higher than state or national average rates for poverty and uninsured. Health status indicators show increased incidence of disease in the region, especially cancer, heart disease and stroke. VH determines priorities for target populations by working in concert with medical and community agency partners in ongoing assessment of the most pressing health care needs. Many efforts over the past decade have focused on diabetes, pediatric asthma, school

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health, injury prevention, access to care, nutrition enhancement, physical activities and chronic disease screenings. Also, special programs to manage the care of Medicaid enrollees, address access to both medical care and medications for the uninsured, and coordination of services for children with obesity have been undertaken. The populations that are served by addressing these issues are largely the poor, the underserved, and minorities. Determination of specific 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, and physicians identify a quantifiable need, and community partners are engaged to work together with the health system.

2. Funding for community health programs is obtained from both the operating funds of VH entities and external grant-awarding organizations. The VH Board annually provides financial support for the Community Benefit Initiatives program of its foundation. These funds are then awarded to community agencies that successfully demonstrate both need and a well-designed plan to address one of the Foundation's priority categories. In addition, each VH hospital financially supports community health resources within its operating budget. Programs vary according to the hospital's financial ability and community need, but all include collaborative efforts with local health departments, including health screenings and education to targeted populations. VH also has a successful track record of obtaining community health program support from external agencies that award grant funding to approve projects. The VH Grants Office was established in 2008 and serves as the central point for grant mining, acquisition and

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management of grants awarded to VH hospitals for community-based programs. Grant funds are utilized to demonstrate the Effectiveness of a proposed community program, measure the outcomes achieved, and garner long-term sustainability from either the health system, other community agencies or as a collaborative program. Many community health programs are collaborative in nature with local service agencies, and often a portion of the grant funds are used to support resources or Services in these agencies.

3. Community health priorities are determined following a comprehensive review of community member feedback and secondary health data. Community alliances, partners and organizations, including local health departments, participate in this review. A list of the most pressing health issues are compiled for each community and then prioritized following an assessment of current health resources to address the identified health issues. Established resources/coalitions and new partnerships are formed to address the identified health priorities.

4. Community priorities are also established in response to a compelling need identified by health practitioners or community groups. VH is fortunate to have a strong collaborative partnership with East Carolina University, and works closely with the schools within the Health Sciences Division, especially the Brody School of Medicine. BSOM is an active participant in almost every community health initiative, supporting the research and evaluation of these programs, and contributes to programs for the under and uninsured in multiple ways. ECU and other educational institutions whose students matriculate through VH facilities also provide opportunities for collaboration and

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participation in various community health initiatives.

Continued:

5. Provided below are a few highlights of the community benefit and education activities:

5a. Community Health Improvement Services: Community health improvement services are programs and services that meet an identified need and are offered to the community at little or no charge. VH hospitals sponsor programs that improve access to health care for the underserved and enhance the identification and management of chronic diseases, such as cancer, diabetes and heart disease. Here are a few examples of these programs:

- Medical assistance programs for uninsured patients
- Support for Healthy Community Coalitions, including Healthy Carolinians of the Outer Banks.
- Support of local Federally Qualified Health Center
- Support for Healthy Neighbors faith health partnership
- Support for school health partnerships

5b. Health Professional Education: Preparing future health care professionals is important to us. Our hospitals provide clinical settings for students of health professions, such as future physicians, nurses and other allied health professionals. We also support students through deferred forgivable loans and internships including resident training, nursing clinic sites, allied health professionals, and financial support of nursing programs.

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5c. Research: East Carolina University (ECU) conducts research to evaluate new treatments and protocols. These studies help health professionals everywhere provide quality care to patients. VH supports this through various means including supporting the Institutional Review Board at ECU and providing study sites.

5d. Financial and In-Kind Contributions: VH donates money and in-kind services to community groups and activities that share our mission of improving health. They include Meals on Wheels, American Red Cross blood drives, medical supplies to emergency medical services, and free medications to qualifying patients. VH hospitals are key partners in fundraising for organizations such as the United Way, American Heart Association, Juvenile Diabetes Association and the American Cancer Society. VH contributed $700k to the Community Benefits Grants Program which awards grants to local non-profits for health related programs.

5e. Community Building: Community-building activities include programs that are not directly related to health care but address underlying issues that impact the health of communities. Poverty, crime, homelessness, workforce development and economic development all affect the overall health of communities. VH has provided support for our local Chambers of Commerce, financial support for road improvements, investments in communication infrastructure via information technology connections, support for the Teen Leadership Academy, recruitment of physicians to our rural communities, and programs that encourage students to pursue health careers.

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

The 990 is made available to Board Members by posting to a Board Member's website. Any Board Member who does not have the ability to access the return in this manner will receive a copy via electronic or regular mail. The return is also reviewed by the Chief Financial Officer, Chief General Counsel and the Chief Audit and Compliance Officer of University Health Systems prior to filing with the Internal Revenue Service.

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.

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

Name of the organization	Employer identification number
University Health Systems of Eastern Carolina, Inc.	56-2141073

The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request for the same period of disclosure as set forth in IRC Section 6104(d).

Form 990, Part XI, line 9, Changes in Net Assets:

Net Asset Transfer -27,825,725.

Form 990, Part XII, Line 2C

The process has not changed from the prior year.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number: 56-2141073

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Vidant Management Services, LLC - 56-2141073 2335 Hemby Lane Greenville, NC 27834	Management Services	North Carolina	0.	0.	Vidant Health
Coastal Plains Network, LLC - 46-5731823 800 W.H. Smith Blvd Greenville, NC 27835	Accountable Care Organization	North Carolina	0.	132,782.	Vidant Health

