See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
WINSTONSALEM, NC 27157

D Employer identification number
51-0190238

E Telephone number
(336)716-4445

G Gross receipts $ 12,836

F Name and address of principal officer
JOHN D MCCONNELL MD
MEDICAL CENTER BLVD
WINSTONSALEM, NC 27157

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

H(b) Are all affiliates 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: ▶ WAKEHEALTH EDU

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

L Year of formation 1975

M State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (WFUBMC) WAS ESTABLISHED EXCLUSIVELY AS A SUPPORTING ORGANIZATION FOR THE BENEFIT OF WAKE FOREST UNIVERSITY HEALTH SCIENCES (WFUHS), NORTH CAROLINA BAPTIST HOSPITAL (NCBH), AND WAKE FOREST UNIVERSITY (AS RELATED TO MEDICAL EDUCATION AND MEDICAL RESEARCH)(WFU) WFUHS IS A NONPROFIT ENTITY WHOLLY-CONTROLLED BY WFU WFUBMC COORDINATES AND SUPPORTS THE FUND-RAISING, PLANNING, AND BUDGETING ACTIVITIES OF TWO OF THESE SUPPORTED ORGANIZATIONS, WFUHS AND NCBH IN ADDITION, WFUBMC COORDINATES MAJOR CONSTRUCTION PROJECTS AND LEASING ACTIVITIES FOR PROPERTIES JOINTLY OWNED BY WFUHS AND NCBH AND, PURSUANT TO A "MEDICAL CENTER INTEGRATION AGREEMENT" (MCIA) AMONG WFUHS, NCBH, WFU, AND WFUBMC, WFUBMC HAS BEEN DELEGATED THE AUTHORITY TO OPERATE WFUHS AND NCBH, INCLUDING ALL OF THEIR RESPECTIVE SUBSIDIARY ORGANIZATIONS, AS AN INTEGRATED ACADEMIC MEDICAL CENTER

Activities & Governance

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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	10,000	0
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	195,380	12,836
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,380	12,836

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	0	0
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–24f)	25,582	12,836
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,582	12,836
19	Revenue less expenses Subtract line 18 from line 12	179,798	0

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,018,545	21,556,774
21	Total liabilities (Part X, line 26)	2,018,545	21,556,774
22	Net assets or fund balances Subtract line 21 from line 20	0	0

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 — 2012-05-14 — Date

JOHN D MCCONNELL MD CEO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶				Firm's EIN ▶
Firm's address ▶				Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE FILING ORGANIZATION'S MISSION IS TO IMPROVE THE HEALTH OF OUR REGION, STATE AND NATION BY -SERVING AS THE PREMIER HEALTH SYSTEM IN OUR REGION, WITH SPECIFIC CENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CARE DESTINATIONS -GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREAT DISEASE -TRAINING TOMORROW'S LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 12,836 including grants of $) (Revenue $ 12,836)

