

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134050509

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Doing business as

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

Room/suite

MEDICAL CENTER BLVD

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

WINSTONSALEM, NC 27157

F Name and address of principal officer

JULIE A FREISCHLAG MD

MEDICAL CENTER BLVD

WINSTONSALEM, NC 27157

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

51-0190238

E Telephone number

(336) 716-4445

G Gross receipts \$ 146,146,606

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WAKEHEALTH.EDU

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

IMPROVING THE HEALTH OF OUR REGION, STATE AND NATION

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

12 12

11 11

15,942 15,942

2,050 2,050

-76,814 -76,814

-76,814 -76,814

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year Current Year

1,017,776 1,470,046

141,957,380 139,054,826

195,454 3,038,583

-9,941 374,420

143,160,669 143,937,875

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

95,150 563

0 0

94,173,734 90,947,908

0 0

62,347,821 48,033,729

156,616,705 138,982,200

-13,456,036 4,955,675

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year End of Year

388,126,708 391,300,256

289,216,510 268,766,553

98,910,198 122,533,703

Part II Signature Block

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

Sign Here

Signature of officer

BRADLEY A CLARK TREASURER

Type or print name and title

2019-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

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

SEE SCHEDULE O THE ORGANIZATION IS PART OF WAKE FOREST BAPTIST HEALTH, A PREEMINENT LEARNING HEALTH SYSTEM 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 \$	6,286,137	including grants of \$	0	(Revenue \$	0)
-----------	---------	--------------	-----------	------------------------	---	-------------	----

See Additional Data

4b	(Code)	(Expenses \$	125,992,683	including grants of \$	563	(Revenue \$	137,920,861)
-----------	---------	--------------	-------------	------------------------	-----	-------------	--------------

See Additional Data

4c	(Code)	(Expenses \$	1,616,775	including grants of \$	0	(Revenue \$	1,133,965)
-----------	---------	--------------	-----------	------------------------	---	-------------	------------

See Additional Data

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

4e	Total program service expenses ▶	133,895,595
-----------	---	-------------

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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	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	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	15,942
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		
	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		
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?	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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ► JOSEPH DOLAN MEDICAL CENTER BLVD WINSTONSALEM, 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]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,483,432	8,224,412	2,796,631

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 ▶ 959			
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
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a Federated campaigns . . .	1a			
b Membership dues . . .	1b			
c Fundraising events . . .	1c			
d Related organizations	1d			
e Government grants (contributions)	1e			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,470,046		
g Noncash contributions included in lines 1a-1f \$ _____				
h Total. Add lines 1a-1f ▶		1,470,046		

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICE	621990	138,574,995	138,574,995		
b RESEARCH STUDIES & CONTINUING EDU	541700	479,831	479,831		
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		139,054,826			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		2,205,029		-76,814	2,281,843
4 Income from investment of tax-exempt bond proceeds ▶		1,572,039			1,572,039
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	1,373,598	463,118			
b Less rental expenses	1,456,340	0			
c Rental income or (loss)	-82,742	463,118			
d Net rental income or (loss) ▶		380,376			380,376
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	738,485				
c Gain or (loss)	-738,485				
d Net gain or (loss) ▶		-738,485			-738,485
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a		7,950			
b Less direct expenses b		13,906			
c Net income or (loss) from fundraising events . . . ▶		-5,956			-5,956
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a _____					
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See Instructions ▶		143,937,875	139,054,826	-76,814	3,489,817

