

D Employer identification number
22-3849199

E Telephone number
(336) 716-4445

G Gross receipts \$ 960,690,074

a group return for
ordinates?
subordinates

☐ Yes ☒ No
☐ Yes ☐ No

<p>If "No," attach a list (see instructions)</p> <p>H(c) Group exemption number ►</p>	
L Year of formation 2001	M State of legal domicile NC

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE ORGANIZATION IS PART OF WAKE FOREST BAPTIST HEALTH, A PREEMINENT LEARNING HEALTH SYSTEM AND ACADEMIC MEDICAL CENTER OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION. OUR MISSION IS TO IMPROVE THE HEALTH OF OUR REGION, STATE AND NATION BY GENERATING AND TRANSLATING KNOWLEDGE TO PREVENT, DIAGNOSE AND TREAT DISEASE, TRAINING LEADERS IN HEALTH CARE AND BIOMEDICAL SCIENCE, AND SERVING AS THE PREMIER HEALTH SYSTEM IN OUR REGION, WITH SPECIFIC CENTERS OF EXCELLENCE RECOGNIZED AS NATIONAL AND INTERNATIONAL CARE DESTINATIONS

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code) (Expenses \$ 158,768,264 including grants of \$ 32,092,454) (Revenue \$)
	See Additional Data

























4b	(Code) (Expenses \$ 689,424,241 including grants of \$ 2,274,282) (Revenue \$ 658,273,783)
	See Additional Data

4c	(Code) (Expenses \$ 93,084,579 including grants of \$ 18,797,375) (Revenue \$ 49,932,197)
	See Additional Data

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

4e	Total program service expenses ▶ 941,277,084
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	Yes
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,080
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,197
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20 State the name, address, and telephone number of the person who possesses the organization's books and records. ► JOSEPH DOLAN MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 (336) 716-4445	

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

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

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

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

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

[illegible]

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	12,760,016	7,415,847	2,839,744

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,171

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

(A) Name and business address	(B) Description of services	(C) Compensation
NTHRIVE REVENUE SYSTEMS LLC 200 NORTH POINT CENTER EAST SUITE ALPHARETTA, GA 30022	CODING, BILLING & COLLECTION SRVS	23,895,018
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 SOUTH FIGUEROA ST LOS ANGELES, CA 900898001	RESEARCH	6,897,630
MEDDATA INC 6880 W SNOWVILLE ROAD BRECKSVILLE, OH 44141	CODING & BILLING SRVS	5,779,028
EBSCO SUBSCRIPTIONS SERVICES PO BOX 204661 DALLAS, TX 75320	SCIENTIFIC JOURNALS AND SUBSCRIPTIONS	4,248,955
CASSIDY TURLEY FIDUCIARY INC 550 S TRYON STREET CHARLOTTE, NC 28202	REAL ESTATE CONSULT	4,169,125

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 292	
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Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c	345,987				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	164,983,427				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	48,691,884				
	g	Noncash contributions included in lines 1a-1f \$	1,024,874					
	h	Total. Add lines 1a-1f	214,021,298					
Program Service Revenue			Business Code					
	2a	MEDICAL SERVICES	621110	650,759,291	650,759,291			
	b	TUITION AND FEES	611710	49,932,197	49,932,197			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	700,691,488					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	33,505,893		-83,337	33,589,230	
	4		Income from investment of tax-exempt bond proceeds					
	5		Royalties	362,369			362,369	
	6a	(i) Real		(ii) Personal				
		Gross rents						
		1,834,488						
		b Less rental expenses		0				
	c		Rental income or (loss)	1,834,488				
	d		Net rental income or (loss)	1,834,488			1,834,488	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		1,406,054						
		b Less cost or other basis and sales expenses		0	107,683			
	c		Gain or (loss)	1,406,054	-107,683			
	d		Net gain or (loss)	1,298,371			1,298,371	
	8a	Gross income from fundraising events (not including \$ 345,987 of contributions reported on line 1c) See Part IV, line 18		a	222,140			
		b Less direct expenses		b	151,003			
		c		Net income or (loss) from fundraising events	71,137			71,137
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses		b				
c		Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances		a					
	b Less cost of goods sold		b					
	c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a	ADMIN & OTHER		611710	8,456,744	7,514,492	942,252		
	b PARKING		621990	189,600		122,260	67,340	
	c							
	d All other revenue							
e		Total. Add lines 11a-11d	8,646,344					
12		Total revenue. See Instructions	960,431,388	708,205,980	981,175	37,222,935		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	33,812,098	33,812,098		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	18,797,375	18,797,375		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	554,638	554,638		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	15,033,053	14,800,041	157,847	75,165
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.	518,442,895	510,407,031	5,443,650	2,592,214
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	30,957,806	30,477,960	325,057	154,789
9 Other employee benefits.	50,945,046	50,155,398	534,923	254,725
10 Payroll taxes.	26,596,105	26,183,865	279,259	132,981
11 Fees for services (non-employees).				
a Management.				
b Legal.	6,241,273	3,245,462	2,995,811	
c Accounting.	465,546	339,849	125,697	
d Lobbying.	247,196	247,196		
e Professional fundraising services. See Part IV, line 17.	63,839			63,839
f Investment management fees.	4,927,477	4,851,101	51,739	24,637
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	79,523,197	68,862,873	10,656,986	3,338
12 Advertising and promotion.	424,390	377,332	47,058	
13 Office expenses.	13,607,925	11,039,461	2,568,464	
14 Information technology.	5,061,485	4,349,988	711,497	
15 Royalties.	245,999	245,918	81	
16 Occupancy.	51,554,727	47,802,047	3,567,418	185,262
17 Travel.	8,255,222	8,127,266	86,680	41,276
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	5,888,451	5,797,180	61,829	29,442
20 Interest.	7,920,202	7,321,435	598,767	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	34,179,138	31,595,195	2,583,943	
23 Insurance.	8,068,294	8,034,836	33,458	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	31,656,241	31,656,241		
b BAD DEBT	21,023,500	21,023,500		
c MISCELLANEOUS	1,440,962	1,171,798	269,164	
d INCOME TAX	37,400		37,400	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	975,971,480	941,277,084	31,136,728	3,557,668
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		12,761,218	2	10,231,940
	3	Pledges and grants receivable, net		37,721,600	3	42,057,429
	4	Accounts receivable, net		178,177,822	4	191,450,921
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		618,969	7	771,911
	8	Inventories for sale or use		284,290	8	110,621
	9	Prepaid expenses and deferred charges		13,057,474	9	6,551,975
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	816,198,142		
	b	Less: accumulated depreciation	10b	464,255,982		
				336,388,436	10c	351,942,160
	11	Investments—publicly traded securities		30,707,773	11	3,090,017
	12	Investments—other securities. See Part IV, line 11		541,615,132	12	563,409,992
	13	Investments—program-related. See Part IV, line 11		49,258,643	13	57,370,754
	14	Intangible assets		2,000,000	14	0
15	Other assets. See Part IV, line 11		128,595,804	15	190,050,230	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,331,187,161	16	1,417,037,950	
Liabilities	17	Accounts payable and accrued expenses		393,344,404	17	460,125,347
	18	Grants payable			18	
	19	Deferred revenue		80,399,221	19	70,952,144
	20	Tax-exempt bond liabilities		160,478,557	20	105,863,322
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		63,318,003	23	107,297,110
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		109,080,191	25	110,685,341
	26	Total liabilities. Add lines 17 through 25		806,620,376	26	854,923,264
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		295,512,809	27	327,411,774
	28	Temporarily restricted net assets		60,784,582	28	58,324,036
	29	Permanently restricted net assets		168,269,394	29	176,378,876
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		524,566,785	33	562,114,686
	34	Total liabilities and net assets/fund balances		1,331,187,161	34	1,417,037,950

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	960,431,388
2	Total expenses (must equal Part IX, column (A), line 25)	2	975,971,480
3	Revenue less expenses Subtract line 2 from line 1	3	-15,540,092
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	524,566,785
5	Net unrealized gains (losses) on investments	5	-1,352,385
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	54,440,378
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	562,114,686

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 22-3849199
Name: WAKE FOREST UNIVERSITY HEALTH SCIENCES

Form 990 (2017)

Form 990, Part III, Line 4a:

MEDICAL RESEARCH, GENERAL/OTHER RESEARCH COMPRISED OF BASIC SCIENCE CLINICAL RESEARCH AND POPULATION BASED STUDIES AND IS CENTERED ON THE ACQUISITION AND ADVANCEMENT OF SCIENTIFIC KNOWLEDGE AND NEW TECHNOLOGY AND THEIR TRANSFER TO INDUSTRY AND THE PATIENT IN ORDER TO PREVENT AND TREAT DISEASE AND PROMOTE HEALTH (2,288 GRANTS)

Form 990, Part III, Line 4b:

PATIENT CARE AND MEDICAL EXPENSES IN PROVIDING SERVICES TO 1,028,812 PATIENT ENCOUNTERS

Form 990, Part III, Line 4c:

PROFESSIONAL EDUCATION INSTRUCTION OF MORE THAN 1,800 MEDICAL, GRADUATE, PHYSICIAN ASSISTANT, CRNA AND BIOMEDICAL ENGINEERING STUDENTS
SCHOLARSHIPS AND AID PROVIDED TO 1,153 STUDENTS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD E FLOW CHAIR OF BOARD	4 00 21 00	X						0	0	0
DONNA A BOSWELL PHD DIRECTOR	2 00 19 00	X						0	0	0
JAMES R HELVEY III DIRECTOR	2 00 1 00	X						0	0	0
JAMES J MARINO VICE CHAIR	3 00 9 00	X						0	0	0
JAMES T WILLIAMS JR DIRECTOR	2 00 1 00	X						0	0	0
GERALD F ROACH DIRECTOR	2 00 6 00	X						0	0	0
BOBBY R BURCHFIELD DIRECTOR	2 00 6 00	X						0	0	0
MATTHEW A KING DIRECTOR	2 00 6 00	X						0	0	0
NATHAN O HATCH PHD DIRECTOR & PRESIDENT - WFU	3 00 37 00	X		X				0	1,405,146	480,383
RICHARD A BRENNER DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW J SCHINDLER DIRECTOR	2 00 4 00	X						0	0	0
DAVID W DUPREE DIRECTOR	2 00	X						0	0	0
DONNA F EDWARDS DIRECTOR	9 00 2 00	X						0	5,208	0
GRAHAM F BENNETT DIRECTOR	2 00	X						0	0	0
J ANDREWS HANCOCK III DIRECTOR	2 00	X						0	0	0
BRENDA K CLINE DIRECTOR	2 00	X						0	0	0
JULIE ANN FREISCHLAG MD DIRECTOR, CEO & DEAN	15 70 24 30	X		X				992,415	0	208,694
H LAWRENCE CULP JR DIRECTOR	2 00 3 60	X						0	0	0
CATHY WALL THOMAS MD DIRECTOR	2 00 4 00	X						0	0	0
ADELAIDE A SINK DIRECTOR	2 00 5 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
J REID MORGAN SECRETARY & GENERAL COUNSEL	8 00 32 00			X				0	528,855	182,806
ANITA M CONRAD ASSISTANT SECRETARY	12 00 28 00			X				0	184,521	38,363
TERRY L HALES JR ASSISTANT TREASURER	33 80 6 20			X				594,630	0	53,599
KAREN H HUEY VP FACILITIES	11 00 29 00			X				0	398,461	59,685
ERIC TOMLINSON DSC PHD CH INNOV OFR & PRES WFIQ TO 3/1/18	5 00 35 00			X				694,716	0	35,598
TERRY G WILLIAMS EVP, CH STRATEGY OFR	4 40 35 60			X				0	739,261	176,980
KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	6 10 33 90			X				752,824	0	169,813
DEETTE M EMON VP & CH INFO OFFICER TO 7/31/17	5 00 35 00			X				0	356,983	28,522
ROBERT J GFELLER JR EVP EXT RELATIONS, CH MKTG	5 00 35 00			X				0	654,099	148,104
BRADLEY A CLARK EVP, CFO & TREASURER	6 70 33 30			X				0	483,113	170,979

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LILICIA BAILEY SVP & CH PEOPLE OFFICER	2 40 37 60			X				0	601,203	131,832
WILLIAM D SHOWALTER SR V P , CH INFO OFFICER FR 8/16/17	5 00 35 00			X				0	214,093	28,128
NEAL KON MD PROFESSOR - CT SURGERY	40 00					X		1,296,258	0	41,984
ANTHONY ATALA MD DEPARTMENT CHAIR	40 00					X		1,067,380	0	255,776
EDWARD KINCAID MD DEPARTMENT CHAIR	40 00					X		1,372,791	0	46,522
STEPHEN TATTER MD PHD PROFESSOR - NEUROSURGERY	40 00					X		1,031,399	0	46,522
CHARLES BRANCH JR MD DEPARTMENT CHAIR	40 00					X		1,107,147	0	43,762
JOHN D MCCONNELL MD FORMER OFFICER	0 00 40 00						X	1,860,397	0	289,177
EDWARD ABRAHAM MD FORMER OFFICER	0 00 0 00						X	650,802	0	30,994
RUSSELL M HOWERTON MD FORMER OFFICER	14 70 25 30						X	809,126	0	54,231

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERYL LOCKE FORMER OFFICER	0 00 0 00						X	0	485,469	30,450
NORMAN D POTTER JR FORMER OFFICER	0 00 0 00						X	530,131	0	9,972
JOANNE C RUHLAND FORMER OFFICER	15 00 25 00						X	0	372,403	42,972
CHAD A ECKES FORMER OFFICER	0 00 0 00						X	0	987,032	33,896

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☒

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	201,910,285	218,972,568	196,172,105	209,062,530	214,021,298	1,040,138,786
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	201,910,285	218,972,568	196,172,105	209,062,530	214,021,298	1,040,138,786
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						1,040,138,786

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	201,910,285	218,972,568	196,172,105	209,062,530	214,021,298	1,040,138,786
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	243,341,362	13,628,024	11,743,578	12,437,529	35,786,087	316,936,580
9	Net income from unrelated business activities, whether or not the business is regularly carried on	93,165	710,378	790,182	1,772,660	0	3,366,385
10	Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	780,020	328,662	220,917	140,763	289,480	1,759,842
11	Total support. Add lines 7 through 10						1,362,201,593
12	Gross receipts from related activities, etc. (see instructions)					12	3,026,454,570

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	76.360 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	76.580 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2013 AMOUNT \$ 780,020 2014 AMOUNT \$ 328,662 2015 AMOUNT \$ 220,917 2016 AMOUNT \$ 140,763 2017 AMOUNT \$ 289,480

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES	Employer identification number 22-3849199
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$ 0
3	Volunteer hours for political campaign activities (see instructions)	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		247,196
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			247,196
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE OFFICE OF GOVERNMENT RELATIONS WAS ACTIVELY INVOLVED WITH SEVERAL FEDERAL AND STATE ISSUES. THE OFFICE ASSISTED IN DEVELOPING POLITICAL ADVOCACY STRATEGIES REGARDING THE EVALUATION OF THE 340B PROGRAM AND SUBMITTED A COMMENT LETTER TO THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS) REGARDING REDUCTIONS TO MEDICARE PART B 340B PAYMENTS, MEDICAID REFORM (BLOCK GRANTS) AND OTHER PROVISIONS IN THE GRAHAM CASSIDY--AFFORDABLE CARE ACT (ACA) REPEAL AND REPLACE BILL, AND VARIOUS PIECES OF LEGISLATION RELATED TO INSURANCE MARKET STABILIZATION, RE-EVALUATION OF THE MEDICARE HOSPITAL STAR RATINGS PROGRAM, 21ST CENTURY CURES IMPLEMENTATION ISSUES, CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REAUTHORIZATION AND FUNDING, DELAY OF THE ACA MEDICAID DISPROPORTIONATE SHARE PAYMENT REDUCTIONS, HIGHER EDUCATION ACT REAUTHORIZATION AND FINANCIAL AID SIMPLIFICATION AS IT RELATES TO MEDICAL STUDENTS, BIODEFENSE AND PREPAREDNESS REAUTHORIZATION ACT, ENDOWMENT TAX, UBIT AND OTHER PROVISIONS IN THE TAX CUTS AND JOBS ACT, MEDICARE EXTENDERS, NIH FUNDING AND OPIOID EPIDEMIC FUNDING IN THE OMNIBUS SPENDING BILL, FUNDING FOR NEW GRADUATE MEDICAL EDUCATION RESIDENCY SLOTS TO COMBAT THE OPIOID AND SUBSTANCE ABUSE EPIDEMIC, CHANGES TO THE PROVISIONS OF THE MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (MACRA), BILLS TO INCREASE PHYSICIAN RESIDENCY SLOTS BY 15,000 AT TEACHING HOSPITALS OVER THE NEXT FIVE YEARS, AND THE FY 2019 INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) RULE. STAFF WORKED ON THE FY2019 BUDGET, AND THE CY 2019 MEDICARE PHYSICIAN FEE SCHEDULE AND OTHER CHANGES TO MEDICARE PART B REIMBURSEMENT POLICIES AND ON MANY OF THE FY 2019 APPROPRIATIONS BILLS AND PROPOSED LEGISLATION AND REGULATIONS THAT WERE INTRODUCED, INCLUDING THOSE PROPOSED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGARDING THE NATIONAL INSTITUTES OF HEALTH (NIH) BUDGET, AND VETERANS AFFAIRS (VA) RESEARCH AND MEDICAL CARE FUNDING TO EASE ACCESS FOR VETERANS SEEKING HEALTH CARE FROM NON-VA PROVIDERS. AT THE STATE LEVEL, EFFORTS WERE RELATED TO FUNDING FOR THE WAKE FOREST ARMED FORCES INSTITUTE FOR REGENERATIVE MEDICINE (AFIRM), STOPPING LEGISLATION TO REPEAL THE CERTIFICATE OF NEED LAW, RESTRUCTURING OF NC MEDICAID GRADUATE MEDICAL EDUCATION FUNDING ALLOCATION AS IT RELATES TO RURAL AREAS, OFFICE OF MEDICAL EXAMINER FACILITY FUNDING, AND AMENDMENTS TO THE NC MEDICAID 1115 WAIVER BY NC DEPARTMENT OF HEALTH AND HUMAN SERVICES AND ITS IMPACT TO MEDICAID REFORM RESTRUCTURING IMPLEMENTATION.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134046859	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES				Employer identification number 22-3849199	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1		Total number at end of year			
2		Aggregate value of contributions to (during year)			
3		Aggregate value of grants from (during year)			
4		Aggregate value at end of year			
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
6		Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1 ► \$					
(ii) Assets included in Form 990, Part X ► \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ► \$					
b Assets included in Form 990, Part X ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
Cat No 52283D		Schedule D (Form 990) 2017			