OVERVIEW WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP HOSPITALS AND INNOVATIVE RESEARCH CENTERS AND A PREMIER MEDICAL SCHOOL WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS A CORPORATION WHOSE MEMBERS ARE WAKE FOREST UNIVERSITY AND NORTH CAROLINA BAPTIST HOSPITAL THE MEDICAL CENTER OPERATES WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE AND HAS A FACULTY PHYSICIAN PRACTICE OF ABOUT 860 DOCTORS THE MEDICAL CENTER HAS 1,004 ACUTE CARE AND REHABILITATION BEDS OPERATIVE ACROSS THE SYSTEM, WHICH ENCOMPASSES ITS MAIN CAMPUS (885 BEDS), BRENNER CHILDREN'S HOSPITAL (160 BEDS, INCLUDED IN MAIN CAMPUS TOTAL), WAKE FOREST BAPTIST HEALTH-LEXINGTON MEDICAL CENTER (94 BEDS), AND DAVIE COUNTY HOSPITAL (25 BEDS) THE MEDICAL CENTER PRIMARILY SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA, BUT DRAWS PATIENTS FROM ACROSS THE STATE AND NATION FOR SELECT SERVICES WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE IS THE DRIVING FORCE BEHIND THE ESTABLISHMENT AND GROWTH OF PIEDMONT TRIAD RESEARCH PARK, A MORE THAN 200-ACRE, MIXED-USE BIOTECHNOLOGY PARK IN DOWNTOWN WINSTON-SALEM THE PARK IS HOME TO MANY OF THE MEDICAL CENTER'S ACADEMIC AND RESEARCH PROGRAMS, INCLUDING THE WORLD-RENOWNED WAKE FOREST INSTITUTE FOR REGENERATIVE MEDICINE CLINICAL SERVICESWAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION IT OFFERS EXPERTISE IN MORE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZED CARE FOR ALL AGES, AND OPERATES BRENNER CHILDREN'S HOSPITAL, A 160-BED "HOSPITAL WITHIN A HOSPITAL" ON THE MAIN CAMPUS THE MEDICAL CENTER INCLUDES 21 SUBSIDIARY OR AFFILIATE HOSPITALS, AND OPERATES MORE THAN 150 OUTREACH ACTIVITIES, INCLUDING SATELLITE SPECIALTY CLINICS, ACROSS NORTHWEST NORTH CAROLINA THERE WERE 38,511 INPATIENT ADMISSIONS IN FY 2011, AND 913,474 OUTPATIENT ENCOUNTERS (EMERGENCY DEPARTMENT, DOWNTOWN HEALTH PLAZA, DAY HOSPITAL, AMBULATORY VISITS) THE TOTAL PATIENT ENCOUNTERS NUMBERED 951,985 OUTREACHTHE DOWNTOWN HEALTH PLAZA IS A FULL-SERVICE, OUTPATIENT MEDICAL CLINIC THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINSURED RESIDENTS WITH A STATE-OF-THE-ART MEDICAL HOME EXPERTS FROM 12 MEDICAL CENTER DEPARTMENTS PROVIDE COORDINATED CARE THAT INCLUDES ADULT MEDICINE, PEDIATRICS, OBSTETRICS AND GYNECOLOGY, AS WELL AS ONSITE PHARMACY, LABORATORY AND RADIOLOGY SERVICES (INCLUDING MAMMOGRAPHY) THE DOWNTOWN HEALTH PLAZA PLAYS A SIGNIFICANT ROLE IN COMMUNITY HEALTH, PROVIDING COMMUNITY HEALTH FAIRS, DIABETES EDUCATION AND ANNUAL, FREE PROSTATE SCREENING NEARLY 64,000 PATIENT VISITS WERE RECORDED AT THE PLAZA BETWEEN JULY 2010 AND JUNE 2011 COSTS ARE SUBSIDIZED BY THE MEDICAL CENTER THE MEDICAL CENTER ALSO OPERATES NUMEROUS INNOVATIVE COMMUNITY OUTREACH PROGRAMS, MOST NOTABLY ITS BESTHEALTH CENTER AT THE REGION'S LARGEST SHOPPING MALL IN WINSTON-SALEM BESTHEALTH REACHED MORE THAN 40,000 PEOPLE LAST YEAR THROUGH 439 HEALTH SCREENINGS AND EDUCATIONAL PROGRAMS EDUCATIONAL MISSION AND ACCOMPLISHMENTS EACH OF THE TWO ORGANIZATIONS OPERATED BY THE FILING ORGANIZATION, WFUHS AND NCBH, OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS, GRADUATING SKILLED PRACTITIONERS SOME OF THE WORLD'S MOST COMPETITIVE MEDICAL STUDENTS, RESIDENTS AND FELLOWS, AS WELL AS STUDENTS IN CLINICAL PASTORAL CARE, NURSE ANESTHESIA AND OTHER AREAS, PARTICIPATE IN THESE EDUCATIONAL PROGRAMS UNDER THE DIRECTION OF THE FILING ORGANIZATION, DURING THE TAX YEAR MORE THAN $50 MILLION WAS INVESTED BY WFUHS/NCBH IN THE EDUCATION OF TOMORROW'S HEALTH CARE AND BIOMEDICAL LEADERS THAT INVESTMENT SUPPORTED THE TRAINING OF 482 MEDICAL STUDENTS, 664 PHYSICIAN RESIDENTS AND FELLOWS, 323 GRADUATE STUDENTS AND 117 PHYSICIAN ASSISTANTS THE NORTHWEST AREA HEALTH EDUCATION CENTER, PART OF WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE, DURING THE SAME YEAR PROVIDED 2,102 CONTINUING MEDICAL EDUCATION ACTIVITIES FOR 37,876 HEALTHCARE PRACTITIONERS THROUGHOUT THE REGION

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** ▶ $ 12,836

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	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* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	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**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

DOUG LISCHKE
MEDICAL CENTER BLVD
WINSTONSALEM, NC 27157
(336) 716-4445

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

Check if Schedule O contains a response to any question 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, and **current** key employees 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 (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	7,877,138	1,637,658

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	12,836	12,836		
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	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 . . . ▶	12,836	12,836	0	0

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17* . .				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties . .				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MISCELLANEOUS	12,836	12,836		
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	12,836	12,836	0	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	133,681	1	206,775
	2	Savings and temporary cash investments	1,773,315	2	1,701,454
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 19,536,217			
	b	Less accumulated depreciation — 10b:	0	10c	19,536,217
	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		14	
	15	Other assets See Part IV, line 11	111,549	15	112,328
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,018,545	16	21,556,774
Liabilities	17	Accounts payable and accrued expenses	9,695	17	9,407
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		21	
	22	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 Complete Part X of Schedule D	2,008,850	25	21,547,367
	26	**Total liabilities.** Add lines 17 through 25	2,018,545	26	21,556,774
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	0	27	
	28	Temporarily restricted net assets	0	28	
	29	Permanently restricted net assets	0	29	
		Organizations that do not follow SFAS 117, 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	0	33	0
	34	Total liabilities and net assets/fund balances	2,018,545	34	21,556,774

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	12,836
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,836
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	0
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	0

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Employer identification number
51-0190238

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☑ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) WAKE FOREST UNIV HEALTH SCIENCES	223849199	SCHOOL	Yes		Yes		Yes		0
(B) NORTH CAROLINA BAPTIST HOSPITAL	560552787	HOSPITAL	Yes		Yes		Yes		0
(C) WAKE FOREST UNIVERSITY	560532138	SCHOOL	Yes		Yes		Yes		0
Total									0