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.	563	563		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	207,302	103,651	103,651	
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.	74,785,631	73,618,118	1,167,513	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,948,968	4,865,081	83,887	
9 Other employee benefits.	6,945,482	6,827,753	117,729	
10 Payroll taxes.	4,060,525	3,991,697	68,828	
11 Fees for services (non-employees):				
a Management.	2,958,555	1,988,460	970,095	
b Legal.				
c Accounting.	50,000		50,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,584,155	1,755,345	828,810	
12 Advertising and promotion.	4,698	3,597	1,101	
13 Office expenses.	1,694,539	1,541,199	153,340	
14 Information technology.	192,230	189,219	3,011	
15 Royalties.				
16 Occupancy.	640,657	579,276	61,381	
17 Travel.	323,534	297,364	26,170	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	136,593	127,719	8,874	
20 Interest.	5,506,522	5,457,127	49,395	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	731,302	460,720	270,582	
23 Insurance.	799	799		
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 EQUIPMENT RENTAL/MAINTENANCE	14,794,335	13,672,097	1,122,238	
b CLINICAL SUPPLIES	14,356,565	14,356,565	0	
c BAD DEBT	4,059,245	4,059,245		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	138,982,200	133,895,595	5,086,605	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance 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		8,559,246	1	40,227,245	
	2	Savings and temporary cash investments		148,937,618	2	136,592,461	
	3	Pledges and grants receivable, net		1,287,507	3	1,883,498	
	4	Accounts receivable, net		20,452,078	4	24,642,552	
	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			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		21,188,527	9	1,658,352	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	46,787,898			
	b	Less: accumulated depreciation	10b	12,550,938			
				34,317,344	10c	34,236,960	
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	Liabilities	13	Investments—program-related. See Part IV, line 11		109,889,779	13	136,106,816
		14	Intangible assets		15,952,372	14	15,952,372
15		Other assets. See Part IV, line 11		27,542,237	15	0	
16		Total assets. Add lines 1 through 15 (must equal line 34)		388,126,708	16	391,300,256	
17		Accounts payable and accrued expenses		89,568,021	17	71,436,168	
18		Grants payable			18		
19		Deferred revenue			19		
20		Tax-exempt bond liabilities			20		
21		Escrow or custodial account liability. Complete Part IV of Schedule D			21		
22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22		
23		Secured mortgages and notes payable to unrelated third parties		196,580,056	23	190,629,161	
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		3,068,433	25	6,701,224	
26		Total liabilities. Add lines 17 through 25		289,216,510	26	268,766,553	
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
		27	Unrestricted net assets		95,969,032	27	118,992,826
	28	Temporarily restricted net assets		2,941,166	28	3,540,877	
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		98,910,198	33	122,533,703		
34	Total liabilities and net assets/fund balances		388,126,708	34	391,300,256		

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	143,937,875
2	Total expenses (must equal Part IX, column (A), line 25)	2	138,982,200
3	Revenue less expenses Subtract line 2 from line 1	3	4,955,675
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,910,198
5	Net unrealized gains (losses) on investments	5	-2,368,702
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	21,036,532
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,533,703

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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 ☐ Separate basis ☒ Consolidated basis ☐ 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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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

Form 990 (2017)

Form 990, Part III, Line 4a:

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS 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 (THEMSELVES 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 2 MILLION SQUARE FEET OF OFFICE, LABORATORY AND EDUCATIONAL SPACE ON ITS MORE THAN 200 DEVELOPABLE ACRES WFUBMC AND WRMC HOSPITAL OPERATING CORPORATION (DBA WAKE FOREST BAPTIST HEALTH WILKES REGIONAL MEDICAL CENTER) 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, N C 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 WAKE FOREST UNIVERSITY HEALTH SCIENCES DURING FISCAL YEAR 2018 INCLUDED A FIVE-YEAR, \$9.2 MILLION GRANT FROM THE NATIONAL CANCER INSTITUTE FOR THE ITS 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, GUILFORD AND WILKES COUNTIES ACROSS ITS SERVICE AREA OF NORTHWEST NORTH CAROLINA AND SOUTHWEST VIRGINIA, WAKE FOREST BAPTIST HEALTH HAS 6 EMERGENCY DEPARTMENTS, 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 OUTREACHWAKE 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

Form 990, Part III, Line 4b:

WAKE FOREST HEALTH NETWORK, LLC ("WFHN", FKA CORNERSTONE HEALTH CARE LLC) IS A MULTI-DISCIPLINARY MEDICAL PRACTICE WITH MORE THAN 80 LOCATIONS IN COMMUNITIES THROUGHOUT CENTRAL NORTH CAROLINA. WFHN PROVIDED MEDICAL OUTPATIENT CARE SERVICES INCLUDING PRIMARY CARE, PEDIATRICS, WOMEN'S HEALTH, SPORTS MEDICINE, HEART HEALTH, CANCER CARE, AND NEUROLOGY. DURING FISCAL YEAR 2018, THE ORGANIZATION HAD 597,684 PATIENT VISITS. WFHN HAS TRANSITIONED FROM THE TRADITIONAL "FEE-FOR-SERVICE" MODEL TO A PATIENT-CENTERED MEDICAL HOME SYSTEM PROVIDING EXPANDED ACCESS, INCREASED COORDINATION OF CARE, ENHANCED PATIENT EDUCATION FOR PREVENTION AND TREATMENT OF CHRONIC DISEASE, AND SOPHISTICATED TECHNOLOGICAL SUPPORT. WFHN PARTICIPATES IN THE MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATIONS ("ACO") SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES ("CMS"). THROUGH THE SHARED SAVINGS PROGRAM, WFHN WORKS WITH CMS TO PROVIDE MEDICARE FEE-FOR-SERVICE BENEFICIARIES WITH HIGH QUALITY SERVICE AND CARE, WHILE REDUCING THE GROWTH IN MEDICARE EXPENDITURES THROUGH ENHANCED CARE COORDINATION.

Form 990, Part III, Line 4c:

WAKE AIR CARE, LLC (DBA "AIRCARE") WAS FORMED ON OCTOBER 25, 2017 AND IS PART OF AN EMS NETWORK SERVING PATIENTS IN NORTH CAROLINA, VIRGINIA, WEST VIRGINIA, TENNESSEE AND SOUTH CAROLINA IN FISCAL YEAR 2019, AIRCARE BEGAN PROVIDING MEDICAL SERVICES UTILIZING AIR AND MOBILE AMBULANCES STATIONED IN STRATEGIC LOCATIONS TO PROVIDE FAST, SAFE TRANSPORTATION FOR CRITICALLY ILL AND INJURED PATIENTS AIRCARE TREATS ADULTS AND PEDIATRIC PATIENTS WITH A VARIETY OF CONDITIONS, INCLUDING TRAUMA, CARDIAC, STROKE AND BURNS AIRCARE RESPONDS TO CALLS FROM FIRST RESPONDERS AND HOSPITALS 24 HOURS A DAY, AND 7 DAYS A WEEK AND TREATS PATIENTS AT THE SCENE THE CREW IS CERTIFIED IN SEVERAL AREAS OF EMERGENCY CARE AND HAVE UNDERGONE EXTENSIVE TRAINING IN ADVANCED AIRWAY MANAGEMENT, TRANSPORT PHYSIOLOGY, BURN AND TRAUMA CARE, PEDIATRICS, AND CARDIOLOGY THE AIRCRAFT ARE EQUIPPED WITH SOPHISTICATED LIFE SUPPORT AND PATIENT CARE EQUIPMENT

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 CHAIRMAN	15 00	X		X				0	0	0
WILLIAM C WARDEN JR VICE CHAIRMAN	10 00 4 00	X		X				0	0	0
ARTHUR A GIBEL DIRECTOR	2 00 4 00	X						0	0	0
A LEE HERRING DIRECTOR	2 00 4 00	X						0	0	0
GEORGE D RENFRO DIRECTOR	4 00 2 00	X						0	0	0
SHEREE B WATSON DIRECTOR	4 00 2 00	X						0	0	0
DONNA A BOSWELL PHD DIRECTOR	4 00 17 00	X						0	0	0
NATHAN O HATCH PHD DIRECTOR (EX-OFF)	5 80 34 20	X						0	1,405,146	480,383
STEPHEN L ROBERTSON DIRECTOR	4 00 2 00	X						0	0	0
JAMES J MARINO DIRECTOR	4 00 8 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	4 00 2 00	X						0	0	0
ADELAIDE A SINK DIRECTOR	4 00 2 00	X						0	0	0
JULIE A FREISCHLAG MD DIRECTOR (EX-OFF) & CEO	5 00 35 00	X		X				0	992,415	208,694
KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	5 00 35 00			X				0	752,824	169,813
ERIC TOMLINSON DCS PHD PRESIDENT, WFIQ, CH INNOV OFF (TO 3-1-18)	5 00 35 00			X				0	694,716	35,598
BRADLEY A CLARK EVP, CFO, TREASURER	5 00 35 00			X				483,113	0	170,979
TERRY G WILLIAMS EVP, CHIEF STRATEGY OFFICE	5 00 35 00			X				739,261	0	176,980
ROBERT GFELLER EVP, EXT REL & CH MKTG OFF	5 00 35 00			X				654,099	0	148,104
LILICIA BAILEY SVP, CHIEF PEOPLE OFFICER	5 00 35 00			X				601,203	0	131,832
WILLIAM D SHOWALTER SVP, CIO (FROM 8/15/17)	5 00 35 00			X				214,093	0	28,128