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
Pitt County Memorial Hospital, Inc. (DBA Vidant Medical Center) - 56-0585243, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
East Carolina Health, Inc. (DBA Vidant Community Hospitals - Central) - 56-2, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
PCMH Management, Inc (DBA Vidant Properties) - 56-1690740, 2100 Stantonsburg Rd, Greenville, NC 27835	Medical Property Management	North Carolina	501(c)(2)		Vidant Health		X
HealthAccess, Inc - 56-1396133 2100 Stantonsburg Rd Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	Line 12b, II	Vidant Health		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization? Yes	(g) No
Vidant Medical Group, Inc. - 38-3740839 2100 Stantonsburg Rd Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	Line 12c, III-FI	Vidant Health		X
The Outer Banks Hospital, Inc - 56-2112733 2100 Stantonsburg Rd Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	East Carolina Health		X
East Carolina Health - Bertie (DBA Vidant Bertie Hospital) - 56-2072002, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
East Carolina Health - Chowan (DBA Vidant Chowan Hospital) - 56-2101090, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
East Carolina Health - Heritage (DBA Vidant Edgecombe Hospital) - 56-2093700, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
East Carolina Health - Beaufort (DBA Vidant Beaufort Hospital) - 45-2436270, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
Duplin General Hospital (DBA Vidant Duplin Hospital) - 56-6011594, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
East Carolina Health, Inc (DBA Vidant Roanoke-Chowan Hospital) - 26-4634725, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
Vidant NorPungo District Hospital Corporation D/B/A Vidant Pungo Hospitalth , 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
Halifax Regional Medical Center, Inc. - 56-0989789, 2100 Stantonsburg Rd, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Vidant Health		X
Roanoke Valley Health Services - 56-1925492 2100 Stantonsburg Rd Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	Line 3	Vidant Health		X
Access East - 56-1949493 2410 Statonsburg Rd. Stanton Square Greenville, NC 27834	Healthcare	North Carolina	501(c)(3)	Line 10	Vidant Health		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
Surgicenter of Eastern Carolina, LLC - 26-2558314, 2100 Stantonsburg Rd, Greenville, NC 27835	Ambulatory Surgical Services	NC	Vidant Medical Center	Related	8,490,076.	3,319,577.		X	N/A		X	55.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
Channel Marker Insurance Company, SPC P.O. Box 1085 Grand Cayman, KY-1102, CAYMAN ISLANDS	Self-Insurance	Cayman Islands	Vidant Health	C CORP	11,211,096.	28,661,024.	100%	X	

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Pitt County Memorial Hospital, Inc.	A	-21,477,516.	Intercompany Invoices
(2) East Carolina Health-Heritage, Inc.	A	-3,851,892.	Intercompany Invoices
(3) East Carolina Health (RCH)	A	-591,096.	Intercompany Invoices
(4) East Carolina Heatlh Chowan, Inc.	A	-236,892.	Intercompany Invoices
(5) East Carolina Heatlh-Beaufort, Inc.	A	-443,052.	Intercompany Invoices
(6) East Carolina Health-Bertie	A	-6,576.	Intercompany Invoices

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Pitt County Memorial Hospital, Inc.	A	29,949,919.	Intercompany Invoices
(8)Access East	P	-7,198.	Intercompany Invoices
(9)Vidant Medical Group, LLC	P	30,324,386.	Intercompany Invoices
(10)Pitt County Memorial Hospital, Inc.	P	166,962.	Intercompany Invoices
(11)Pitt County Memorial Hospital, Inc.	P	-2,658,698.	Intercompany Invoices
(12)PMI	P	-86,111.	Intercompany Invoices
(13)Moye Medical	P	-9,758.	Intercompany Invoices
(14)East Carolina Health-Bertie	P	-251,553.	Intercompany Invoices
(15)East Carolina Health-Heritage, Inc.	P	-830,126.	Intercompany Invoices
(16)East Carolina Health (RCH)	P	-908,193.	Intercompany Invoices
(17)East Carolina Heatlh Chowan, Inc.	P	-882,237.	Intercompany Invoices
(18)Duplin General, Inc.	P	-858,237.	Intercompany Invoices
(19)The Outer Banks Hospital, Inc.	P	-4,198,502.	Intercompany Invoices
(20)East Carolina Heatlh-Beaufort, Inc.	P	-2,008,756.	Intercompany Invoices
(21)HeatlhAccess, Inc.	P	-2,008,756.	Intercompany Invoices
(22)HeatlhAccess, Inc.	P	-6,462.	Intercompany Invoices
(23)Coastal Plains Network	P	-200.	Intercompany Invoices
(24)Channel Marker	Q	2,069,390.	Intercompany Invoices

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Channel Marker	Q	159,523.	Intercompany Invoices
(8)Duplin General, Inc.	Q	-164,454.	Intercompany Invoices
(9)Pitt County Memorial Hospital, Inc.	Q	13,284,326.	Intercompany Invoices
(10)HeatlhAccess, Inc.	Q	40,437.	Intercompany Invoices
(11)East Carolina Health-Bertie	Q	-40,734.	Intercompany Invoices
(12)East Carolina Health-Heritage, Inc.	Q	-373,772.	Intercompany Invoices
(13)East Carolina Health (RCH)	Q	-150,454.	Intercompany Invoices
(14)East Carolina Heatlh Chowan, Inc.	Q	-99,983.	Intercompany Invoices
(15)PMI	Q	4,975,771.	Intercompany Invoices
(16)The Outer Banks Hospital, Inc.	Q	594,116.	Intercompany Invoices
(17)East Carolina Heatlh-Beaufort, Inc.	Q	476,272.	Intercompany Invoices
(18)Moye	Q	200.	Intercompany Invoices
(19)Coastal Plains Network	Q	9,600.	Intercompany Invoices
(20)Vidant Medical Group, LLC	Q	25,043,217.	Intercompany Invoices
(21)Access East	Q	-9,471.	Intercompany Invoices
(22)Halifax Regional Medical Center	Q	3,644.	Intercompany Invoices
(23)HealthAccess, Inc.	L	-5,164,882.	Intercompany Invoices
(24)PMI	L	-113,000.	Intercompany Invoices