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 IV)						
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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 51-0190238
Name: WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) WAKE FOREST UNIV HEALTH SCIENCES	223849199	SCHOOL	Yes		Yes		Yes		0
(B) NORTH CAROLINA BAPTIST HOSPITAL	560552787	HOSPITAL	Yes		Yes		Yes		0
(C) WAKE FOREST UNIVERSITY	560532138	SCHOOL	Yes		Yes		Yes		0

Additional Data

Software ID:
Software Version:
EIN: 51-0190238
Name: WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

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

(A) Name and Title	(B) Average hours per week	(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			
ROGER COTHRAN DIRECTOR	2 00	X						0	0	0
ERNEST L EVANS DIRECTOR	2 00	X						0	0	0
ARTHUR A GIBEL DIRECTOR	2 00	X						0	0	0
RON D KESSINGER DIRECTOR	2 00	X						0	0	0
STEPHEN L ROBERTSON DIRECTOR	2 00	X						0	0	0
WILLIAM C WARDEN JR CHAIR (AND DIRECTOR)	6 00	X		X				0	0	0
SHEREE B WATSON DIRECTOR	2 00	X						0	0	0
GRAHAM F BENNETT DIRECTOR	2 00	X						0	0	0
DONNA A BOSWELL DIRECTOR	2 00	X						0	0	0
GRAHAM W DENTON JR VICE CHAIR (AND DIRECTOR)	6 00	X		X				0	0	0
DONALD E FLOW DIRECTOR	2 00	X						0	0	0
ROBERT E GREENE DIRECTOR	2 00	X						0	0	0
NATHAN O HATCH PHD DIRECTOR	8 00	X						0	0	0
ANDREW J SCHINDLER DIRECTOR	2 00	X						0	0	0
JOHN D MCCONNELL MD CEO	5 00			X				0	1,875,612	624,197
J MCLAIN WALLACE JR SECRETARY AND GENERAL COUNSEL	5 00			X				0	378,244	40,349
EDWARD G CHADWICK EXECUTIVE VP, CFO & TREASURER	5 00			X				0	730,805	243,782
J REID MORGAN ASSISTANT SECRETARY	6 00			X				0	365,229	49,026
THOMAS E SIBERT MD PRESIDENT AND COO OF HEALTH SYSTEM	5 00			X				0	740,478	254,655
RUSSELL M HOWERTON MD CHIEF MEDICAL OFFICER	5 00			X				0	580,706	51,108
DOUGLAS L EDGETON EXECUTIVE VP MED CTR ADMIN	5 00			X				0	613,769	41,279
LISA M WYATT VP CH COMMUNICATIONS/MKTG OFFICER	5 00			X				0	334,084	30,629
CHERYL E H LOCKE VP CHIEF HUMAN RESOURCES OFFICER	5 00			X				0	710,536	34,116
SHELIA M SANDERS VP CHIEF INFORMATION OFFICER	5 00			X				0	381,555	45,230
NORMAN B POTTER JR VP DEVELOPMENT & ALUMNI AFFAIRS	5 00			X				0	222,258	37,771

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

(A) Name and Title	(B) Average hours per week	(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			
KAREN H HUEY VICE PRESIDENT FACILITIES	5 00			X				0	229,431	59,613
JOANNE C RUHLAND VICE PRESIDENT GOVERNMENT AFFAIRS	5 00			X				0	210,942	35,556
MAUREEN E SINTICH CHIEF NURSING OFFICER	5 00			X				0	339,629	55,686
DOUGLAS NELSON FORMER TREASURER AND SECRETARY	5 00						X	0	163,860	34,661

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Employer identification number
51-0190238

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in 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 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 XIV

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

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

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

b If "Yes," explain the arrangement in Part XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	542,528	505,886	667,600		
b Contributions	5,725	5,000	5,000		
c Investment earnings or losses	58,087	36,622	-161,714		
d Grants or scholarships	288,510	0	0		
e Other expenditures for facilities and programs	4,575	4,980	5,000		
f Administrative expenses	0	0	0		
g End of year balance	313,255	542,528	505,886		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 0 %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		19,536,217		19,536,217
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				19,536,217

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
BENEFICIAL INTEREST HELD ON BEHALF OF OTHERS	21,547,367
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	21,547,367

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Employer identification number
51-0190238