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	485,586,506	454,890,306	454,412,242	434,292,937	401,275,256
b Contributions	17,992,056	18,965,580	21,183,187	31,275,281	10,671,481
c Net investment earnings, gains, and losses	23,859,294	31,457,259	-1,149,360	7,099,062	36,510,163
d Grants or scholarships	22,294,743	19,726,639	19,555,763	18,255,038	14,163,963
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	505,143,113	485,586,506	454,890,306	454,412,242	434,292,937

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

59 330 %

b

Permanent endowment

30 600 %

c

Temporarily restricted endowment

10 070 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		53,426,632		53,426,632
b Buildings		390,317,935	275,205,157	115,112,778
c Leasehold improvements		29,968,723	11,842,481	18,126,242
d Equipment		259,085,590	159,774,694	99,310,896
e Other		83,399,262	17,433,650	65,965,612
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				351,942,160

Schedule D (Form 990) 2017

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ENDOWMENT INVESTMENTS	556,639,359	F
(B) INV IN PARTNERSHIPS	2,639,970	F
(C) INVESTMENT IN ANNUITIES & LIFE INS CONTRACTS	4,130,663	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	563,409,992	

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1) OTHER INVESTMENTS	8,956,212
(2) INVESTMENT IN SUBS	105,435,760
(3) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	18,183,010
(4) FUNDS HELD UNDER RETIREMENT & BENEFIT PLANS	57,475,248
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	190,050,230

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
INTERCOMPANY PAYABLE	6,778,875
PLI RESERVE	56,471,116
BOND SWAP VALUATION	3,139,135
OTHER LIABILITIES & DEFERRALS	9,458,316
ANNUITIES PAYABLE	2,714,957
RETIREMENT	32,122,942
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	110,685,341

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

☒

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-3849199
Name: WAKE FOREST UNIVERSITY HEALTH SCIENCES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE TO SUPPORT SCHOLARSHIPS, INSTRUCTION, RESEARCH, LIBRARIES, ACADEMIC SUPPORT, OPERATIONAL AND OTHER GENERAL SUPPORT

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS FOR ITS FISCAL YEARS ENDED JUNE 30, 2018 AND 2017, INCLUDING A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF ITS JOINT VENTURES THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

SCHEDULE E (Form 990 or 990-EZ)	<div>Schools</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.</div> <div>▶ Attach to Form 990 or Form 990-EZ.</div> <div>▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</div>	OMB No 1545-0047
		2017
		Open to Public Inspection

Department of the Treasury Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES	Employer identification number 22-3849199
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Part I		YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II	6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	SEE PART II WFUHS' NONDISCRIMINATION POLICY IS PUBLISHED ON THE INTERNET AND IN ITS STUDENT HANDBOOK FOR THE SCHOOL OF MEDICINE'S MD PROGRAM, PA STUDIES, CRNA PROGRAM, DOCTOR OF NURSING PROGRAM, AND GRADUATE SCHOOL, IN ADMISSION BROCHURES AND OTHER MEDIA MATERIALS. SEE HTTPS://SCHOOL.WAKEHEALTH.EDU/SEARCH?Q=STUDENT+HANDBOOK , HTTPS://SCHOOL.WAKEHEALTH.EDU/EDUCATION-AND-TRAINING/STUDENT-AFFAIRS/TITLE-IX , AND HTTPS://SCHOOL.WAKEHEALTH.EDU/EDUCATION-AND-TRAINING/STUDENT-AFFAIRS/DIVERSITY-AND-INCLUSION
SCHEDULE E, PART I, LINE 6	WFUHS RECEIVES FEDERAL FINANCIAL AID THROUGH THE U.S. DEPARTMENT OF EDUCATION'S FEDERAL DIRECT LOAN PROGRAM. WFUHS DISTRIBUTED THE FEDERAL LOANS TO 570 STUDENTS IN FISCAL YEAR 2018.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
 ▶ Attach to Form 990.
 ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number

22-3849199

Part I

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

1

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes
 ☐ No

2

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

3

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	PROGRAM SERVICES	SUBCONTRACT FOR RESEARCH GRANTS	554,638
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			554,638
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			554,638

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

Cat No 50082W

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	SUB-CONTRACTOR DEVELOPMENT OF RESORBABLE CALCIUM PHOSPHATE CEMENT	89,257	CHECK			
(2)			EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	RESEARCH FOR DIABETES IN YOUTH COHORT STUDY	55,109	CHECK			
(3)			EUROPE (INCLUDING ICELAND & GREENLAND)	METABOLOMIC SIGNATURES OF CAD ASSOC GENOTYPES	100,334	CHECK			
(4)			EUROPE (INCLUDING ICELAND & GREENLAND)	SELECT & MODIFY STATISTICAL METHODS & ALGORITHMS & TEST, VALIDATE & PRODUCE RELATED SOFTWARE	305,371	CHECK			

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

3 Enter total number of other organizations or entities ►

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134046859

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 STEPSTONE STRATEGIC PARTNERS LLC 4820 BETHANIA STATION RD 101 WINSTON SALEM, NC 27105	DONOR CAMPAIGN		No	0	44,586	-44,586
2 JOHN W GILLON SPRING FARM CT LEWISVILLE, NC 27023	PHILANTHROPIC CONSULTING		No	0	19,254	-19,254
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶					63,840	-63,840

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		WINTERLARK (event type)	BCH RADIOTHON (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	460,786	107,037	304	568,127
	2 Less Contributions	238,950	107,037		345,987
	3 Gross income (line 1 minus line 2)	221,836		304	222,140
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	69,487			69,487
	7 Food and beverages	45,593	201		45,794
	8 Entertainment				
	9 Other direct expenses	35,049	658	15	35,722
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				151,003
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				71,137

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PURSUANT TO THE MEDICAL CENTER INTEGRATION AGREEMENT, MANAGEMENT OF WAKE FOREST UNIVERSITY HEALTH SCIENCES AND NORTH CAROLINA BAPTIST HOSPITAL WAS DELEGATED TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER WHILE THE PROFESSIONAL FUNDRAISING PAYMENTS ARE MADE BY WAKE FOREST UNIVERSITY HEALTH SCIENCES, THE PROFESSIONAL FUNDRAISING CONTRACTS ARE BETWEEN WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER AND THE PROFESSIONAL FUNDRAISER

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
22-3849199

Part I

General Information on Grants and Assistance

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

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND FELLOWSHIPS	1153	18,797,375			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	WUHS FOLLOWS THE MEDICAL CENTER'S CORPORATE POLICY USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS WUHS MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS DISBURSED
SCHEDULE I, PART III, GRANTS & OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS	THE ORGANIZATION MONITORS THE ACADEMIC PROGRESS AND OTHER ACHIEVEMENTS OF STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS

Additional Data

Software ID:
Software Version:
EIN: 22-3849199
Name: WAKE FOREST UNIVERSITY HEALTH SCIENCES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATAWBA MEDICAL FOUNDATION 810 FAIRGROVE CHURCH RD HICKORY, NC 28601	58-1680281	501(C)(3)	15,626				SUPPORTING CATAWBA COUNTY MEDICAL CENTER FACILITIES
SENIOR SERVICES INC 2895 SHOREFAIR DRIVE WINSTONSALEM, NC 271054237	56-1085968	501(C)(3)	25,000				SUPPORTING PROGRAM PROVIDING SERVICES TO SENIOR ADULTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT TRIAD PARTNERSHIP PO BOX 2672 HIGH POINT, NC 27261	56-1750279	501(C)(3)	50,000				SUPPORTING ECONOMIC GROWTH & DEVELOPMENT IN THE TRIAD
DON'T EVER GIVE UP 14600 WESTON PARKWAY CARY, NC 27513	47-5304184	501(C)(3)	25,000				SUPPORT OF CANCER RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA SCHOOL OF THE ARTS 1533 S MAIN STREET WINSTONSALEM, NC 27127	56-6065273	501(C)(3)	10,000				SUPPORT OF ARCH PROJECT
NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	56-0552787	501(C)(3)	1,966,674				NICU EXPANSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC INSTITUTE OF MEDICINE 630 DAVIS DRIVE MORRISVILLE, NC 27560		GOVT	7,500				COMMUNITY SUPPORT
WINSTON-SALEM FORSYTH COUNTY SCHOOLS PO BOX 2513 WINSTONSALEM, NC 27102	56-0795164	GOVT	55,159				MEDICAL ASSIST AT MINERAL SPRINGS STUDENT HEALTH CTR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VENTURE CAFE - WINSTON SALEM 575 N PATTERSON AVE SUITE 444 WINSTONSALEM, NC 27101	81-4684785	501(C)(6)	10,000				COMMUNITY SUPPORT
WINSTON-SALEM ALLIANCE 100 N MAIN STREET WINSTONSALEM, NC 27101	31-1726654	501(C)(6)	40,000				SUPPORT OF ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WINSTON SALEM CHAMBER OF COMMERCE 411 W FOURTH STREET WINSTONSALEM, NC 27101	56-0459820	501(C)(6)	50,000				SPONSOR OF ECONOMIC GROWTH AND DEVELOP IN WINSTON SALEM