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Vidant Medical Group, LLC	L	-6,373,618.	Intercompany Invoices
(8)East Carolina Health-Bertie	L	-2,279,890.	Intercompany Invoices
(9)East Carolina Heatlh Chowan, Inc.	L	-5,553,323.	Intercompany Invoices
(10)East Carolina Health (RCH)	L	-8,175,966.	Intercompany Invoices
(11)East Carolina Health-Heritage, Inc.	L	-9,683,752.	Intercompany Invoices
(12)The Outer Banks Hospital, Inc.	L	-6,170,243.	Intercompany Invoices
(13)Pitt County Memorial Hospital, Inc.	L	-156,934,264.	Intercompany Invoices
(14)Duplin General, Inc.	L	-6,237,254.	Intercompany Invoices
(15)East Carolina Heatlh-Beaufort, Inc.	L	-7,864,396.	Intercompany Invoices
(16)Moye	L	-1,215.	Intercompany Invoices
(17)Coastal Plains Network	L	-3,311,739.	Intercompany Invoices
(18)Channel Marker	R	15,916,473.	Intercompany Invoices
(19)Access East	L	-335,746.	Intercompany Invoices
(20)Pitt County Memorial Hospital, Inc.	M	127,198.	Intercompany Invoices
(21)Vidant Medical Group, LLC	M	19,274.	Intercompany Invoices
(22)Vidant Medical Group, LLC	O	1,213,207.	Intercompany Invoices
(23)Pitt County Memorial Hospital, Inc.	O	-31,090.	Intercompany Invoices
(24)East Carolina Health-Bertie	O	1,108.	Intercompany Invoices

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)The Outer Banks Hospital, Inc.	O	6,305.	Intercompany Invoices
(8)Duplin General, Inc.	O	-374.	Intercompany Invoices
(9)East Carolina Health (RCH)	O	-3,778.	Intercompany Invoices
(10)East Carolina Heatlh-Beaufort, Inc.	O	-268.	Intercompany Invoices
(11)Vidant Medical Group, LLC	K	27,159.	Intercompany Invoices
(12)PMI	K	3,290,088.	Intercompany Invoices
(13)Vidant Medical Group, LLC	B	119,500,000.	Actual Cash
(14)Pitt County Memorial Hospital, Inc.	B	-75,000,000.	Actual Cash
(15)HeatlhAccess, Inc.	B	11,577,015.	Actual Cash
(16)Duplin General, Inc.	B	-3,000,000.	Actual Cash
(17)East Carolina Heatlh-Beaufort, Inc.	B	4,385,759.	Actual Cash
(18)East Carolina Health-Bertie	B	-3,000,000.	Actual Cash
(19)East Carolina Health-Heritage, Inc.	B	-11,000,000.	Actual Cash
(20)East Carolina Health (RCH)	B	-3,000,000.	Actual Cash
(21)East Carolina Heatlh Chowan, Inc.	B	-9,000,000.	Actual Cash
(22)The Outer Banks Hospital, Inc.	B	-1,980,000.	Actual Cash
(23)East Carolina Heatlh Pungo, Inc.	B	-3,387,229.	Actual Cash
(24)Coastal Plains Network	B	2,782,073.	Actual Cash

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) PMI	B	2,588,216.	Actual Cash
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Form **5471**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect to Certain Foreign Corporations

▶ **Go to www.irs.gov/Form5471 for instructions and the latest information.**

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning , , and ending ,

OMB No. 1545-0123

Attachment Sequence No. **121**

Name of person filing this return
University Health Systems of Eastern Carolina, Inc.

A Identifying number
56-2141073

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
2100 Stantonsburg Road

B Category of filer (See instructions. Check applicable box(es)):
1 [X] 2 [ ] 3 [ ] 4 [X] 5 [X]

City or town, state, and ZIP code
Greenville, NC 27835

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %

Filer's tax year beginning OCT 1 ,2018 , and ending SEP 30 ,2019

D Check box if this is a final Form 5471 for the foreign corporation [ ]

E Check if any excepted specified foreign financial assets are reported on this form (see instructions) [ ]

F Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information* **must** *be in English. All amounts* **must** *be stated in U.S. dollars unless otherwise indicated.*

1a Name and address of foreign corporation
Channel Marker Insurance Company, SPC
P.O. Box 1085
Grand Cayman KY1-1102
Cayman Islands

b(1) Employer identification number, if any
98-1385063

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated
Cayman Islands

d Date of incorporation	**e** Principal place of business	**f** Principal business activity code number	**g** Principal business activity	**h** Functional currency
08/16/17	Grand Cayman Cayman Islands	523900	Self-insurnace	United States,Dollar

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

USA Risk Group (Cayman) Ltd.
P.O. Box 1085
Grand Cayman KY1-1102
Cayman Islands

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

Same as 2c

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
Common	110,000	110,000

Schedule B Shareholders of Foreign Corporation

Part I U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. **Note:** This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of Subpart F income (enter as a percentage)
Vidant Health 2100 Stantionsburg Rd Greenville NC 27835 56-2141073	Common	110,000	110,000	100.00%

Part II Direct Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder. Also include country of incorporation or formation, if applicable.	(b) Description of each class of stock held by shareholder. **Note:** This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period
Vidant Health 2100 Stantionsburg Rd Greenville NC 27835 56-2141073	Common	110,000	110,000

Schedule C Income Statement

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.*

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a		15,860,470.
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		15,860,470.
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		15,860,470.
	4 Dividends	4		400,653.
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		25,199.
	8a Foreign currency transaction gain or loss - unrealized	8a		
	b Foreign currency transaction gain or loss - realized	8b		
	9 Other income (attach statement) See Statement 1	9		716,015.
	10 Total income (add lines 3 through 9)	10		17,002,337.
Deductions	11 Compensation not deducted elsewhere	11		
	12a Rents	12a		
	b Royalties and license fees	12b		
	13 Interest	13		
	14 Depreciation not deducted elsewhere	14		
	15 Depletion	15		
	16 Taxes (exclude income tax expense (benefit))	16		
	17 Other deductions (attach statement - exclude income tax expense (benefit)) See Statement 2	17		5,791,241.
	18 Total deductions (add lines 11 through 17)	18		5,791,241.
Net Income	19 Net income or (loss) before unusual or infrequently occurring items, and income tax expense (benefit) (subtract line 18 from line 10)	19		11,211,096.
	20 Unusual or infrequently occurring items	20		
	21a Income tax expense (benefit) - current	21a		
	b Income tax expense (benefit) - deferred	21b		
	22 Current year net income or (loss) per books (combine lines 19 through 21b)	22		11,211,096.
Other Comprehensive Income	23a Foreign currency translation adjustments	23a		
	b Other	23b		
	c Income tax expense (benefit) related to other comprehensive income	23c		
	24 Other comprehensive income (loss), net of tax (line 23a plus line 23b less line 23c)	24		