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ 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 in 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN D MCCONNELL MD	(i)	0	0	0	0	0	0	0
	(ii)	878,909	500,000	496,703	606,145	18,052	2,499,809	0
(2) J MCLAIN WALLACE JR	(i)	0	0	0	0	0	0	0
	(ii)	252,151	107,878	18,215	24,458	15,891	418,593	0
(3) EDWARD G CHADWICK	(i)	0	0	0	0	0	0	0
	(ii)	503,663	200,000	27,142	219,578	24,204	974,587	0
(4) J REID MORGAN	(i)	0	0	0	0	0	0	0
	(ii)	303,894	50,000	11,335	24,500	24,526	414,255	0
(5) THOMAS E SIBERT MD	(i)	0	0	0	0	0	0	0
	(ii)	545,517	166,027	28,934	231,282	23,373	995,133	0
(6) RUSSELL M HOWERTON MD	(i)	0	0	0	0	0	0	0
	(ii)	136,091	427,701	16,914	26,009	25,099	631,814	0
(7) DOUGLAS L EDGETON	(i)	0	0	0	0	0	0	0
	(ii)	484,360	111,700	17,709	18,602	22,677	655,048	0
(8) LISA M WYATT	(i)	0	0	0	0	0	0	0
	(ii)	265,711	38,300	30,073	21,246	9,383	364,713	0
(9) CHERYL E H LOCKE	(i)	0	0	0	0	0	0	0
	(ii)	340,146	83,700	286,690	18,848	15,268	744,652	0
(10) SHELIA M SANDERS	(i)	0	0	0	0	0	0	0
	(ii)	313,768	55,100	12,687	27,014	18,216	426,785	0
(11) NORMAN B POTTER JR	(i)	0	0	0	0	0	0	0
	(ii)	192,124	27,500	2,634	16,752	21,019	260,029	0
(12) KAREN H HUEY	(i)	0	0	0	0	0	0	0
	(ii)	185,780	40,206	3,445	43,498	16,115	289,044	0
(13) JOANNE C RUHLAND	(i)	0	0	0	0	0	0	0
	(ii)	152,682	40,500	17,760	17,507	18,049	246,498	0
(14) MAUREEN E SINTICH	(i)	0	0	0	0	0	0	0
	(ii)	262,421	68,757	8,451	40,203	15,483	395,315	0
(15) DOUGLAS NELSON	(i)	0	0	0	0	0	0	0
	(ii)	163,249	0	611	14,266	20,395	198,521	0
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4B	PARTICIPATE IN OR RECEIVE PAYMENTS FROM SUPPLEMENTAL NON QUALIFIED RETIREMENT PLANS THE DETERMINATION OF THE AMOUNT OF THE NON QUALIFIED RETIREMENT PLANS FOLLOWED THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE 990
SUPPLEMENTAL INFORMATION	PART III	DURING THE TAX PERIOD, THE FILING ORGANIZATION, NORTH CAROLINA BAPTIST HOSPITAL ("NCBH") AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ("WFUHS") (AND WAKE FOREST UNIVERSITY ("WFU")) WERE OPERATING UNDER AN AGREEMENT THAT PROVIDED FOR THE OPERATION OF WFUHS AND NCBH BY THE FILING ORGANIZATION NCBH, WFUHS, AND THE FILING ORGANIZATION ARE ENTITIES WHICH TOGETHER HAVE COMBINED OPERATING REVENUES FOR THE TAX PERIOD OF $1 9 BILLION IN GENERAL, EXECUTIVES PERFORMING KEY MANAGEMENT FUNCTIONS WERE SOUGHT AND HIRED AFTER NATIONAL SEARCHES IN A HIGHLY COMPETITIVE ENVIRONMENT, AND ONLY INDIVIDUALS AT THE HIGHEST LEVELS OF ABILITY WERE SOUGHT, GIVEN THE TASK OF INITIATING AND IMPLEMENTING THE NEW MANAGEMENT STRUCTURE DESIGNED TO OPTIMIZE THE EFFECTIVENESS OF BOTH ORGANIZATIONS (NCBH AND WFUHS) IN THEIR TAX-EXEMPT MISSIONS, AS PARTICIPANTS IN A FULLY-INTEGRATED ACADEMIC MEDICAL CENTER CERTAIN EXECUTIVES OF THE FILING ORGANIZATION (WHO EACH HOLD THE IDENTICAL OFFICES/TITLES IN WFUHS, NCBH, AND THE FILING ORGANIZATION) ARE ELIGIBLE TO RECEIVE INCENTIVE COMPENSATION AT THE END OF EACH FISCAL YEAR THE INCENTIVE STRUCTURE IS BASED UPON GOALS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE FILING ORGANIZATION'S BOARD AT THE BEGINNING OF THE YEAR, INCLUDING MEASURES OF CLINICAL QUALITY, PATIENT SATISFACTION, AND FINANCIAL OPERATING PERFORMANCE THE DETERMINATION OF THE AMOUNT OF INCENTIVE COMPENSATION IS SUBJECT TO THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE 990 SEE SCHEDULE O INFORMATION FOR FORM 990, PART VI, SECTION B, LINE 15 RELATING TO THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR, AND OTHER EXECUTIVES THE FOLLOWING INDIVIDUALS WERE COMPENSATED DIRECTLY BY WAKE FOREST UNIVERSITY HEALTH SCIENCES, A RELATED (SUPPORTED) ORGANIZATION, FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION, WFUHS, AND NCBH JOHN D MCCONNELL, M D , THOMAS E SIBERT, M D , EDWARD G CHADWICK, RUSSELL M HOWERTON, M D , DOUGLAS L EDGETON, LISA M WYATT, CHERYL E H LOCKE, SHELIA M SANDERS, NORMAN B POTTER, JR , KAREN H HUEY, JOANNE C RUHLAND, AND DOUGLAS NELSON THE FOLLOWING INDIVIDUALS WERE COMPENSATED DIRECTLY BY NORTH CAROLINA BAPTIST HOSPITAL, A RELATED (SUPPORTED)ORGANIZATION, FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION AND NCBH J MCLAIN WALLACE, JR AND MAUREEN E SINTICH THE FOLLOWING INDIVIDUALS WERE COMPENSATED BY WAKE FOREST UNIVERSITY, A RELATED (SUPPORTED)ORGANIZATION, FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION, WFUHS, AND WFU NATHAN O HATCH, PH D AND J REID MORGAN