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 MCLAIN WALLACE JR SVP, GEN COUNSEL & SEC	5 00 35 00			X				689,120	0	71,877
DEETTE M EMON VP, CIO (THRU 7/31/17)	5 00 35 00			X				356,983	0	28,522
KAREN H HUEY VP, FACILITIES	5 00 35 00			X				398,461	0	59,685
J REID MORGAN ASSISTANT SECRETARY	6 00 34 00			X				0	528,855	182,806
MICHAEL T WAID SR VP HLTH SYS OPS	40 00 0 00					X		517,582	0	130,154
CATHLEEN WHEATLEY VP CLINICAL OP, CHIEF NURS	40 00 0 00					X		529,421	0	120,155
CHARLES R VIGNOS VP MANAGED CARE	40 00 0 00					X		489,686	0	111,119
ERWIN STAINBACK VP CLINICAL OP	40 00 0 00					X		470,915	0	21,977
DENISE CHAMBERLAIN AVP & ASST CFO	40 00 0 00					X		494,591	0	28,133
JOHN H MCCONNELL MD FORMER OFFICER	39 90 0 10						X	0	1,860,397	289,177

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			
EDWARD ABRAHAM MD FORMER OFFICER	0 00 0 00						X	0	650,802	30,994
CHAD A ECKES FORMER OFFICER	0 00 0 00						X	987,032	0	33,896
NORMAN B POTTER JR FORMER OFFICER	0 00 0 00						X	0	530,131	9,972
CHERYL E H LOCKE FORMER OFFICER	0 00 0 00						X	485,469	0	30,450
JOANNE C RUHLAND FORMER OFFICER	0 00 40 00						X	372,403	0	42,972
RUSSELL M HOWERTON MD FORMER OFFICER	0 00 40 00						X	0	809,126	54,231

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 BAPTIST MEDICAL CENTER

Employer identification number
51-0190238

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

The organization is not a private foundation because it is (For lines 1 through 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

3
- 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		
See Additional Data Table						
Total	3				0	0

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.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

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

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>		
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>		No
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>		No
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>		
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>		
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>		No
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>		
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>		
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>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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	No
	11b	No
	11c	No

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	Yes
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	No

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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** ☐ 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.			

Additional Data

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

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

Facts And Circumstances Test

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (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		
(A) WAKE FOREST UNIV HEALTH SCIENCES	223849199	2	Yes		0	0
(A) NORTH CAROLINA BAPTIST HOSPITAL	560552787	3	Yes		0	0
(B) WAKE FOREST UNIVERSITY	560532138	2	Yes		0	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134050509

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number

51-0190238

Part I

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

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

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

5

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

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

Conservation Easements.

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		5,644,605		5,644,605
b Buildings		32,622,763	8,794,577	23,828,186
c Leasehold improvements		2,257,117	1,925,074	332,043
d Equipment		3,660,628	1,668,590	1,992,038
e Other		2,602,785	162,697	2,440,088
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				34,236,960

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN LMC	95,473,382	C
(2) INVESTMENT IN NWCCN	5,893,660	C
(3) UNCONSOLIDATED EQUITY INVESTMENTS	11,964,424	C
(4) INVESTMENT IN FHI	298,194	C
(5) INVESTMENT IN WFHN, LLC	15,635,871	C
(6) INVESTMENT IN CHESS, LLC	6,841,285	C
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	136,106,816	

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CAPITAL LEASE PAYABLE	2,537,358
DEFERRED COMPENSATION	38,580
IBNR RESERVE	400,526
INTERCOMPANY DUE TO/DUE FROM	3,724,760
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	6,701,224

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: 51-0190238
Name: WAKE FOREST UNIVERSITY BAPTIST MEDICAL
CENTER

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 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 BAPTIST MEDICAL CENTER	Employer identification number 51-0190238
---	--

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
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.

[illegible]

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 OR RECEIVE SEVERANCE PAYMENTS AND PAYMENTS FROM SUPPLEMENTAL NON QUALIFIED RETIREMENT PLANS THE DETERMINATION OF THE AMOUNT OF THE NON QUALIFIED RETIREMENT PLANS FOLLOWED THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE FORM 990 THE FOLLOWING CURRENT/FORMER DIRECTORS, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES RECEIVED SEVERANCE AND SERP PAYMENTS IN THEIR CALENDAR YEAR 2017 COMPENSATION NAME SEVERANCE SERP JOHN D MCCONNELL, MD -0- 546,312 JOANNE RUHLAND -0- 44,500 CHERYL LOCKE 150,000 61,120 EDWARD ABRAHAM -0- 139,000 ERIC TOMLINSON -0- 76,900 NAME SEVERANCE SERP DENISE CHAMBERLAIN 110,000 77,740 CHAD ECKES 640,000 -0- NORMAN POTTER 184,000 232,579 RUSSELL HOWERTON -0- 122,202 KAREN HUEY -0- 32,743 J MCLAIN WALLACE -0- 81,156 MICHAEL WAID -0- 3,995 ERWIN STAINBACK 100,000 107,245 THE COMPENSATION OF DR NATHAN O HATCH INCLUDES A PAYOUT OF \$300,000, WHICH WAS INCLUDED IN HIS 2017 FORM W-2 AND IS INCLUDED 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 AND THROUGH MEDICAL CENTER POLICIES 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: 51-0190238
Name: WAKE FOREST UNIVERSITY BAPTIST MEDICAL
CENTER

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 (EX-OFF)	(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 A FREISCHLAG MD DIRECTOR (EX-OFF) & CEO	(i)	0	0	0	0	0	0	0
	(ii)	796,930	190,000	5,485	190,699	17,995	1,201,109	0
2KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	586,688	144,524	21,612	151,285	18,528	922,637	0
3ERIC TOMLINSON DCS PHD PRESIDENT, WFIQ, CH INNOV OFF (TO 3-	(i)	0	0	0	0	0	0	0
	(ii)	412,764	174,074	107,878	23,184	12,414	730,314	1,000
4BRADLEY A CLARK EVP, CFO, TREASURER	(i)	406,688	75,755	670	150,891	20,088	654,092	0
	(ii)	0	0	0	0	0	0	0
5TERRY G WILLIAMS EVP, CHIEF STRATEGY OFFICE	(i)	553,516	183,813	1,932	152,708	24,272	916,241	0
	(ii)	0	0	0	0	0	0	0
6ROBERT GFELLER EVP, EXT REL & CH MKTG OFF	(i)	490,702	159,785	3,612	125,896	22,208	802,203	0
	(ii)	0	0	0	0	0	0	0
7LILICIA BAILEY SVP, CHIEF PEOPLE OFFICER	(i)	458,872	98,701	43,630	119,740	12,092	733,035	0
	(ii)	0	0	0	0	0	0	0
8WILLIAM D SHOWALTER SVP, CIO (FROM 8/15/17)	(i)	167,233	19,880	26,980	20,900	7,228	242,221	0
	(ii)	0	0	0	0	0	0	0
9J MCLAIN WALLACE JR SVP, GEN COUNSEL & SEC	(i)	483,693	102,659	102,768	55,373	16,504	760,997	0
	(ii)	0	0	0	0	0	0	0
10DEETTE M EMON VP, CIO (THRU 7/31/17)	(i)	246,718	109,138	1,127	22,742	5,780	385,505	0
	(ii)	0	0	0	0	0	0	0
11KAREN H HUEY VP, FACILITIES	(i)	302,734	61,394	34,333	37,535	22,150	458,146	0
	(ii)	0	0	0	0	0	0	0
12J REID MORGAN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	473,012	40,000	15,843	102,000	80,806	711,661	0
13MICHAEL T WAID SR VP HLTH SYS OPS	(i)	398,018	95,637	23,927	107,262	22,892	647,736	0
	(ii)	0	0	0	0	0	0	0
14CATHLEEN WHEATLEY VP CLINICAL OP, CHIEF NURS	(i)	435,264	90,545	3,612	110,003	10,152	649,576	0
	(ii)	0	0	0	0	0	0	0
15CHARLES R VIGNOS VP MANAGED CARE	(i)	367,336	100,832	21,518	92,429	18,690	600,805	0
	(ii)	0	0	0	0	0	0	0
16ERWIN STAINBACK VP CLINICAL OP	(i)	180,618	66,896	223,401	11,184	10,793	492,892	0
	(ii)	0	0	0	0	0	0	0
17DENISE CHAMBERLAIN AVP & ASST CFO	(i)	206,887	84,743	202,961	22,184	5,949	522,724	0
	(ii)	0	0	0	0	0	0	0
18JOHN H MCCONNELL MD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,026,360	267,085	566,952	269,643	19,534	2,149,574	0
19EDWARD ABRAHAM MD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	309,744	187,724	153,334	23,184	7,810	681,796	139,000

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				
21CHAD A ECKES FORMER OFFICER	(i)	346,612	0	640,420	22,984	10,912	1,020,928	0
	(ii)	0	0	0	0	0	0	0
1NORMAN B POTTER JR FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	52,236	56,356	421,539	3,967	6,005	540,103	225,858
2CHERYL E H LOCKE FORMER OFFICER	(i)	178,559	80,567	226,343	21,588	8,862	515,919	61,120
	(ii)	0	0	0	0	0	0	0
3JOANNE C RUHLAND FORMER OFFICER	(i)	300,690	0	71,713	24,284	18,688	415,375	0
	(ii)	0	0	0	0	0	0	0
4 RUSSELL M HOWERTON MD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	537,214	126,166	145,746	30,869	23,362	863,357	0

SCHEDULE O (Form 990 or 990-EZ)	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
Department of the Treasury Internal Revenue Service Name of the organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		Employer identification number 51-0190238

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	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. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRADLEY CLARK AND TERRY WILLIAMS, BOTH 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 4	DURING THE CURRENT FISCAL YEAR, THE ORGANIZATION'S BYLAWS WERE AMENDED TO AUTHORIZE THE CEO TO ACT FOR AND ON BEHALF OF THE MEDICAL CENTER AND BOARD OF DIRECTORS (1) ON MATTERS RELATED TO A NONPROFIT CORPORATION WITHOUT MEMBERS THAT IS CONTROLLED WHOLLY OR PARTIALLY BY THE MEDICAL CENTER, (2) AS THE MEMBER OF A NONPROFIT CORPORATION OF WHICH THE MEDICAL CENTER IS A MEMBER, (3) AS MEMBER OF A LIMITED LIABILITY CORPORATION OF WHICH THE MEDICAL CENTER IS A MEMBER, AND (4) AS THE SHAREHOLDER OF A BUSINESS CORPORATION IN WHICH THE MEDICAL CENTER IS A SHAREHOLDER THE ORGANIZATION'S BYLAWS WERE ALSO AMENDED TO ADD AN INVESTMENT COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S TWO MEMBERS ARE NORTH CAROLINA BAPTIST HOSPITAL AND WAKE FOREST UNIVERSITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	HALF OF THE BOARD IS ELECTED BY NORTH CAROLINA BAPTIST HOSPITAL FROM ITS BOARD MEMBERS TH E OTHER HALF IS ELECTED BY WAKE FOREST UNIVERSITY FROM THE WAKE FOREST UNIVERSITY HEALTH S CIENCES BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE ORGANIZATION WILL CARRY OUT THE FUNCTIONS AND PURPOSES STATED IN THE MEDICAL CENTER INTEGRATION AGREEMENT ("MCIA"), SUBJECT TO THE RESERVE POWERS OR APPROVAL OF THE MEMBERS ON SELECT ISSUES, INCLUDING DAY TO DAY MANAGEMENT, STRATEGIC DIRECTION, MANAGED CARE CONTRACTING AND OTHER BUSINESS ACTIVITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVE A COPY OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW, COMMENT, AND POSE QUESTIONS PRIOR TO ITS FILING. IF MODIFICATIONS ARE REQUIRED FOLLOWING SUCH REVIEW AND COMMENT, THE REVISED FORM 990 IS REDISTRIBUTED TO ALL BOARD MEMBERS 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 ITS OFFICERS, DIRECTORS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE FILING ORGANIZATION FUNCTIONS AS THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, AND 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. 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. 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 ORGANIZATIONS OF SIMILAR 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 A APPOINTMENT OR COMPENSATION AND SUCH ABSTENTION IS NOTED IN THE COMMITTEE'S MEETING MINUTES.

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
FORM 990, PART XI, LINE 9	EQUITY METHOD - AFFILIATES 21,036,532

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (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 BAPTIST MEDICAL CENTER

Employer identification number
51-0190238

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WAKE FOREST HEALTH NETWORK LLC (FKA CORNERSTONE HC LLC) 1701 WESTCHESTER DRIVE STE 850 HIGH POINT, NC 27262 56-1935767	MEDICAL SERVICES	NC	138,439,238	66,824,142	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
(2) WAKE FOREST HEALTHCARE VENTURES LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157	INFORMATION SERVICES	NC	0	0	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
(3) WAKE AIR CARE LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157 82-3341863	MEDICAL SERVICES	NC	1,133,965	1,627,390	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

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) MS LAND HOLDING CO LLC 1901 MOONEY STREET WINSTONSALEM, NC 27103 82-4005370	REAL ESTATE	NC	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	DEBT FINANCED 514	19,881	5,687,293		No		Yes		55 510 %

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

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 Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
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	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LEXINGTON MEDICAL CENTER	Q	27,108,813	COST
(2) DAVIE MEDICAL CENTER	Q	11,207,515	COST
(3) WRMC HOSPITAL OPERATING CORPORATION	Q	19,339,897	COST

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: 51-0190238

Name: WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

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 WINSTONSALEM, NC 27157 56-0552787	HEALTHCARE	NC	501(C)(3)	LINE 3	N/A		No
MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 22-3849199	HEALTHCARE EDUCATION AND RESEARCH	NC	501(C)(3)	LINE 2	WAKE FOREST UNIVERSITY		No
PO BOX 7201 WINSTONSALEM, NC 27109 56-0532138	UNIVERSITY	NC	501(C)(3)	LINE 2	N/A		No
250 HOSPITAL DRIVE LEXINGTON, NC 27293 56-0543238	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
250 HOSPITAL DRIVE LEXINGTON, NC 27293 58-1876553	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	LEXINGTON MEDICAL CENTER		No
2000 WEST 1ST STREET WINSTONSALEM, NC 27104 02-0774853	HEALTHCARE	NC	501(C)(3)	LINE 7	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 23-7426944	HEALTHCARE	NC	501(C)(3)	LINE 10	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
329 NC HWY 801N BERMUDA RUN, NC 27006 56-2276994	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
PO BOX 609 NORTH WILKESBORO, NC 28659 26-2971169	HEALTHCARE	NC	501(C)(3)	LINE 3	WRMC HOSPITAL OPERATING CORPORATION		No
PO BOX 609 NORTH WILKESBORO, NC 28659 83-0343789	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 56-1903275	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	