Form **5471** (Rev. 12-2018)

812321 12-05-18

Schedule F Balance Sheet

Important: *Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.*

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash	1	704,402.	322,424.
2a Trade notes and accounts receivable	2a		
b Less allowance for bad debts	2b	( )	( )
3 Derivatives	3		
4 Inventories	4		
5 Other current assets (attach statement)	5		
6 Loans to shareholders and other related persons	6		
7 Investment in subsidiaries (attach statement)	7		
8 Other investments (attach statement) See Statement 3	8	11,475,181.	26,564,049.
9a Buildings and other depreciable assets	9a		
b Less accumulated depreciation	9b	( )	( )
10a Depletable assets	10a		
b Less accumulated depletion	10b	( )	( )
11 Land (net of any amortization)	11		
12 Intangible assets:			
a Goodwill	12a		
b Organization costs	12b		
c Patents, trademarks, and other intangible assets	12c		
d Less accumulated amortization for lines 12a, 12b, and 12c	12d	( )	( )
13 Other assets (attach statement) See Statement 4	13	1,654,168.	1,774,551.
14 Total assets	14	13,833,751.	28,661,024.
Liabilities and Shareholders' Equity			
15 Accounts payable	15	23,320.	22,000.
16 Other current liabilities (attach statement)	16		
17 Derivatives	17		
18 Loans from shareholders and other related persons	18		
19 Other liabilities (attach statement) See Statement 5	19	10,819,702.	14,437,199.
20 Capital stock:			
a Preferred stock	20a		
b Common stock	20b	1,100.	1,100.
21 Paid-in or capital surplus (attach reconciliation) See Statement 6	21	108,900.	108,900.
22 Retained earnings	22	2,880,729.	14,091,825.
23 Less cost of treasury stock	23	( )	( )
24 Total liabilities and shareholders equity	24	13,833,751.	28,661,024.

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	☐	☒
2	During the tax year, did the foreign corporation own an interest in any trust?	☐	☒
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as separate from its owner under Regulations sections 301.7701-2 and 301.7701-3 or did the foreign corporation own any foreign branch (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity or branch (see instructions).	☐	☒
4a	During the tax year, did the filer pay or accrue any base erosion payment under section 59A(d) to the foreign corporation or did the filer have a base erosion tax benefit under section 59A(c)(2) with respect to a base erosion payment made or accrued to the foreign corporation (see instructions)? If "Yes," complete lines 4b and 4c.	☐	☒
b	Enter the total amount of the base erosion payments ▶ $		
c	Enter the total amount of the base erosion tax benefit ▶ $		
5a	During the tax year, did the foreign corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? If "Yes," complete line 5b.	☐	☒
b	Enter the total amount of the disallowed deductions (see instructions) ▶ $		

Schedule G Other Information *(continued)*

		Yes	No
6a	Is the filer of this Form 5471 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule M? If "Yes," complete lines 6b, 6c, and 6d.	☐	☒
b	Enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with the foreign corporation that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) (see instructions) ▶ $		
c	Enter the amount of gross income derived from a license of property to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ $		
d	Enter the amount of gross income derived from services provided to the foreign corporation that the filer included in its computation of FDDEI (see instructions) ▶ $		
7	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	☐	☒
8	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	☐	☒
9	If the answer to question 7 is "Yes," was the foreign corporation a participant in a cost sharing arrangement that was in effect before January 5, 2009?	☐	☒
10	If the answer to question 7 is "Yes," did a U.S. taxpayer make any platform contributions as defined under Regulations section 1.482-7(c) to that cost sharing arrangement during the taxable year?	☐	☒
11	If the answer to question 10 is "Yes," enter the present value of the platform contributions in U.S. dollars ▶ $		
12	If the answer to question 10 is "Yes," check the box for the method under Regulations section 1.482-7(g) used to determine the price of the platform contribution transaction(s): ☐ Comparable uncontrolled transaction method ☐ Income method ☐ Acquisition price method ☐ Market capitalization method ☐ Residual profit split method ☐ Unspecified methods		
13	From April 25, 2014, to December 31, 2017, did the foreign corporation purchase stock or securities of a shareholder of the foreign corporation for use in a triangular reorganization (within the meaning of Regulations section 1.358-6(b)(2))?	☐	☒
14a	Did the foreign corporation receive any intangible property in a prior year or the current tax year for which the U.S. transferor is required to report a section 367(d) annual income inclusion for the taxable year? If "Yes," go to line 14b.	☐	☒
b	Enter the amount of the earnings and profits reduction pursuant to section 367(d)(2)(B) for the taxable year ▶ $		
15	During the tax year, was the foreign corporation an expatriated foreign subsidiary under Regulations section 1.7874-12(a)(9)? If "Yes," see instructions and attach statement.	☐	☒
16	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	☐	☒
17	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	☐	☒
18	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	☐	☒
19	Did you answer "Yes" to any of the questions in the instructions for line 19? If "Yes," enter the corresponding code(s) from the instructions and attach statement (see instructions) ▶	☐	☒

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item F on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This Schedule I is being completed for:

Name of U.S. shareholder ▶ Identifying number ▶

1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of a lower-tier foreign corporation (see instructions)	1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporations (see instructions)	1b	
c	Other Subpart F income (enter the result from Worksheet A in the instructions)	1c	159,523.
2	Earnings invested in U.S. property (enter the result from Worksheet B in the instructions)	2	
3	Previously excluded export trade income withdrawn from investment in export trade assets (enter the result from Worksheet C in the instructions)	3	
4	Factoring income	4	
	See instructions for reporting amounts on lines 1 through 4 on your income tax return.		
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income	6	

	Yes	No
• Was any income of the foreign corporation blocked?	☐	☒
• Did any such income become unblocked during the tax year (see section 964(b))?	☐	☒

If the answer to either question is "Yes," attach an explanation.