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Employer identification number
51-0190238

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) 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) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting 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 grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) WAKE FOREST UNIVERSITY	FAMILY MEMBER OF J MCCLAIN WALLACE, JR , SECRETARY AND GENERAL COUNSEL	31,985	COMPENSATION AS EMPLOYEE OF WAKE FOREST UNIVERSITY		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Employer identification number
51-0190238

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		EFFECTIVE JULY 1, 2010, THE GOVERNING BOARDS OF FOUR NORTH CAROLINA NONPROFIT CORPORATIONS (WAKE FOREST UNIVERSITY, NORTH CAROLINA BAPTIST HOSPITAL, WAKE FOREST UNIVERSITY HEALTH SCIENCES, AND WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER) ENTERED INTO AN AGREEMENT (THE "MEDICAL CENTER INTEGRATION AGREEMENT" OR "MCIA") UNDER WHICH THE OPERATION OF EACH OF NORTH CAROLINA BAPTIST HOSPITAL ("NCBH") AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ("WFUHS") WAS DELEGATED TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") WFUHS IS A WHOLLY-CONTROLLED SUBSIDIARY ENTITY OF WAKE FOREST UNIVERSITY ("WFU") WFUBMC IS NOW A MEMBERSHIP NONPROFIT CORPORATION WHOSE TWO EQUAL MEMBERS ARE NCBH (WHICH ENTITY IS UNRELATED TO WFU) AND WFU THIS CONSOLIDATION OF MANAGEMENT IN THE FILING ORGANIZATION OF THE VARIOUS ACADEMIC MEDICAL CENTER OPERATIONS, SUBJECT TO SUBSTANTIAL RESERVED POWERS IN EACH OF THE CONSTITUENT MEMBERS' (OR IN WFUHS') BOARDS, MANDATED CHANGES IN THE GOVERNANCE DOCUMENTS OF EACH ORGANIZATION BELOW IS A SUMMARY OF THE SIGNIFICANT CHANGES TO THE GOVERNANCE DOCUMENTS OF THE FILING ORGANIZATION ADOPTED SINCE THE FILING OF THE PRIOR YEAR'S FORM 990 ARTICLES OF INCORPORATION - NOW REFLECT, IN PARAGRAPH 3, THAT WFUBMC IS A MEMBERSHIP CORPORATION, WITH NCBH AND WFU AS ITS TWO MEMBERS BYLAWS - WFUBMC'S EXPANDED PURPOSE, TO OPERATE NCBH AND WFUHS (AND THEIR SUBSIDIARIES AND AFFILIATES) AS A FULLY INTEGRATED ACADEMIC MEDICAL CENTER, IS NOTED IN ARTICLE I - ARTICLE III REFLECTS THE TWO "MEMBERS" (AKIN TO SHAREHOLDERS IN A FOR-PROFIT CORPORATION) OF WFUBMC -- NCBH AND WFU -- AND THAT THEY ARE EQUAL MEMBERS IN ALL RESPECTS - THE SIZE OF THE WFUBMC BOARD IS SET AT 14 VOTING, AND 2 NON-VOTING (FACULTY) MEMBERS, HALF OF THE 14 ARE ELECTED BY NCBH AND HALF BY WFU FROM AMONG THE WFUHS BOARD MEMBERS, THE 2 NON-VOTING MEMBERS ARE ELECTED BY THE WFUBMC BOARD THE ELECTION PROCESS IS TO BE COORDINATED TO ENSURE "THE BEST POSSIBLE MIX OF SKILLS AND EXPERIENCE" (ARTICLE IV) - THE WFUBMC BOARD'S DUTY TO GOVERN ALL MEDICAL CENTER OPERATIONS IN ACCORDANCE WITH THE MCIA, SUBJECT TO RESERVED POWERS IN NCBH AND WFU, IS RECITED (ARTICLE IV, SECTION 5) - THE PROCESS FOR BOARD APPROVAL OF CERTAIN NAMED WFUBMC OFFICERS IS ADDED IN ARTICLE VI, SECTION 2 - SECTION 10 OF ARTICLE VI SETS OUT THE DUTIES OF THE WFUBMC CEO AND THE PROCEDURES FOR ANNUAL EVALUATION OF THE CEO AND THAT THE CEO MAY BE REMOVED PURSUANT TO THE PROVISIONS OF THE MCIA AND THE CEO'S EMPLOYMENT AGREEMENT - THE CHANGES TO THE WFUBMC BOARD'S COMMITTEE STRUCTURE AND COMPOSITION, INCLUDING THAT COMMITTEES MAY INCLUDE MEMBERS FROM THE NCBH AND WFUHS BOARDS WHO ARE NOT WFUBMC VOTING BOARD MEMBERS, ARE SET OUT IN ARTICLE VII - ARTICLE VIII, SECTION 8 PROVIDES THAT, AS TO AMENDMENTS TO THE WFUBMC ARTICLES AND BYLAWS THAT MUST BE APPROVED BY THE WFUHS, NCBH AND WFU BOARDS, ANYTHING REQUIRING THE APPROVAL OF THE NCBH OR WFU BOARDS REQUIRES AFFIRMATIVE VOTE OF A MAJORITY OF MEMBERS OF THE WFUBMC BOARD ELECTED BY SUCH ENTITY (NCBH OR WFU) IN ORDER TO RECOMMEND THE ACTION TO THE APPROVING BOARD