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES	Employer identification number 22-3849199
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Part I Questions Regarding Compensation

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table**Schedule J (Form 990) 2017**

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE WFUBMC BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL MEDICAL CENTER OFFICERS' COMPENSATION (INCLUDING THE COMPENSATION OF MOST OF THE OFFICERS OF THE FILING ORGANIZATION) THE COMMITTEE UTILIZES AN INDEPENDENT, EXTERNAL COMPENSATION CONSULTANT FIRM EXPERIENCED IN HEALTH CARE AND HIGHER EDUCATION COMPENSATION THAT BASES RECOMMENDATIONS ON COMPENSATION SURVEYS AND STUDIES TO DETERMINE THE APPROPRIATENESS OF EACH OFFICER'S COMPENSATION THESE COMPENSATION CONSULTANTS PRESENT TOTAL COMPENSATION COMPARABILITY DATA FOR THE POSITIONS FOR WHICH COMPENSATION IS BEING DETERMINED THE DATA IS REVIEWED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF WFUBMC'S GOVERNING BOARD AT ITS MEETING, NONE OF THE MEMBERS OF THAT COMMITTEE ARE EMPLOYEES OF THE FILING ORGANIZATION MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY RECORDED IN THE EVENT THAT ANY MEMBER OF THE GOVERNANCE AND COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST, THAT COMMITTEE MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL PROCESS, AND THEIR ABSTENTION FROM THE PROCESS IS REFLECTED IN THE MINUTES
PART I, LINES 4A-B	CERTAIN EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLANS (SERP) OR RECEIVE SEVERANCE PAYMENTS AND PAYMENTS FROM THEIR SERP THE DETERMINATION OF THE AMOUNT OF THE NON QUALIFIED RETIREMENT PLANS FOLLOWED THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE FORM 990 THE FOLLOWING CURRENT AND FORMER DIRECTORS, OFFICERS AND 5 HIGHEST COMPENSATED EMPLOYEES RECEIVED SEVERANCE AND SERP PAYMENTS IN THEIR CALENDAR YEAR 2017 COMPENSATION NAME SERP EDWARD ABRAHAM, MD 139,000 ANTHONY ATALA, MD 125,710 TERRY HALES 111,107 RUSSELL HOWERTON, MD 122,202 KAREN HUEY 32,743 JOHN D MCCONNELL, MD 546,312 ERIC TOMLINSON, DSC, PHD 76,900 CHERYL LOCKE 61,120 JOANNE RUHLAND 44,500 NORMAN POTTER 232,579 NAME SEVERANCE CHAD ECKES 640,000 CHERYL LOCKE 150,000 NORMAN POTTER 184,000 THE COMPENSATION OF DR NATHAN O HATCH INCLUDES A PAYOUT OF \$300,000 WHICH WAS INCLUDED IN HIS 2017 FORM W-2 AND IS IN COLUMN BII DR HATCH'S COMPENSATION IS PAID BY WAKE FOREST UNIVERSITY, A RELATED ORGANIZATION
PART I, LINE 7	CERTAIN OFFICERS, KEY EMPLOYEES AND FACULTY MEMBERS HAVE INCENTIVE COMPENSATION COMPONENTS CONTAINED IN THEIR EMPLOYMENT AGREEMENTS THESE ARE OFTEN GOAL-BASED AND ARE DETERMINED IN THE COURSE OF EVALUATION OF THE INDIVIDUAL'S PERFORMANCE BY HIS/HER DEPARTMENT CHAIR, SUPERVISOR OR THE COMPENSATION COMMITTEE OF THE BOARD, AS APPLICABLE

Additional Data

Software ID:
Software Version:
EIN: 22-3849199
Name: WAKE FOREST UNIVERSITY HEALTH SCIENCES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1NATHAN O HATCH PHD DIRECTOR & PRESIDENT - WFU	(i)	0	0	0	0	0	0	0
	(ii)	886,558	440,000	78,588	410,515	69,868	1,885,529	300,000
1JULIE ANN FREISCHLAG MD DIRECTOR, CEO & DEAN	(i)	796,930	190,000	5,485	190,699	17,995	1,201,109	0
	(ii)	0	0	0	0	0	0	0
2J REID MORGAN SECRETARY & GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	473,012	40,000	15,843	102,000	80,806	711,661	0
3ANITA M CONRAD ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	179,263	5,000	258	18,731	19,632	222,884	0
4TERRY L HALES JR ASSISTANT TREASURER	(i)	393,272	88,991	112,367	30,842	22,757	648,229	39,312
	(ii)	0	0	0	0	0	0	0
5KAREN H HUEY VP FACILITIES	(i)	0	0	0	0	0	0	0
	(ii)	302,734	61,394	34,333	37,535	22,150	458,146	0
6ERIC TOMLINSON DSC PHD CH INNOV OFR & PRES WFIQ TO 3/1/18	(i)	412,764	174,074	107,878	23,184	12,414	730,314	1,000
	(ii)	0	0	0	0	0	0	0
7TERRY G WILLIAMS EVP, CH STRATEGY OFR	(i)	0	0	0	0	0	0	0
	(ii)	553,516	183,813	1,932	152,708	24,272	916,241	0
8KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	(i)	586,688	144,524	21,612	151,285	18,528	922,637	0
	(ii)	0	0	0	0	0	0	0
9DEETTE M EMON VP & CH INFO OFFICER TO 7/31/17	(i)	0	0	0	0	0	0	0
	(ii)	246,718	109,138	1,127	22,742	5,780	385,505	0
10ROBERT J GFELLER JR EVP EXT RELATIONS, CH MKTG	(i)	0	0	0	0	0	0	0
	(ii)	490,702	159,785	3,612	125,896	22,208	802,203	0
11BRADLEY A CLARK EVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	406,688	75,755	670	150,891	20,088	654,092	0
12LILICIA BAILEY SVP & CH PEOPLE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	458,872	98,701	43,630	119,740	12,092	733,035	0
13WILLIAM D SHOWALTER SR V P , CH INFO OFFICER FR 8/16/17	(i)	0	0	0	0	0	0	0
	(ii)	167,233	19,880	26,980	20,900	7,228	242,221	0
14NEAL KON MD PROFESSOR - CT SURGERY	(i)	1,275,972	0	20,286	23,184	18,800	1,338,242	0
	(ii)	0	0	0	0	0	0	0
15ANTHONY ATALA MD DEPARTMENT CHAIR	(i)	692,628	227,430	147,322	232,166	23,610	1,323,156	0
	(ii)	0	0	0	0	0	0	0
16EDWARD KINCAID MD DEPARTMENT CHAIR	(i)	1,323,952	30,425	18,414	23,184	23,338	1,419,313	0
	(ii)	0	0	0	0	0	0	0
17STEPHEN TATTER MD PHD PROFESSOR - NEUROSURGERY	(i)	1,012,425	200	18,774	23,184	23,338	1,077,921	0
	(ii)	0	0	0	0	0	0	0
18CHARLES BRANCH JR MD DEPARTMENT CHAIR	(i)	1,101,603	0	5,544	23,184	20,578	1,150,909	0
	(ii)	0	0	0	0	0	0	0
19JOHN D MCCONNELL MD FORMER OFFICER	(i)	1,026,360	267,085	566,952	269,643	19,534	2,149,574	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 EDWARD ABRAHAM MD FORMER OFFICER	(i)	309,744	187,724	153,334	23,184	7,810	681,796	139,000
	(ii)	0	0	0	0	0	0	0
1 RUSSELL M HOWERTON MD FORMER OFFICER	(i)	537,214	126,166	145,746	30,869	23,362	863,357	0
	(ii)	0	0	0	0	0	0	0
2 CHERYL LOCKE FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	178,559	80,567	226,343	21,588	8,862	515,919	61,120
3 NORMAN D POTTER JR FORMER OFFICER	(i)	52,236	56,356	421,539	3,967	6,005	540,103	225,858
	(ii)	0	0	0	0	0	0	0
4 JOANNE C RUHLAND FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	300,690	0	71,713	24,284	18,688	415,375	0
5 CHAD A ECKES FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	346,612	0	640,420	22,984	10,912	1,020,928	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Supplemental Information on Tax-Exempt Bonds