Form 5471 (Rev. 12-2018)

812333
12-05-18

Form 5471 Other Income Statement 1

Description	Functional Currency	Exchange Rate	U.S. Dollar
Unrealized Gains			716,015.
Total to 5471, Schedule C, line 9			716,015.

Form 5471 Other Deductions Statement 2

Description	Functional Currency	Exchange Rate	U.S. Dollar
LOSSES AND LAE			2,009,912.
MOVEMENT RESERVES			3,515,000.
Operating Expenses			266,329.
Total to 5471, Schedule C, line 17			5,791,241.

Form 5471 Other Investments Statement 3

Description	Beg. of Annual Accounting Period	End of Annual Accounting Period
Securities Available for Sale	11,475,181.	26,564,049.
Total to 5471, Page 4, Schedule F, line 8	11,475,181.	26,564,049.

Form 5471 Other Assets Statement 4

Description	Beg. of Annual Accounting Period	End of Annual Accounting Period
Prepaids	3,582.	16,083.
Accrued Interest Receivable	45,353.	97,232.
Premium Receivable	1,605,233.	1,661,236.
Total to 5471, Page 4, Schedule F, line 13	1,654,168.	1,774,551.

Form 5471 Other Liabilities Statement 5

Description	Beg. of Annual Accounting Period	End of Annual Accounting Period
Losses Payable	49,469.	95,963.
Unearned Premiums	1,605,233.	1,661,236.
Losses and LAE	9,165,000.	12,680,000.
Total to 5471, Page 4, Schedule F, line 19	10,819,702.	14,437,199.

Form 5471 Reconciliation of Paid-in or Capital Surplus Statement 6

Description	Beg. of Annual Accounting Period	End of Annual Accounting Period
Additional Paid in Capital	108,900.	108,900.

SCHEDULE E (Form 5471)
(December 2018)
Department of the Treasury
Internal Revenue Service

Income, War Profits, and Excess Profits Taxes Paid or Accrued

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471
University Health Systems of

Identifying number
56-2141073

Name of foreign corporation
Channel Marker Insurance Company, SPC

EIN (if any)
98-1385063

Reference ID number (see instructions)

a Separate Category (Enter code - see instructions.) ▶ PAS

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Taxes for Which a Foreign Tax Credit Is Allowed

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Country or U.S. Possession to Which Tax Is Paid (Enter code-see instructions. Use a separate line for each.)	(d) Foreign Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)	(e) U.S. Tax Year of Foreign Corporation to Which Tax Relates (Year/Month/Day)
1					
2					
3					
4					
5					
6					
7					

	(f) Income Subject to Tax in the Foreign Jurisdiction (see instructions)	(g) Currency in Which Tax Is Payable	(h) Conversion Rate to U.S. Dollars	(i) In U.S. Dollars (divide column (g) by column (h))	(j) In Functional Currency of Foreign Corporation
1					
2					
3					
4					
5					
6					
7					
8	Total (combine lines 1 through 7 of column (i)). Report amount on Schedule E-1, line 4 ▶				
9	Total (combine lines 1 through 7 of column (j)). See instructions for Schedule H, line 2g ▶				

Part II Election

For tax years beginning after December 31, 2004, has an election been made under section 986(a)(1)(D) to translate taxes using the exchange rate on the date of payment?

☐ Yes ☐ No If "Yes," state date of election ▶

Part III Taxes for Which a Foreign Tax Credit Is Disallowed (Enter in functional currency of foreign corporation.)

	(a) Name of Payor Entity	(b) EIN or Reference ID Number of Payor Entity	(c) Section 901(j)	(d) Section 901(k) and (l)	(e) Section 901(m)	(f) U.S. Taxes	(g) Other	(h) Total
1								
2								
3	In functional currency (combine lines 1 and 2) ▶							
4	In U.S. dollars (translated at the average exchange rate, as defined in section 989(b)(3) and related regulations (see instructions)) ▶							

Schedule E-1 Taxes Paid, Accrued, or Deemed Paid on Accumulated Earnings and Profits (E&P) of Foreign Corporation

IMPORTANT: *Enter amounts in U.S. dollars unless otherwise noted (see instructions).*

		Taxes related to:			
		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance) (in functional currency)	(d) Hovering Deficit and Suspended Taxes
1a	Balance at beginning of year (as reported in prior year Schedule E-1)				
b	Beginning balance adjustments (attach statement)				
c	Adjusted beginning balance (combine lines 1a and 1b)				
2	Adjustment for redetermination of prior year U.S. tax liability				
3a	Taxes unsuspended under anti-splitter rules				
b	Taxes suspended under anti-splitter rules				
4	Taxes reported on Schedule E, Part I, line 8, column (i)				
5a	Taxes carried over in nonrecognition transactions				
b	Taxes reclassified as related to hovering deficit after nonrecognition transaction				
6	Other adjustments (attach statement)				
7	Taxes paid or accrued on accumulated E&P (combine lines 1c through 6)				
8	Taxes deemed paid with respect to inclusions under section 951(a)(1) (see instructions)				
9	Taxes deemed paid with respect to inclusions under section 951A (see instructions)				
10	Taxes deemed paid with respect to actual distributions				
11	Taxes on amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P				
12	Other (attach statement)				
13	Taxes related to hovering deficit offset of undistributed post-transaction E&P				
14	Balance at beginning of next year (combine lines 7 through 13)				

(e) Taxes related to previously taxed E&P (see instructions)

	(i) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(ii) Section 965(a) Inclusion (section 959(c)(1)(A))	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))
1a									
b									
c									
2									
3a									
b									
4									
5a									
b									
6									
7									
8									
9									
10									
11									
12									
13									
14									

SCHEDULE H (Form 5471)
(December 2018)
Department of the Treasury
Internal Revenue Service

Current Earnings and Profits

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471	Identifying number
University Health Systems of	56-2141073

Name of foreign corporation	EIN (if any)	Reference ID number (see instr.)
Channel Marker Insurance Company,	98-1385063	

a Separate Category (Enter code-see instructions.) ▶ PAS

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

IMPORTANT: *Enter the amounts on lines 1 through 5c in* **functional** *currency.*