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12	WHILE THE FILING ORGANIZATION DOES NOT HAVE ITS OWN CONFLICTS OF INTEREST POLICY, BOTH OF THE ORGANIZATIONS IT OPERATES, WFUHS AND NCBH, DO ALL OFFICERS, KEY EMPLOYEES, AND FORMER SUCH PERSONS ARE SUBJECT TO AND COMPLY WITH ONE OR THE OTHER SUCH POLICY ALL DIRECTORS OF THE FILING ORGANIZATION ARE DRAWN FROM THE BOARDS OR ARE EXECUTIVES OF WFUHS, NCBH OR WFU AND LIKEWISE COMPLY WITH SUCH ORGANIZATIONS' CONFLICTS OF INTEREST POLICIES ON AN ANNUAL BASIS, (AND AS THEY ARISE), ALL DIRECTORS AND OFFICERS (BUT NO EMPLOYEES, AS THE FILING ORGANIZATION HAS NO EMPLOYEES)OF THE ORGANIZATION ARE ASKED TO REVIEW THE APPLICABLE CONFLICT OF INTEREST POLICY, AND TO DESCRIBE ANY POTENTIAL CONFLICTS OF INTEREST THEY MAY HAVE GIVEN THEIR ROLE WITH THE FILING ORGANIZATION UPON COMPLETION OF THE CONFLICT OF INTEREST SURVEY, THE APPLICABLE INTERNAL AUDIT AND COMPLIANCE OFFICES REVIEW THE COMPLETED QUESTIONNAIRES ON BEHALF OF THE FILING ORGANIZATION ANY CONFLICTS IDENTIFIED ARE COMMUNICATED TO THE FILING ORGANIZATION'S CEO AND PRESENTED TO THE APPLICABLE AUDIT AND COMPLIANCE COMMITTEES THE AUDIT AND COMPLIANCE COMMITTEE CHAIRS PRESENT AN ANNUAL REPORT OF CONFLICTS TO THE FULL BOARDS OF THE APPLICABLE ORGS ALL CONFLICTS OF INTEREST ARE RESOLVED BY MANAGEMENT PLANS DEVELOPED BY SUCH BOARDS' AUDIT AND COMPLIANCE COMMITTEES AND THE APPLICABLE INTERNAL AUDIT AND COMPLIANCE OFFICES