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

▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
22-3849199

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DNF4	11-15-2012	129,019,661	REFUND ISSUE DATED 10/16/2008		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	18,085,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	129,019,661							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	568							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	129,019,093							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2 Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?	X							
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?								
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART II, LINE 11 COLUMNS A & B	OTHER SPENT PROCEEDS LISTED ARE THE CURRENT REFUNDING PROCEEDS OF THE ISSUE

Return Reference	Explanation
PART III, COLUMNS A & B	THE SERIES 2012B REFUNDED AN ISSUE DATED 10/16/2008, THE SOLE PURPOSE OF THE 2008 ISSUE WAS THE REFUNDING OF ISSUES DATED PRIOR TO 12/31/2002 ACCORDINGLY, THE ISSUE IS EXEMPT FROM COMPLETING PART III OF THE FORM

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)		35,890	MERIT BASED SCHOLARSHIP	

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

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	26	22,540	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		22,550	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	60	970,957	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	4	925	
19 Food inventory	X	22	3,182	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (EQUIPMENT)	X	1	3,970	FAIR MARKET VALUE
26 Other ► (GIFT CARDS)	X	3	750	FAIR MARKET VALUE
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

Yes

Yes

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

Cat No 51227J

Schedule M (Form 990) (2017)

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION DETERMINES THE NUMBER OF CONTRIBUTIONS BY USING THE TOTAL NUMBER OF NON-CASH ITEMS RECEIVED PER DONOR BY OCCURRENCE
PART I, LINE 32B	THE FILING ORGANIZATION SOMETIMES USES A RELATED ORGANIZATION, WAKE FOREST UNIVERSITY DEVELOPMENT FOUNDATION, TO SELL GIFTS OF DONATED REAL PROPERTY

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493134046859
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2017 Open to Public Inspection
Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES		Employer identification number 22-3849199	

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>WAKE FOREST UNIVERSITY HEALTH SCIENCES IS AN INTEGRAL PART OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, A PREEMINENT ACADEMIC MEDICAL CENTER AND LEARNING HEALTH SYSTEM THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION. THE FOLLOWING PARAGRAPHS ARE PROVIDED TO EXPLAIN THE RELATIONSHIP OF THE FILING ORGANIZATION WITH OTHER ORGANIZATIONS WHICH TOGETHER COMPRISE "WAKE FOREST BAPTIST HEALTH," THE NAME NOT OF ANY ONE CORPORATE ENTITY, BUT USED GENERICALLY TO DESCRIBE A LARGE GROUP OF MOSTLY TAX-EXEMPT 501 (C)(3) ORGANIZATIONS PERFORMING VARIOUS ACADEMIC MEDICAL CENTER ACTIVITIES IN NORTHWEST NORTH CAROLINA, INCLUDING PATIENT CARE, MEDICAL RESEARCH, TECHNOLOGY TRANSFER AND MEDICAL EDUCATION. WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (WFUBMC) IS A CORPORATION WHOSE TWO EQUAL MEMBERS ARE WAKE FOREST UNIVERSITY AND NORTH CAROLINA BAPTIST HOSPITAL (THESE LIVES NORTH CAROLINA NONPROFIT CORPORATIONS). BECAUSE THE VARIOUS ACTIVITIES DESCRIBED BELOW ARE NOT ALL PERFORMED BY EACH ORGANIZATION, THE NARRATIVE THAT FOLLOWS WILL INCLUDE DESCRIPTIONS OF ACTIVITIES THAT ARE PERFORMED BY THE FILING ORGANIZATION AND BY A RELATED (OR UNRELATED BUT AFFILIATED) ORGANIZATION, THEY ARE AGAIN PROVIDED TO ILLUSTRATE A COMPLETE PICTURE OF THE FILING ORGANIZATION'S ROLE IN THIS INTEGRATED ACADEMIC MEDICAL CENTER'S COMPREHENSIVE ACTIVITIES. WFUBMC IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP HOSPITALS AND INNOVATIVE RESEARCH CENTERS AND A PREMIER MEDICAL SCHOOL. WFUBMC OPERATES WAKE FOREST SCHOOL OF MEDICINE, WHICH HAS A FACULTY OF 1,344, INCLUDING PHYSICIANS AND BASIC SCIENTISTS. IT ALSO OPERATES, THROUGH THE UNINCORPORATED OPERATING DIVISION KNOWN AS "WAKE FOREST BAPTIST HEALTH," A MULTI-LOCATION HEALTH SYSTEM. WAKE FOREST BAPTIST HEALTH HAS 1,535 ACUTE CARE AND REHABILITATION BEDS OPERATIVE ACROSS THE SYSTEM, WHICH ENCOMPASSES ITS MAIN CAMPUS (885 BEDS), WAKE FOREST BAPTIST HEALTH LEXINGTON MEDICAL CENTER (94 BEDS), WAKE FOREST BAPTIST HEALTH DAVIE MEDICAL CENTER (50 BEDS), WAKE FOREST BAPTIST HEALTH WILKES MEDICAL CENTER (130 BEDS), ALLEGHANY HEALTH (25 BEDS) AND WAKE FOREST BAPTIST HEALTH HIGH POINT MEDICAL CENTER (351 BEDS), WHICH JOINED THE WAKE FOREST BAPTIST HEALTH SYSTEM IN FISCAL YEAR 2019. OVERALL, WAKE FOREST BAPTIST HEALTH SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA AND ALSO DRAWS PATIENTS FROM ACROSS THE NATION FOR SELECT SERVICES. WFUBMC IS THE DRIVING FORCE BEHIND THE ESTABLISHMENT OF WAKE FOREST INNOVATION QUARTER, A GROWING URBAN-BASED DISTRICT FOR RESEARCH, BUSINESS AND EDUCATION IN BIOMEDICAL SCIENCE, INFORMATION TECHNOLOGY, CLINICAL SERVICES AND ADVANCED MATERIALS LOCATED IN DOWNTOWN WINSTON-SALEM. HOME TO MORE THAN 176 COMPANIES, FIVE LEADING INSTITUTIONS, MORE THAN 3,700 WORKERS AND MORE THAN 1,400 STUDENTS AND 8,000 WORKFORCE TRAINEE PARTICIPANTS, THE INNOVATION QUARTER CURRENTLY COMPRISES MORE THAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>2 MILLION SQUARE FEET OF OFFICE, LABORATORY AND EDUCATIONAL SPACE ON ITS MORE THAN 200 DEVELOPABLE ACRES WFUBMC AND WRMC HOSPITAL OPERATING CORP BEGAN AN INITIAL 30-YEAR LEASE OF WILKES MEDICAL CENTER ON JULY 1, 2017, AFTER OFFICIALLY COMPLETING AN AGREEMENT WITH THE TOWN OF NORTH WILKESBORO, NORTH CAROLINA UNDER THE TERMS OF THE INITIAL 30-YEAR LEASE AGREEMENT, WAKE FOREST BAPTIST HEALTH WILL INVEST \$238 MILLION IN SUPPORT OF WILKES MEDICAL CENTER, THE TOWN OF NORTH WILKESBORO, THE WILKES COMMUNITY AND PATIENTS SERVED IN THE REGION WFUBMC AND UNC HEALTH CARE, THE FORMER PARENT ORGANIZATION OF HIGH POINT REGIONAL HEALTH, SIGNED A LETTER OF INTENT IN OCTOBER 2017 THAT WOULD ALLOW WFUBMC TO ACQUIRE AND INTEGRATE HIGH POINT REGIONAL AND ITS AFFILIATES INTO THE WAKE FOREST BAPTIST HEALTH SYSTEM DURING THE FIRST QUARTER OF FISCAL YEAR 2019 IN FEBRUARY 2018, WFUBMC PARTNERED WITH HUGH CHATHAM MEMORIAL HOSPITAL TO OWN AND OPERATE ALLEGHANY HEALTH IN SPARTA, NC IT ALSO ENTERED INTO A PARTNERSHIP WITH ALLEGACY FEDERAL CREDIT UNION TO ESTABLISH WELLQ, A MEMBERSHIP-BASED SERVICE, LOCATED IN INNOVATION QUARTER IN DOWNTOWN WINSTON-SALEM, DESIGNED TO IMPROVE BOTH THE PHYSICAL AND FINANCIAL WELL-BEING OF ITS MEMBERS IN JUNE 2018, WAKE FOREST BAPTIST HEALTH LEXINGTON MEDICAL CENTER BROKE GROUND ON A NEW 26,500-SQUARE-FOOT, \$31.5 MILLION SURGICAL FACILITY THIS FACILITY INCLUDES FOUR OPERATING ROOMS, A 10-BAY POST-ANESTHESIA CARE UNIT, UROLOGY PROCEDURE ROOM, WAITING AREA AND CONSULTATION ROOMS THE FOUR EXISTING OPERATING ROOMS WILL BE CONVERTED TO PROCEDURE ROOMS SIGNIFICANT GRANTS AWARDED TO THE FILING ORGANIZATION DURING FISCAL YEAR 2018 INCLUDED A FIVE-YEAR, \$9.2 MILLION GRANT FROM THE NATIONAL CANCER INSTITUTE FOR THE FILING ORGANIZATION'S SCIENTISTS TO CONTINUE THEIR WORK TO DEVELOP NEW TREATMENTS FOR GLIOBLASTOMA, AN AGGRESSIVE BRAIN CANCER, A GRANT FROM THE NATIONAL INSTITUTES OF HEALTH (NIH) WORTH AN ESTIMATED \$8 MILLION OVER FIVE YEARS TO ESTABLISH A NEW CENTER FOR RESEARCH INTO ALCOHOL ADDICTION, AND TWO FIVE-YEAR GRANTS FROM THE NIH WORTH MORE THAN \$5 MILLION COMBINED TO PROSPECTIVELY STUDY THE EFFECTS OF A GENETIC VARIATION IN ORGAN DONORS THAT APPEARS TO CONTRIBUTE TO SURVIVAL OF KIDNEYS AFTER TRANSPLANTATION 1 CLINICAL SERVICES THE CLINICIANS AND RESEARCH SCIENTISTS OF WAKE FOREST BAPTIST HEALTH ARE NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION ITS CLINICAL ENTERPRISE OFFERS EXPERTISE IN MORE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZED CARE FOR ALL AGES THE MEDICAL CENTER NETWORK INCLUDES THE 167-BED COMPREHENSIVE CANCER CENTER AND THE 144-BED BRENNER CHILDREN'S HOSPITAL, BOTH OF WHICH ARE ON THE MAIN CAMPUS IN WINSTON-SALEM, AS WELL AS COMMUNITY HOSPITALS IN DAVIDSON, DAVIE AND WILKES COUNTIES ACROSS ITS SERVICE AREA OF NORTHWEST NORTH CAROLINA AND SOUTHWEST VIRGINIA, WAKE FOREST BAPTIST HEALTH HAS 6 EMERGENCY DEPARTMENTS</p>

990 Schedule O, Supplement Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>TMENTS, THREE URGENT CARE CENTERS, 83 PRIMARY CARE CLINICS, 274 SPECIALTY CLINICS, 18 OUTPATIENT DIALYSIS CENTERS AND ONE FREE-STANDING DIALYSIS ACCESS CENTER, AND ONE FREESTANDING IMAGING AND ENDOSCOPY CENTER THE WAKE FOREST BAPTIST HEALTH SYSTEM EMPLOYS MORE THAN 2,000 PHYSICIANS, 4,249 REGISTERED NURSES, AND 732 RESIDENTS AND FELLOWS IT HAS A TOTAL STAFF OF 14,430 ON THE MEDICAL CENTER CAMPUS IN WINSTON-SALEM AND 19,220 WITHIN THE WAKE FOREST BAPTIST HEALTH SYSTEM OVERALL IN FY 2018, WAKE FOREST BAPTIST HEALTH HAD 60,023 INPATIENT ADMISSIONS, 187,510 EMERGENCY DEPARTMENT VISITS AND 1,984,198 CLINIC VISITS (AMBULATORY VISITS AND OUTPATIENT DEPARTMENTS) 2 OUTREACH WAKE FOREST BAPTIST HEALTH CONTINUES A BROAD-BASED EFFORT TO REACH UNDERSERVED POPULATIONS ACROSS ITS SERVICE AREA WAKE FOREST BAPTIST HEALTH'S ANNUAL COMMUNITY BENEFITS REPORT REFLECTS THIS COMMITMENT IN FISCAL 2018, WAKE FOREST BAPTIST HEALTH SPENT \$450.6 MILLION TO SUPPORT THESE AREAS SUBSIDIZED HEALTH COSTS COMMUNITY HEALTH OUTREACH CHARITY CARE RESEARCH EDUCATION UNREIMBURSED COSTS OF GOVERNMENT PROGRAMS ONE ANCHOR OF OUTREACH FOR WAKE FOREST BAPTIST HEALTH IS ITS DOWNTOWN HEALTH PLAZA, A FULL-SERVICE, OUTPATIENT MEDICAL CLINIC THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINSURED RESIDENTS WITH A STATE-OF-THE-ART MEDICAL HOME IN ADDITION TO CLINICAL CARE, THE DOWNTOWN HEALTH PLAZA OFFERS COMMUNITY HEALTH FAIRS, DIABETES EDUCATION AND A CENTERING PREGNANCY PROGRAM THAT IS REDUCING THE INCIDENCE OF LOW BIRTH WEIGHT BABIES ALTOGETHER, 60,877 PATIENT VISITS WERE RECORDED AT THE DOWNTOWN HEALTH PLAZA IN THE 2018 FISCAL YEAR, AND ANOTHER 10,697 VISITS WERE RECORDED AT WINSTON EAST PEDIATRICS, A NEARBY WAKE FOREST BAPTIST HEALTH CARE FACILITY SERVING THE UNINSURED AND UNDERINSURED WAKE FOREST BAPTIST HEALTH'S PROGRAMS AND PARTNERSHIPS REFLECT INNOVATIVE EFFORTS TO REACH UNDERSERVED POPULATIONS THEY INCLUDE _ REGULAR COMMUNITY-BASED HEALTH CLINICS, INCLUDING THE WEEKLY DELIVERING EQUAL ACCESS TO CARE (DEAC) CLINIC AT THE COMMUNITY CARE CENTER IN WINSTON-SALEM, THE MONTHLY TRIAD FREE HEALTH CLINIC AT COMMUNITY MOSQUE IN WINSTON-SALEM, THE MONTHLY GRACE CLINIC AT NEW LIGHT MISSIONARY BAPTIST CHURCH IN WINSTON-SALEM AND THE ANNUAL SHARE THE HEALTH FAIR AT THE DOWNTOWN HEALTH PLAZA IN WINSTON-SALEM THESE CLINICS, SPONSORED BY PRIVATE ORGANIZATIONS AND CHURCHES WITH VOLUNTEER ASSISTANCE FROM WAKE FOREST BAPTIST HEALTH PHYSICIANS, NURSES, MEDICAL STUDENTS AND OTHERS, ATTRACT THOUSANDS OF PEOPLE TO SCREENINGS FOR ACUTE AND CHRONIC CONDITIONS _ THE SCHOOL OF MEDICINE'S PHYSICIAN ASSISTANT (PA) PROGRAM, WHICH IS INCREASING THE NUMBER OF PAs WORKING IN PRIMARY CARE IN NORTH CAROLINA'S RURAL APPALACHIAN COUNTIES THROUGH ITS SECOND CAMPUS AT APPALACHIAN STATE UNIVERSITY IN BOONE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>- FAITHHEALTHNC, AN INITIATIVE THAT CONNECTS THE CARING STRENGTHS OF CONGREGATIONS, THE CLINICAL EXPERTISE OF PROVIDERS AND A NETWORK OF COMMUNITY RESOURCES TO EASE THOSE ON THE JOURNEY TO HEALTH AND HEALING, STRENGTHENING COMMUNITIES IN THE PROCESS ONE EXAMPLE OF THIS WORK IS A FAITHHEALTH PROGRAM IN WHICH WORKERS KNOWN AS SUPPORTERS OF HEALTH CONNECT PATIENTS WITH RESOURCES THEY NEED AFTER A HEALTH INCIDENT OR HOSPITALIZATION THE GOAL IS TO HELP THESE PATIENTS AVOID READMISSION, IN PARTICULAR TO THE EMERGENCY DEPARTMENT</p> <p>3 EDUCATIONAL MISSION AND ACCOMPLISHMENTS THE CONSTITUENT ORGANIZATIONS OF WAKE FOREST BAPTIST HEALTH OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS THAT TEACH AND GRADUATE SKILLED HEALTH PRACTITIONERS IT ATTRACTS SOME OF THE WORLD'S MOST COMPETITIVE MEDICAL STUDENTS, RESIDENTS AND FELLOWS, AS WELL AS STUDENTS IN CLINICAL PASTORAL CARE, NURSE ANESTHESIA AND OTHER AREAS IN THE MOST RECENT REPORTING PERIOD, FISCAL 2017, WAKE FOREST BAPTIST HEALTH INVESTED MORE THAN \$109 MILLION IN THE EDUCATION OF TOMORROW'S HEALTH CARE AND BIOMEDICAL LEADERS AND IN RESEARCH FUNDING NOT COVERED BY OUTSIDE SOURCES SUCH INVESTMENTS SUPPORT THE TRAINING OF HUNDREDS OF STUDENTS IN FISCAL 2018, THOSE INCLUDED 510 MD STUDENTS, 732 PHYSICIAN RESIDENTS AND FELLOWS, 319 GRADUATE STUDENTS, 173 PHYSICIAN ASSISTANTS, 48 NURSE ANESTHESIA STUDENTS, 22 PASTORAL CARE CHAPLAIN RESIDENTS AND INTERNS, AND 63 STUDENTS IN THE VIRGINIA TECH WAKE FOREST UNIVERSITY SCHOOL OF BIOMEDICAL ENGINEERING AND SCIENCES IN ADDITION, THE NORTHWEST AREA HEALTH EDUCATION CENTER, PART OF WAKE FOREST SCHOOL OF MEDICINE, OFFERED 2,460 CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES FOR PRACTICING HEALTH CARE PROFESSIONALS THAT DREW 42,076 PARTICIPANTS FROM THROUGHOUT THE REGION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRAD CLARK AND TERRY WILLIAMS, OFFICERS OF THE FILING ORGANIZATION, WERE BOARD MEMBERS OF MEDCOST BENEFIT SERVICES DURING FISCAL YEAR 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	EFFECTIVE JULY 1, 2010, THE GOVERNING BOARDS OF FOUR NORTH CAROLINA NONPROFIT CORPORATIONS (WAKE FOREST UNIVERSITY, NORTH CAROLINA BAPTIST HOSPITAL, WAKE FOREST UNIVERSITY HEALTH SCIENCES, AND WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER) ENTERED INTO AN AGREEMENT (THE "MEDICAL CENTER INTEGRATION AGREEMENT OR "MCIA") UNDER WHICH THE OPERATION OF EACH OF NORTH CAROLINA BAPTIST HOSPITAL ("NCBH") AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ("WFUHS") WAS DELEGATED TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") WFUHS IS A WHOLLY-CONTROLLED SUBSIDIARY ENTITY OF WAKE FOREST UNIVERSITY ("WFU") WFUBMC IS A MEMBERSHIP NONPROFIT CORPORATION WHOSE TWO EQUAL MEMBERS ARE NCBH (WHICH ENTITY IS UNRELATED TO WFUHS AND WFU) AND WFU THE GOAL IS CONSOLIDATION OF MANAGEMENT IN WFUBMC OF THE VARIOUS ACADEMIC MEDICAL CENTER OPERATIONS, SUBJECT TO SUBSTANTIAL RESERVED POWERS IN EACH OF THE CONSTITUENT MEMBERS' (OR IN WFUHS') BOARDS THE MCIA WAS AMENDED AND RESTATED ON JULY 1, 2015, JULY 1, 2017 AND JUNE 6, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	WAKE FOREST UNIVERSITY IS THE SOLE MEMBER OF THE FILING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE DIRECTORS OF THE FILING ORGANIZATION ARE ELECTED BY THE BOARD OF TRUSTEES OF ITS SOLE MEMBER, WAKE FOREST UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS OF THE FILING ORGANIZATION'S GOVERNING BODY WHICH REQUIRE APPROVAL BY THE ORGANIZATION'S SOLE MEMBER, WAKE FOREST UNIVERSITY, INCLUDE AMENDMENTS TO CERTAIN FUNDAMENTAL DOCUMENTS (ARTICLES OF INCORPORATION AND BYLAWS), ACADEMIC APPOINTMENT OF FACULTY, GRANT OF TENURE AND DISMISSAL, AND DISSOLUTION THE DISPOSITION OF CERTAIN REAL PROPERTY OF THE FILING ORGANIZATION IS SUBJECT TO THE APPROVAL OF THE CHAIR AND VICE CHAIR OF THE BOARD OF WFUBMC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND QUESTIONS PRIOR TO ITS FILING THE AUDIT AND COMPLIANCE COMMITTEE OF THE GOVERNING BOARD OF THE FILING ORGANIZATION REVIEWS IN ADDITIONAL DETAIL THE FILING ORGANIZATION'S FORM 990 WITH THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND/OR HIS DESIGNEE, WHO ANSWER QUESTIONS AND ADDRESS CONCERNS RAISED BY SUCH COMMITTEE MEMBERS OR BY 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES OFFICERS AND KEY EMPLOYEES TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DETERMINE ANY POTENTIAL CONFLICTS OF INTEREST ANY POTENTIAL CONFLICTS NOTED IN THE QUESTIONNAIRE ARE REVIEWED BY A STANDING COMMITTEE FOR APPROPRIATE RESOLUTION ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DETERMINE AND REPORT ANNUALLY, AND AS THEY ARISE, ANY POTENTIAL CONFLICTS OF INTEREST TO THE SECRETARY OF THE BOARD OF DIRECTORS THE RESOLUTION OF POTENTIAL AND ACTUAL CONFLICTS IS SUBJECT TO THE APPROVAL OF THE CHAIR OF THE BOARD AND IS REPORTED TO THE CHAIR OF THE AUDIT & COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE GOVERNANCE AND COMPENSATION COMMITTEE OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") FUNCTIONS AS THE COMPENSATION COMMITTEE OF THAT ORGANIZATION'S BOARD OF DIRECTORS AND PURSUANT TO A DELEGATION BY THE FILING ORGANIZATION, REVIEWS AND APPROVES THE APPOINTMENT AND COMPENSATION OF THE SENIOR EXECUTIVES OF THE FILING ORGANIZATION. NO MEMBER OF THE WFUBMC GOVERNANCE AND COMPENSATION COMMITTEE IS AN EMPLOYEE OF THE MEDICAL CENTER OR OF THE FILING ORGANIZATION. THE GOVERNANCE AND COMPENSATION COMMITTEE RELIES UPON AN EXTERNAL, INDEPENDENT COMPENSATION CONSULTANT EXPERIENCED IN HEALTHCARE TO PROVIDE THE COMMITTEE WITH COMPENSATION COMPARABILITY DATA FOR NEW EXECUTIVE POSITION APPOINTMENTS AND FOR COMPENSATION REVIEWS FOR EXISTING EXECUTIVES AND FOR MOST OF THE FILING ORGANIZATION'S OFFICERS. THE CONSULTANT, WHICH IS RETAINED DIRECTLY BY THE GOVERNANCE AND COMPENSATION COMMITTEE, PROVIDES THIRD-PARTY INFORMATION AND EVALUATES THE COMPETITIVENESS AND REASONABLENESS OF EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS IN RELATION TO MARKET PRACTICES FOR SIMILARLY-SITUATED NONPROFIT HEALTHCARE ORGANIZATIONS. THE COMMITTEE MAKES ITS DECISIONS WITH RESPECT TO EXECUTIVE COMPENSATION IN ACCORDANCE WITH THE FILING ORGANIZATION'S POLICIES, IRS REGULATIONS, AND STANDARD CORPORATE GOVERNANCE PRACTICES. SUCH POLICIES INCLUDE ADHERENCE TO BOARD-ESTABLISHED EXECUTIVE COMPENSATION PHILOSOPHY AND REVIEW PROCESSES, PROCESSES ENSURING GOVERNANCE AND COMPENSATION COMMITTEE MEMBER AND COMPENSATION CONSULTANT INDEPENDENCE, USE OF VALID MARKET COMPARISONS OF DATA FROM PEER ACADEMIC MEDICAL CENTERS OF SIMILAR 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 GOVERNANCE AND COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY MAINTAINED AND THAT COMPARABILITY DATA IS MAINTAINED IN THE MEDICAL CENTER'S OFFICE OF EXECUTIVE COMPENSATION SERVICES. IN THE EVENT THAT A MEMBER OF THE GOVERNANCE AND COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST RELATED TO EXECUTIVE APPOINTMENT OR COMPENSATION, THAT MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL OF APPOINTMENT OR COMPENSATION AND SUCH ABSTENTION IS NOTED IN THE COMMITTEE'S MEETING MINUTES. (NOTE THAT THREE OF THE FILING ORGANIZATION'S OFFICERS ARE COMPENSATED BY A RELATED ORGANIZATION (WAKE FOREST UNIVERSITY) OF THE FILING ORGANIZATION, AND THEIR COMPENSATION IS REVIEWED AND APPROVED IN ACCORDANCE WITH THE RELATED ORGANIZATION'S SIMILAR PROCEDURES.)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON REQUEST AND ARE AVAILABLE ON THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE THE ORGANIZATION'S BYLAWS ARE NOT PUBLISHED, BUT PROVISIONS FROM THE BYLAWS ARE INCLUDED AS NECESSARY IN THE ORGANIZATION'S POLICIES, AND ARE ATTACHED TO THE FORM 1023 FILED FOR THE ORGANIZATION WITH THE IRS, WHICH IS PUBLICLY AVAILABLE THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, COLUMN B - HOURS	<p>DONALD E FLOW FILING ORG 4 0 RELATED ORG 21 0 DONNA A BOSWELL PHD FILING ORG 2 0 RELATED ORG 19 0 JAMES R HELVEY III FILING ORG 2 0 RELATED ORG 1 0 JAMES J MARINO FILING ORG 3 0 RELATED ORG 9 0 JAMES T WILLIAMS, JR FILING ORG 2 0 RELATED ORG 1 0 GERALD F ROACH FILING ORG 2 0 RELATED ORG 6 0 BOBBY R BURCHFIELD FILING ORG 2 0 RELATED ORG 6 0 DONNA F EDWARDS FILING ORG 2 0 RELATED ORG 3 0 MATTHEW A KING FILING ORG 2 0 RELATED ORG 6 0 NATHAN O HATCH PHD FILING ORG 3 0 RELATED ORG 37 0 RICHARD A BRENNER FILING ORG 2 0 BRENDA K CLINE FILING ORG 2 0 ANDREW J SCHINDLER FILING ORG 2 0 RELATED ORG 4 0 DAVID W DUPREE FILING ORG 2 0 RELATED ORG 9 0 H LAWRENCE CULP, JR FILING ORG 2 0 RELATED ORG 3 6 CATHY WALL THOMAS, MD FILING ORG 2 0 RELATED ORG 4 0 ADELAIDE A SINK FILING ORG 2 0 RELATED ORG 5 0 GRAHAM F BENNETT FILING ORG 2 0 J ANDREWS HANCOCK FILING ORG 2 0 JULIE A FRIESCHLAG, M D FILING ORG 15 7 RELATED ORG 7 6 UNRELATED ORG 16 7 J REID MORGAN FILING ORG 8 0 RELATED ORG 32 0 ANITA M CONRAD FILING ORG 12 0 RELATED ORG 28 0 TERRY L HALES JR FILING ORG 33 8 RELATED ORG 6 2 KAREN H HUEY FILING ORG 11 0 RELATED ORG 5 0 UNRELATED ORG 24 0 ERIC TOMLINSON DSC, PHD FILING ORG 5 0 RELATED ORG 29 8 UNRELATED ORG 5 2 TERRY G WILLIAMS FILING ORG 4 4 RELATED ORG 6 0 UNRELATED ORG 29 6 KEVIN P HIGH, MD FILING ORG 6 1 RELATED ORG 7 5 UNRELATED ORG 26 4 DEETTE M EMON FILING ORG 5 0 RELATED ORG 5 0 UNRELATED ORG 30 0 ROBERT GFELLER FILING ORG 5 0 RELATED ORG 15 0 UNRELATED ORG 20 0 WILLIAM D SHOWALTER FILING ORG 5 0 RELATED ORG 5 0 UNRELATED ORG 30 0 BRADLEY A CLARK FILING ORG 6 7 RELATED ORG 7 6 UNRELATED ORG 25 7 LILICIA BAILEY FILING ORG 2 4 RELATED ORG 5 0 UNRELATED ORG 32 6 NEAL KON MD FILING ORG 40 0 ANTHONY ATALA, MD FILING ORG 40 0 EDWARD KINCAID MD FILING ORG 40 0 STEVEN TATTER, MD, PHD FILING ORG 40 0 CHARLES BRANCH JR MD FILING ORG 40 0 RUSSELL M HOWERTON MD FILING ORG 14 7 UNRELATED ORG 25 3 JOANNE C RUHLAND FILING ORG 15 0 UNRELATED ORG 25 0 JOHN D MCCONNELL MD FILING ORG 0 0 RELATED ORG 40 0 NORTH CAROLINA BAPTIST HOSPITAL IS AN ORGANIZATION UNRELATED TO THE FILING ORGANIZATION AND THE INFORMATION CONCERNING HOURS DEVOTED TO IT ARE NOT REQUIRED TO BE REPORTED, BUT ARE INCLUDED BECAUSE OF THE STRUCTURE OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, OF WHICH THE FILING ORGANIZATION AND NORTH CAROLINA BAPTIST HOSPITAL ARE PRINCIPAL PARTS IN GENERAL, THE CORPORATE OFFICERS OF THE MEDICAL CENTER ALSO SERVE AS THE CORPORATE OFFICERS OF NORTH CAROLINA BAPTIST HOSPITAL AND WAKE FOREST UNIVERSITY HEALTH SCIENCES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY METHOD AFFILIATES 49,840,460 ACTUARIAL GAIN 4,599,918

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134046859

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
22-3849199

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) VERGER FUND II LLC PO BOX 7354 WINSTON SALEM, NC 27109 35-2514227	INVESTMENT	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	EXCLUDED	12,409,926	409,615,788		No	118,768		No	67 070 %
(2) VERGER CAPITAL FUND LLC PO BOX 7354 WINSTON SALEM, NC 27109 46-4027021	INVESTMENT	NC	N/A									
(3) VERGER CAPITAL MANAGEMENT LLC PO BOX 7354 WINSTON SALEM, NC 27109 46-4037343	INVESTMENT	NC	N/A									
(4) WAKE FOREST TECHNOLOGY DEVELOPMENT PROGRAM LP 2520 MERIDIAN PARKWAY DURHAM, NC 27713 47-5437596	INVESTMENT	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	EXCLUDED	1,419	1,001,591		No			No	99 000 %
(5) WAKE FOREST AMBULATORY VTR LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 82-0777206	HEALTHCARE	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	EXCLUDED	1,875,489	3,012,266		No			No	80 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (5) MEDICAL CENTER BLVD WINSTON SALEM, NC 27157	INVESTMENT	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	T		314,890	79 460 %		No
(2) NORTH DISTRICT OWNERS ASSOCIATION MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 47-1128865	PROPERTY OWNERS ASSOCIATION	NC	N/A	C					No

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

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

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

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 22-3849199
Name: WAKE FOREST UNIVERSITY HEALTH SCIENCES

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
BRF-A1A LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 20-3073357	REAL ESTATE HOLDING COMPANY	NC	496,713	3,021,004	WAKE FOREST UNIV HEALTH SCIENCES
WFIQ HOLDINGS LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 05-0549344	REAL ESTATE HOLDING COMPANY	NC	-1,864,712	82,778,043	WAKE FOREST UNIV HEALTH SCIENCES
SEED STAGE ASSOCIATES LLC 200 EAST FIRST ST SUITE 101 WINSTON SALEM, NC 27101 65-1198831	TECHNOLOGY TRANSFER & LICENSING OF INTELLECTUAL PROPERTY	NC	0	0	WAKE FOREST UNIV HEALTH SCIENCES
BRF DECK 1 LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 86-1123819	REAL ESTATE HOLDING COMPANY	NC	-200	240,558	WAKE FOREST UNIV HEALTH SCIENCES
BRF-A1 LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 86-1123822	REAL ESTATE HOLDING COMPANY	NC	-200	989,816	WAKE FOREST UNIV HEALTH SCIENCES
WFIQ HOLDINGS II LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 27-1917927	REAL ESTATE HOLDING COMPANY	NC	-35,770	181,569	WAKE FOREST UNIV HEALTH SCIENCES
WFIQ HOLDINGS III LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 27-1918085	REAL ESTATE HOLDING COMPANY	NC	-103,157	3,372,761	WAKE FOREST UNIV HEALTH SCIENCES
PARK IMP 1 LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 27-2070963	REAL ESTATE HOLDING COMPANY	NC	0	0	WAKE FOREST UNIV HEALTH SCIENCES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 90-0222618	PROVIDE DIALYSIS TREATMENTS TO PATIENTS	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIV HEALTH SCIENCES	Yes	
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1903275	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIV HEALTH SCIENCES	Yes	
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 06-1818498	RESEARCH PARK DEVELOPMENT	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIV HEALTH SCIENCES	Yes	
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-2094067	RESEARCH PARK DEVELOPMENT	NC	501(C)(6)		WAKE FOREST UNIV HEALTH SCIENCES	Yes	
PO BOX 7201 WINSTON SALEM, NC 27109 56-2038193	REAL ESTATE HOLDING AND MANAGEMENT	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIVERSITY		No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 20-0177581	RESEARCH PARK DEVELOPMENT	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIV HEALTH SCIENCES	Yes	
PO BOX 7201 WINSTON SALEM, NC 27109 56-0532138	UNIVERSITY	NC	501(C)(3)	LINE 2	N/A		No
PO BOX 7201 WINSTON SALEM, NC 27109 56-2038194	MANAGEMENT/SALE OF CHARITABLE REAL PROPERTY GIFTS	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIVERSITY		No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 51-0190238	FACILITATE THE CARRYING OUT OF THE FUNCTIONS AND PURPOSES OF WFUHS & NCBH	NC	501(C)(3)	LINE 12A, I	N/A		No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-6036688	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	N/A		No
POBOX 7287 WINSTON SALEM, NC 27109 56-0810676	MUSEUM OF AMERICAN ART	NC	501(C)(3)	LINE 7	WAKE FOREST UNIVERSITY		No
575 N PATTERSON STREET WINSTON SALEM, NC 27101 46-3674691	HEALTHCARE RESEARCH	NC	501(C)(3)	LINE 7	WAKE FOREST UNIV HEALTH SCIENCES	Yes	
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 20-2710571	ACCELERATE DEVELOPMENT OF REGENERATIVE MEDICINE THERAPY	NC	501(C)(3)	LINE 7	WAKE FOREST UNIV HEALTH SCIENCES	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
WAKE FOREST EMERGENCY PROVIDERS (KNA WFUBMC COMM PHYS)	M	27,188,793	COST
WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	N	2,599,024	FMV
WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	P	21,630	COST
WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	Q	762,342	COST
WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	S	17,300,000	FMV
CHILDRESS INSTITUTE FOR PEDIATRIC TRAUMA	P	411,606	COST
CHILDRESS INSTITUTE FOR PEDIATRIC TRAUMA	Q	361,692	COST
REGENMED DEVELOPMENT ORGANIZATION	P	471,038	COST