			Net Additions	Net Subtractions		
1	Current year net income or (loss) per foreign books of account				1	11,211,096.
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):					
a	Capital gains or losses	2a		716,015.		
b	Depreciation and amortization	2b				
c	Depletion	2c				
d	Investment or incentive allowance	2d				
e	Charges to statutory reserves	2e				
f	Inventory adjustments	2f				
g	Income taxes (see Schedule E, Part I, line 9, column (j))	2g				
h	Foreign currency gains or losses	2h				
i	Other (attach statement) See Statement 7	2i	5,524,912.	15,860,470.		
3	Total net additions	3	5,524,912.			
4	Total net subtractions	4		16,576,485.		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)				5a	159,523.
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)				5b	
c	Combine lines 5a and 5b				5c	159,523.
d	Current earnings and profits in U.S. dollars (line 5c translated at the average exchange rate, as defined in section 989(b)(3) and the related regulations (see instructions))				5d	159,523.
	Enter exchange rate used for line 5d ▶					

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule H (Form 5471) (12-2018)**

812405 12-10-18

Foreign Corporation Channel Marker Insurance Company, SPC 98-1385063

Schedule I Shareholder's Income From Foreign Corporation

Name of shareholder described in Category 5	Identifying number
Vidant Health	56-2141073

Shareholder's income from foreign corporation

1a	Section 964(e)(4) Subpart F dividend income from the sale of stock of lower-tier foreign corporation	1a	
b	Section 245A(e)(2) Subpart F income from hybrid dividends of tiered corporation	1b	
c	Other Subpart F income	1c	159,523.
2	Earnings invested in U.S. property	2	
3	Previously excluded export trade income withdrawn from investment in export trade assets	3	
4	Factoring income	4	
5	Dividends received (translated at spot rate on payment date under section 989(b)(1))	5	
6	Exchange gain or (loss) on a distribution of previously taxed income	6	

SCHEDULE I-1 (Form 5471)
(December 2018)
Department of the Treasury
Internal Revenue Service

Information for Global Intangible Low-Taxed Income

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471: University Health Systems of
Identifying number: 56-2141073

Name of foreign corporation: Channel Marker Insurance Company, S
EIN (if any): 98-1385063
Reference ID number (see instr.)

Separate Category (enter code - see instructions) ▶ PAS

				Functional Currency	Conversion Rate	U.S. Dollars
1	Gross income		1			
2	Exclusions					
a	Effectively connected income	2a				
b	Subpart F income	2b				
c	High-tax exception income per section 954(b)(4)	2c				
d	Related party dividends	2d				
e	Foreign oil and gas extraction income	2e				
3	Total exclusions (total of lines 2a-2e)		3			
4	Gross income less total exclusions (line 1 minus line 3)		4	0.		
5	Deductions properly allocable to amount on line 4		5			
6	Tested income (loss) (line 4 minus line 5) (see instructions for line 6)		6	0.	.000000	
	Other Amounts (see instructions)					
7	Tested foreign income taxes		7		.000000	
8	Qualified business asset investment (QBAI)		8		.000000	
9	Interest expense		9		.000000	

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule I-1 (Form 5471) (12-2018)**

812385 12-12-18

SCHEDULE J (Form 5471)
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings & Profits (E&P) of Controlled Foreign Corporation

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471
University Health Systems of Eastern Carolina, Inc.

Identifying number
56-2141073

Name of foreign corporation
Channel Marker Insurance Company, SPC

EIN (if any)
98-1385063

Reference ID number

a Separate Category (Enter code - see instructions.) ▶ PAS

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Part I Accumulated E&P of Controlled Foreign Corporation

☐ Check the box if person filing return does not have all U.S. Shareholders' information to complete amount for columns (e)(ii)-(e)(iv) and (e)(vii)-(ix) (see instructions).

Important: Enter amounts in functional currency.		(a) Post-2017 E&P Not Previously Taxed (post-2017 section 959(c)(3) balance)	(b) Post-1986 Undistributed Earnings (post-1986 and pre-2018 section 959(c)(3) balance)	(c) Pre-1987 E&P Not Previously Taxed (pre-1987 section 959(c)(3) balance)	(d) Hovering Deficit and Deduction for Suspended Taxes	(e) Previously Taxed E&P (see instructions)	
						(i) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(ii) Section 965(a) Inclusion (section 959(c)(1)(A))
1a	Balance at beginning of year (as reported on prior year Schedule J)		-142,323.				
1b	Beginning balance adjustments (attach statement)						
1c	Adjusted beginning balance (combine lines 1a and 1b)		-142,323.				
2a	Reduction for taxes unsuspended under anti-splitter rules						
2b	Disallowed deduction for taxes suspended under anti-splitter rules						
3	Current year E&P (or deficit in E&P)	159,523.					
4	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation						
5a	E&P carried over in nonrecognition transaction						
5b	Reclassify deficit in E&P as hovering deficit after nonrecognition transaction						
6	Other adjustments (attach statement)						
7	Total current and accumulated E&P (combine lines 1c through 6)	159,523.	-142,323.				
8	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P	-159,523.					
9	Actual distributions						
10	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P						
11	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)						
12	Other adjustments (attach statement)						
13	Hovering deficit offset of undistributed posttransaction E&P (see instructions)						
14	Balance at beginning of next year (combine lines 7 through 13)	0.	-142,323.				

Part I Accumulated E&P of Controlled Foreign Corporation *(continued)*

	(e) Previously Taxed E&P (see instructions)							(f)
	(iii) Section 965(b)(4)(A) (section 959(c)(1)(A))	(iv) Section 951A Inclusion (section 959(c)(1)(A))	(v) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(vi) Subpart F Income (section 959(c)(2))	(vii) Section 965(a) Inclusion (section 959(c)(2))	(viii) Section 965(b)(4)(A) (section 959(c)(2))	(ix) Section 951A Inclusion (section 959(c)(2))	Total Section 964(a) E&P (combine columns (a), (b), (c), and (e)(i) through (e)(ix))
1a								-142,323.
1b								
1c								-142,323.
2a								
2b								
3								
4								
5a								
5b								
6								
7								
8				159,523.				
9				-159,523.				
10								
11								
12								
13								
14				0.				-142,323.

Part II Nonpreviously Taxed E&P Subject to Recapture as Subpart F Income (section 952(c)(2))

Enter amounts in functional currency.

1	Balance at beginning of year	▶
2	Additions (amounts subject to future recapture)	▶
3	Subtractions (amounts recaptured in current year)	▶
4	Balance at end of year (combine lines 1 through 3)	▶

SCHEDULE M (Form 5471)
(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471	Identifying number
University Health Systems of Eastern Carolina, Inc.	56-2141073

Name of foreign corporation	EIN (if any)	Reference ID number
Channel Marker Insurance Company,	98-1385063	

Important: *Complete a* **separate** *Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.*

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ United States,Dollar

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Hybrid dividends received (see instr.)					
10 Dividends received (exclude hybrid dividends, deemed distributions under subpart F, and distributions of previously taxed income)					
11 Interest received					
12 Premiums received for insurance or reinsurance					
13 Add lines 1 through 12					
14 Purchases of stock in trade (inventory)					
15 Purchases of tangible property other than stock in trade					
16 Purchases of property rights (patents, trademarks, etc.)					
17 Platform contribution transaction payments paid					
18 Cost sharing transaction payments paid					
19 Compensation paid for technical, managerial, engineering, construction, or like services					
20 Commissions paid					
21 Rents, royalties, and license fees paid					
22 Hybrid dividends paid (see instructions)					
23 Dividends paid (exclude hybrid dividends paid)					
24 Interest paid					
25 Premiums paid for insurance or reinsurance					
26 Add lines 14 through 25					
27 Accounts Payable					
28 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
29 Accounts Receivable					
30 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

SCHEDULE P (Form 5471)

(December 2018)

Department of the Treasury
Internal Revenue Service

Previously Taxed Earnings and Profits of U.S. Shareholder of Certain Foreign Corporations

▶ Attach to Form 5471.
▶ Go to www.irs.gov/Form5471 for instructions and the latest information.

OMB No. 1545-0123

Name of person filing Form 5471
University Health Systems of

Identifying number
56-2141073

Name of foreign corporation
Channel Marker Insurance Company, SPC

EIN (if any)
98-1385063

Reference ID number (see instructions)

a Separate Category (Enter code - see instructions.) ▶ PAS

b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) ▶

Previously Taxed E&P (see instructions)

	Important: *Enter amounts in functional currency.*	(a) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(b) Section 965(a) Inclusion (section 959(c)(1)(A))	(c) Section 965(b)(4)(A) (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(f) Subpart F Income (section 959(c)(2))	(g) Section 965(a) Inclusion (section 959(c)(2))	(h) Section 965(b)(4)(A) (section 959(c)(2))	(i) Section 951A Inclusion (section 959(c)(2))	(j) Total
1a	Balance at beginning of year (see instructions)										
1b	Beginning balance adjustments (attach statement)										
1c	Adjusted beginning balance (combine lines 1a and 1b)										
2	Reduction for taxes unsuspended under anti-splitter rules										
3	E&P attributable to distributions of previously taxed E&P from lower-tier foreign corporation										
4	E&P carried over in nonrecognition transaction										
5	Other adjustments (attach statement)										
6	Total current and accumulated E&P (combine lines 1c through 5)										
7	Amounts reclassified to section 959(c)(2) E&P from section 959(c)(3) E&P						159523.				
8	Actual distributions of previously taxed income						-159523				
9	Amounts reclassified to section 959(c)(1) E&P from section 959(c)(2) E&P										

LHA **For Paperwork Reduction Act Notice, see instructions.** **Schedule P (Form 5471) (12-2018)**

812365 12-12-18

Previously Taxed E&P (see instructions) *(continued)*

	Important: *Enter amounts in functional currency.*	(a) Earnings Invested in U.S. Property (section 959(c)(1)(A))	(b) Section 965(a) Inclusion (section 959(c)(1)(A))	(c) Section 965(b)(4)(A) (section 959(c)(1)(A))	(d) Section 951A Inclusion (section 959(c)(1)(A))	(e) Earnings Invested in Excess Passive Assets (section 959(c)(1)(B))	(f) Subpart F Income (section 959(c)(2))	(g) Section 965(a) Inclusion (section 959(c)(2))	(h) Section 965(b)(4)(A) (section 959(c)(2))	(i) Section 951A Inclusion (section 959(c)(2))	(j) Total
10	Amounts included as earnings invested in U.S. property and reclassified to section 959(c)(1) E&P (see instructions)										
11	Other adjustments (attach statement)										
12	Balance at beginning of next year (combine lines 6 through 11)										

Form 5471 Other Net Adjustments Statement 7

Description	Net Additions	Net Subtractions
RELATED PARTY INCOME	0.	15,860,470.
RELATED PARTY EXPENSES	5,524,912.	0.
Total to 5471, Schedule H, line 2i	5,524,912.	15,860,470.

Form **926**
(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor
University Health Systems of Eastern Carolina, Inc.

Identifying number (see instructions)
56-2141073

1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? ☐ Yes ☒ No

2 If the transferor was a corporation, complete questions 2a through 2d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☒ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(4) been made? ☐ Yes ☐ No

3 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☐ No

c Is the partner disposing of its **entire** interest in the partnership? ☐ Yes ☐ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation)
Channel Marker Insurance Company, SPC

5a Identifying number, if any
98-1385063

6 Address (including country)
P.O. Box 1085
Grand Cayman, KY1-1102 Cayman Islands

5b Reference ID number

7 Country code of country of incorporation or organization

8 Foreign law characterization (see instructions)
COMPANY

9 Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			15,916,473.		

10 Was cash the only property transferred? ..... [X] Yes [ ] No

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? ..... [ ] Yes [ ] No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? ..... [ ] Yes [ ] No

If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? ..... [ ] Yes [ ] No

If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? ..... [ ] Yes [ ] No

If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ▶ $ _____

13 Did the transferor transfer property described in section 367(d)(4)? ..... [ ] Yes [ ] No

If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? ☐ Yes ☐ No

b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? ☐ Yes ☐ No

c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? ☐ Yes ☐ No

d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ $ _____

15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? ☐ Yes ☐ No

Supplemental Part III Information Required To Be Reported (see instructions)

See Statement 8

Part IV Additional Information Regarding Transfer of Property (see instructions)

16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 100.000 % (b) After 100.000 %

17 Type of nonrecognition transaction (see instructions) ▶ CODE SECTION 351

18 Indicate whether any transfer reported in Part III is subject to any of the following.

a Gain recognition under section 904(f)(3) ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) ☐ Yes ☒ No

c Recapture under section 1503(d) ☐ Yes ☒ No

d Exchange gain under section 987 ☐ Yes ☒ No

19 Did this transfer result from a change in entity classification? ☐ Yes ☒ No

20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) ☐ Yes ☒ No
If "Yes," complete lines 20b and 20c.

b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ $ _____

c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? ☐ Yes ☐ No

21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions ☐ Yes ☒ No

Form 926 Statement 8

IN PART III, SECTION A, THE AMOUNTS REPRESENTED NON-TAXABLE CASH DEPOSITS RECEIVED BY THE TRANSFEREE FOR U.S. FEDERAL TAX PURPOSES. TO THE EXTENT THAT SUCH TRANSFERS ARE NOT TREATED AS DEPOSITS, BUT RATHER AS CONSTRUCTIVE CAPITAL CONTRIBUTIONS OF CASH FROM THE TRANSFEROR ONLY TO THE TRANSFEREE FOR U.S. FEDERAL TAX PURPOSES, THE TRANSFEROR IS REPORTING SUCH AMOUNTS ON THIS FORM 926 AS A PROTECTIVE MEASURE IN COMPLIANCE WITH CODE SECTION 6038B.

Form **8868**
(Rev. January 2019)

Department of the Treasury
Internal Revenue Service

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-1709

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.*

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
Type or print	Name of exempt organization or other filer, see instructions. University Health Systems of Eastern Carolina, Inc.	Employer identification number (EIN) or 56-2141073
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. 2100 Stantonsburg Road	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Greenville, NC 27835	

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

- The books are in the care of ▶ Brian Dunn 2100 Stantonsburg Road - Greenville, NC 27835
  Telephone No. ▶ (252) 847-7479 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

3a	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.	3a	$	0.
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.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	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.

Electronic Filing PDF Attachment

STATEMENT PURSUANT TO REGULATION SECTION 1.351-3(A)

This statement is pursuant to Regulation Section 1.351-3(a) by the following entity, a significant transferor, University Health Systems of Eastern Carolina Inc. D/B/A Vidant Health (EIN: 56-2141073) ("Vidant").

During the tax year ended September 30, 2019, Vidant, a U.S. tax-exempt corporation, made cash transfers that represented non-taxable deposits in the amount of $15,916,473 to Channel Marker Insurance Company, SPC (EIN: 98-1385063), ("Channel Marker"), its subsidiary formed in the Cayman Islands. To the extent that such transfers are not treated as deposits, but rather as constructive capital contributions from Vidant only to Channel Marker for U.S. federal tax purposes, Vidant is reporting such amounts on this statement as a protective measure in compliance with Regulation Section 1.351-3(a). The cost basis in the cash equals the fair market value.

No private letter rulings were received in connection with the Section 351 exchanges.

Vidant Health (EIN: 56-2141073)

Attachment to Form 926

1. Transferor.

University Health Systems of Eastern Carolina Inc. D/B/A Vidant Health

EIN: 56-2141073

2100 Stantonsburg Road, Greenville, NC 27835

2. Transfer.

i. Transferee

Channel Marker Insurance Company, SPC

EIN: 98-1385063

P.O. Box 1085, Grand Cayman, Cayman Islands KY1-1102

ii. Transfer.

Vidant Health, a U.S. tax-exempt corporation (the "Transferor"), made cash transfers that represented non-taxable deposits during tax year ending September 30, 2019 in the amount of $15,916,473 in U.S. dollars (the "Transfers") to Channel Marker Insurance Company, SPC, its wholly-owned subsidiary formed in the Cayman Islands (the "Transferee"). To the extent that such Transfers are not treated as deposits, but rather as constructive capital contributions from the Transferor only to the Transferee for U.S. federal tax purposes, the Transferor is reporting such amounts on this statement as a protective measure in compliance with Code Section 6038B.

3. Consideration received.

The Transferee did not issue additional shares to the Transferor in exchange for the capital contributions because the Transferor is the sole shareholder of the Transferee and the issuance of additional shares would have been meaningless gestures according to federal tax principles.

4. Property transferred.

i. Active business property.

The Transferee received cash transfers in the amount of $15,916,473 in connection with an alternative risk financing arrangement that represented non-taxable deposits for U.S. federal tax purposes. To the extent that such transfers are not treated as deposits, but rather as constructive capital contributions from the Transferor only to Transferee for U.S. federal tax purposes, the Transferor is reporting such amounts on this statement as a protective measure in compliance with Code Section 6038B. The cost basis in the cash equals the fair market value.

ii. Stock or securities.

Not applicable

iii. Depreciated property.

Not applicable

iv. Property to be leased.

Not applicable

v. Property to be sold.

Not applicable

vi. Transfers to FSCs

Not applicable

vii. Tainted property.

A. Inventory, etc. Property described in § 1.367(a)-5T(b).

Not applicable

B. Installment obligations, etc. Property described in § 1.367(a)-5T(c).

Not applicable

C. Foreign currency, etc. Property described in § 1.367(a)-5T(d).

Not applicable

D. Intangible property. Property described in § 1.367(a)-5T(e).

Not applicable

E. Leased property. Property described in § 1.367(a)-4T(f).

Not applicable

viii. Foreign loss branch.

Not applicable

ix. Other intangibles

Not applicable

5. Transfer of foreign branch with previously deducted losses.

i. Branch operation.

Not applicable

ii. Branch property.

Not applicable

iii. Previously deducted losses.

Not applicable

iv. Character of gain.

Not applicable

6. Application of section 367(a)(5).

Not applicable