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE FILING ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	THE FOLLOWING PERSONS WERE COMPENSATED DIRECTLY BY WAKE FOREST UNIVERSITY HEALTH SCIENCES, A RELATED ORGANIZATION, WAKE FOREST UNIVERSITY, A RELATED (SUPPORTED) ORGANIZATION OF THE FILING ORGANIZATION, OR NORTH CAROLINA BAPTIST HOSPITAL, A RELATED (SUPPORTED) ORGANIZATI ON, FOR SERVICES PERFORMED FOR THE FILING ORGANIZATION EACH PERSON'S POSITION IN EACH ORG ANIZATION, AND THE AVERAGE HOURS PER WEEK THAT THEY DEVOTE TO EACH ENTITY, ARE SHOWN BELOW NATHAN O HATCH, PH D DIRECTOR, FILING ORGANIZATION _8_ HOURS PER WEEK OFFICER, DIRECTO R, WFUHS _3_ HOURS PER WEEK PRESIDENT, WAKE FOREST UNIVERSITY _25_ HOURS PER WEEK PRESIDEN T, WFU FOUNDATION _ 2 _ HOURS PER WEEK PRESIDENT, WFU DEVELOPMENT FOUNDATION _ 3 _ HOURS P ER WEEK OFFICER, REYNOLDA HOUSE, INC _ 5 _ HOURS PER WEEK DIRECTOR/BOARD CHAIR, PIEDMONT TRIAD RESEARCH PARK _2_ HOURS PER WEEK DIRECTOR, PTRP DEVELOPMENT CORPORATION _1_ HOUR PER WEEK J REID MORGAN ASSISTANT SECRETARY, FILING ORGANIZATION _6_ HOURS PER WEEK SECRETARY AND GENERAL COUNSEL, WFUHS _5_ HOURS PER WEEK SECRETARY AND GENERAL COUNSEL, WAKE FOREST UNIV _20_ HOURS PER WEEK SECRETARY, WFU FOUNDATION _ 2 _ HOURS PER WEEK SECRETARY, WFU DEV ELOPMENT FOUNDATION _ 3 _ HOURS PER WEEK DIRECTOR, SECRETARY, PIEDMONT TRIAD RESEARCH PARK _7_ HOURS PER WEEK DIRECTOR, SECRETARY, PTRP DEVELOPMENT CORPORATION _ 6 _ HOURS PER WEEK SECRETARY, IDEALLIANCE _ 2_ HOURS PER WEEK SECRETARY, IDEALLIANCE FOUNDATION _ 2 _ HOURS PER WEEK SECRETARY, DIALYSIS CENTERS (GROUP RETURN) _ 5_ HOURS PER WEEK DOUGLAS L EDGETON EXECUTIVE VICE PRESIDENT, FILING ORGANIZATION _5_ HOURS PER WEEK EXECUTIVE VICE PRESIDENT , WFUHS _15_ HOURS PER WEEK EXECUTIVE VICE PRESIDENT, NCBH _1_ HOUR PER WEEK DIRECTOR, PRE SIDENT, PIEDMONT TRIAD RESEARCH PARK _10_ HOURS PER WEEK DIRECTOR, PRESIDENT, PTRP DEVELOP MENT CORP _5_ HOURS PER WEEK DIRECTOR, PRESIDENT, IDEALLIANCE _ 2 _ HOURS PER WEEK DIRECTO R, PRESIDENT, IDEALLIANCE FOUNDATION _ 2_ HOURS PER WEEK TRUSTEE, SECRETARY, TREASURER, TH E MEDICAL FDTN _ 1_ HOURS PER WEEK VICE PRESIDENT/TREASURER, DIALYSIS ACCESS GROUP OF WAKE FOREST UNIVERSITY, LLC _1_ HOUR PER WEEK DIRECTOR, VP/TREAS, DIALYSIS CTRS (GP RETURN) _3 5_ HOURS PER WEEK JOHN D MCCONNELL, M D CEO, FILING ORGANIZATION _5_ HOURS PER WEEK DIR ECTOR, CEO, WFUHS _11_ HOURS PER WEEK DIRECTOR/CEO, NC BAPTIST HOSPITAL _20 6_ HOURS PER W EEK DIRECTOR, PIEDMONT TRIAD RESEARCH PARK _1_ HOUR PER WEEK DIRECTOR, PTRP DEVELOPMENT CO RPORATION _1_ HOUR PER WEEK DIRECTOR, IDEALLIANCE _ 2_ HOURS PER WEEK DIRECTOR, IDEALLIANC E FOUNDATION _ 2_ HOURS PER WEEK DIRECTOR/CHAIR, PRES, DIALYSIS CTRS (GP RETURN) _ 5_ HOUR S PER WEEK PRESIDENT, DIALYSIS ACCESS GP OF WAKE FOREST UNIV, LLC _ 5 _ HOURS PER WEEK EDW ARD G CHADWICK TREASURER, FILING ORGANIZATION _5_ HOURS PER WEEK TREASURER, CFO, WFUHS _1 4_ HOURS PER WEEK TREASURER, NC BAPTIST HOSPITAL _21_ HOURS PER WEEK RUSSELL M HOWERTON, M D CHIEF MEDICAL OFFICER, WFU BAPTIST HEALTH SYSTEM, FILING ORGANIZATION _5_ HOURS PER W EEK CHIEF MEDICAL OFFICER, WFU BAPTIST HEALTH SYSTEM, WFUHS _15_ HOURS PER WEEK CHIEF MEDI CAL OFFICER, WFU BAPTIST HEALTH SYSTEM, NORTH CAROLINA BAPTIST HOSPITAL _20_ HOURS PER WEE K MEMBER, DAVIE COUNTY EMERGENCY HEALTH CORPORATION _1_ HOUR PER WEEK KAREN H HUEY VP, FA CILITIES, FILING ORGANIZATION _5_ HOURS PER WEEK VP, FACILITIES, WFUHS _9_ HOURS PER WEEK VP, FACILITIES, NC BAPTIST HOSPITAL _26_ HOURS PER WEEK CHERYL E H LOCKE VP, CHIEF HUMAN RESOURCES OFFICER, FILING ORGANIZATION _5_ HOURS PER WEEK VP CHIEF HUMAN RESOURCES OFFICE R, WFUHS _9_ HOURS PER WEEK VP, CHIEF HUMAN RESOURCES OFFICER, NC BAPTIST HOSP _26_ HOURS PER WEEK NORMAN B POTTER, JR VP, DEVELOPMENT AND ALUMNI AFFAIRS, FILING ORGANIZATION _5_ HOURS PER WEEK VP, DEVELOPMENT AND ALUMNI AFFAIRS, WFUHS _9_ HOURS PER WEEK VP, DEVELOPME NT AND ALUMNI AFFAIRS, NC BAPTIST HOSP _26_ HOURS PER WEEK JOANNE C RUHLAND VP, GOVERNMEN T AFFAIRS, FILING ORGANIZATION _5_ HOURS PER WEEK VP, GOVERNMENT AFFAIRS, WFUHS _9_ HOURS PER WEEK VP, GOVERNMENT AFFAIRS, NC BAPTIST HOSPITAL _26_ HOURS PER WEEK SHEILA M SANDERS VP, CHIEF INFORMATION OFFICER, FILING ORGANIZATION _5_ HOURS PER WEEK VP, CHIEF INFORMATI ON OFFICER, WFUHS _9_ HOURS PER WEEK VP, CHIEF INFORMATION OFFICER, NC BAPTIST HOSPITAL _2 6_ HOURS PER WEEK THOMAS E SIBERT, M D PRESIDENT AND COO, WFU BAPTIST HEALTH SYSTEM, FIL ING ORGANIZATION _5_ HOURS PER WEEK PRESIDENT AND COO, WFU BAPTIST HEALTH SYSTEM, WFUHS _8 _ HOURS PER WEEK PRESIDENT AND COO, WFU BAPTIST HEALTH SYSTEM, NCBH _26_ HOURS PER WEEK TR USTEE, WFUBMC COMMUNITY PHYSICIANS _1_ HOUR PER WEEK LISA M WYATT VP, CHIEF COMMUNICATION S & MARKETING OFFICER, FILING ORGANIZATION _5_ HOURS PER WEEK VP, CHIEF COMMUNICATIONS & M ARKETING OFFICER, WFUHS _9_ HOURS PER WEEK VP, CHIEF COMMUNICATIONS & MARKETING OFFICER, N CBH _26_ HOURS PER WEEK J MCLAIN WALLACE VP GENERAL COUNSEL/SECRETARY, FILING ORGANIZATIO N _5_ HOURS PER WEEK VP GENERAL COUNSEL/SECRETARY, NCBH _35_ HOURS PER WEEK ROGER COTHRAN TRUSTEE, FILING ORGANIZATION _2_ HOURS PER WEEK TR

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A	USTEE, NCBH _6_ HOURS PER WEEK ERNEST L EVANS TRUSTEE, FILING ORGANIZATION _2_ HOURS PER WEEK TRUSTEE, NCBH _2_ HOURS PER WEEK ARTHUR A GIBEL TRUSTEE, FILING ORGANIZATION _2_ HOU RS PER WEEK TRUSTEE, NCBH _13_ HOURS PER WEEK RON D KESSINGER TRUSTEE, FILING ORGANIZATIO N _2_ HOURS PER WEEK TRUSTEE, NCBH _8_ HOURS PER WEEK STEPHEN L ROBERTSON TRUSTEE, FILING ORGANIZATION _2_ HOURS PER WEEK TRUSTEE, NCBH _2_ HOURS PER WEEK WILLIAM C WARDEN, JR T RUSTEE, FILING ORGANIZATION _6_ HOURS PER WEEK TRUSTEE, NCBH _2_ HOURS PER WEEK SHEREE B WATSON TRUSTEE, FILING ORGANIZATION _2_ HOURS PER WEEK TRUSTEE, NCBH _2_ HOURS PER WEEK GR AHAM F BENNETT DIRECTOR, FILING ORGANIZATION _2_ HOURS PER WEEK DIRECTOR, WFUHS _2_ HOURS PER WEEK DONNA A BOSWELL DIRECTOR, FILING ORGANIZATION _2_ HOURS PER WEEK DIRECTOR, WFUH S _4_ HOURS PER WEEK TRUSTEE, WAKE FOREST UNIVERSITY _3_ HOURS PER WEEK GRAHAM W DENTON, JR DIRECTOR, FILING ORGANIZATION _6_ HOURS PER WEEK DIRECTOR, WFUHS _4_ HOURS PER WEEK DO NALD E FLOW DIRECTOR, FILING ORGANIZATION _2_ HOURS PER WEEK DIRECTOR/BOARD CHAIR, WFUHS _6_ HOURS PER WEEK TRUSTEE, WAKE FOREST UNIVERSITY _3_ HOURS PER WEEK ROBERT E GREENE TRU STEE, FILING ORGANIZATION _2_ HOURS PER WEEK DIRECTOR, WFUHS _4_ HOURS PER WEEK DIRECTOR, PIEDMONT TRIAD RESEARCH PARK _1_ HOUR PER WEEK ANDREW J SCHINDLER DIRECTOR, FILING ORGANI ZATION _2_ HOURS PER WEEK DIRECTOR, WFUHS _4_ HOURS PER WEEK TRUSTEE, WAKE FOREST UNIVERSI TY _3_ HOURS PER WEEK MAUTEEN E SINTICH CHIEF NURSING OFFICER, FILING ORGANIZATION _5_ HO URS PER WEEK VP OPERATIONS/CNO, NCBH _34 8_ HOURS PER WEEK TRUSTEE, CARENET, INC _ 1_ HOU RS PER WEEK TRUSTEE, HAWTHORNE INN & CONFERENCE CTR _ 1_ HOURS PER WEEK DOUGLAS NELSON FOR MER TREASURER/SECRETARY, FILING ORGANIZATION _5_ HOURS PER WEEK TREASURER, DAVIE COUNTY EM ERGENCY HEALTH CORPORATION _1_ HOUR PER WEEK

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135010702

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL C

Employer identification number
51-0190238

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

(a) Name, address, and EIN 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

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 organization	
						Yes	No
(1) NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 56-0552787	HEALTHCARE	NC	501(C)3	HOSPITAL	N/A		No
(2) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 22-3849199	HEALTHCARE EDUCATION AND RESEARCH	NC	501(C)3	SCHOOL	WAKE FOREST UNIVERSITY		No
(3) WAKE FOREST UNIVERSITY PO BOX 7201 WINSTONSALEM, NC 27109 56-0532138	UNIVERSITY	NC	501(C)3	SCHOOL	N/A		No

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

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

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation