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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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 BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
WINSTONSALEM, NC 27157

D Employer identification number
51-0190238

E Telephone number
(336) 716-4445

G Gross receipts $ 136,952,903

F Name and address of principal officer:
JULIE A FREISCHLAG MD
MEDICAL CENTER BOULEVARD
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 ▶

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

J Website: ▶ WWW.WAKEHEALTH.EDU

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

L Year of formation: 1975

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
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)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	14,407
6	Total number of volunteers (estimate if necessary)	**6**	1,354
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-221,585
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	632,716	4,835,501
9	Program service revenue (Part VIII, line 2g)	141,624,733	127,626,392
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-954,942	3,446,489
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	143,948	-319,529
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,446,455	135,588,853
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	258,208	1,530,351
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	98,435,047	92,333,920
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	65,059,582	58,588,583
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	163,752,837	152,452,854
19	Revenue less expenses. Subtract line 18 from line 12	-22,306,382	-16,864,001

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	341,415,288	318,317,044
21	Total liabilities (Part X, line 26)	493,973,007	484,733,426
22	Net assets or fund balances. Subtract line 21 from line 20	-152,557,719	-166,416,382

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

****** 2021-04-30
Signature of officer Date

BRADLEY A CLARK TREASURER
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O FOR CONTINUATIONWAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (AT TIMES ALSO REFERRED TO AS THE "MEDICAL CENTER OR "WFUBMC OR "THE FILING ORGANIZATION") IS PART OF WAKE FOREST BAPTIST HEALTH (AT TIMES ALSO REFERRED TO AS "WFBH"), A PREEMINENT LEARNING HEALTH SYSTEM AND ACADEMIC MEDICAL CENTER OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION. WFBH'S 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: See Additional Data)	(Expenses $	3,030,469	including grants of $	1,530,351) (Revenue $	0)
4b	(Code: See Additional Data)	(Expenses $	129,370,135	including grants of $	0) (Revenue $	119,390,928)
4c	(Code: See Additional Data)	(Expenses $	9,705,830	including grants of $	0) (Revenue $	8,235,464)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		142,106,434			

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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	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			

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

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**	14,407		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶ERIN KOEWING MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 (336) 716-4445

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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										

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) ▶								8,380,009	6,988,380	2,912,988

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,754

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
CORNERSTONE HEALTH ENABLEMENT STRATEGIC 1701 WESTCHESTER DR STE 850 HIGH POINT, NC 27262	HEALTH CARE SERVICES	2,489,800
IMAGE FIRST 900 EAST 8TH AVE KING OF PRUSSIA, PA 19406	LINEN SERVICES	200,260
THE BUDD GROUP 195 BUDD BLVD WINSTONSALEM, NC 27114	FACILITY MAINTENANCE SERVICES	193,268
TRIAGELOGIC LLC PO BOX 79426 BALTIMORE, MD 21279	HEALTH CARE SERVICES	141,036
SHARON R HUGHES 6142 JACKSON CREEK RD DENTON, NC 27239	HEALTH CARE SERVICES	137,600

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 ▶ 5

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,927,981			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,907,520			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		4,835,501			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	621990	127,243,414	127,243,414		
	b RESEARCH REVENUE	541700	382,978	382,978		
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		127,626,392			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,027,754		-221,585	1,249,339
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a	744,911	286,671		
	b Less: rental expenses	6b	1,343,112	0		
	c Rental income or (loss)	6c	-598,201	286,671		
	d Net rental income or (loss)		-311,530			-311,530
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a	2,421,805			
	b Less: cost or other basis and sales expenses	7b	0	3,070		
	c Gain or (loss)	7c	2,421,805	-3,070		
	d Net gain or (loss)		2,418,735			2,418,735
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	9,869			
	b Less: direct expenses	8b	17,868			
	c Net income or (loss) from fundraising events		-7,999			-7,999
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	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		135,588,853	127,626,392	-221,585	3,348,545

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,530,351	1,530,351		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	687,484	631,080	56,404	
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	76,232,540	72,646,208	3,586,332	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,464,392	3,300,327	164,065	
9 Other employee benefits	8,259,310	7,868,170	391,140	
10 Payroll taxes	3,690,194	3,515,436	174,758	
11 Fees for services (non-employees):				
a Management	2,432,433	1,927,026	505,407	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	445,273	352,755	92,518	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,260,261	8,968,215	292,046	
12 Advertising and promotion	7,215	5,716	1,499	
13 Office expenses	762,278	618,255	144,023	
14 Information technology	118,648	96,231	22,417	
15 Royalties				
16 Occupancy	21,118,179	17,128,171	3,990,008	
17 Travel	193,071	180,821	12,250	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	105,571	99,644	5,927	
20 Interest	7,004,802	6,560,608	444,194	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	846,905	771,450	75,455	
23 Insurance	1,993,801	1,617,097	376,704	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	10,114,990	10,114,990		
b BAD DEBT	4,026,654	4,026,654		
c OTHER SUPPLIES	157,197	147,229	9,968	
d INCOME TAXES	1,305		1,305	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	152,452,854	142,106,434	10,346,420	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		76,685,793	1	40,842,966
	2	Savings and temporary cash investments		38,312,557	2	12,122,364
	3	Pledges and grants receivable, net		1,219,791	3	1,022,349
	4	Accounts receivable, net		26,500,367	4	17,485,262
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,552,607	9	1,522,049
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,893,859			
	b	Less: accumulated depreciation	10b 16,973,829	35,420,047	10c	34,920,030
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		141,592,269	13	147,333,910
	14	Intangible assets		15,952,372	14	15,952,372
	15	Other assets. See Part IV, line 11		4,179,485	15	47,115,742
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		341,415,288	16	318,317,044
Liabilities	17	Accounts payable and accrued expenses		166,335,775	17	160,766,138
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		279,499,874	23	241,508,148
	24	Unsecured notes and loans payable to unrelated third parties		0	24	5,870,250
	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		48,137,358	25	76,588,890
	26	**Total liabilities.** Add lines 17 through 25		493,973,007	26	484,733,426
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		-155,449,338	27	-167,438,738
	28	Net assets with donor restrictions		2,891,619	28	1,022,356
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-152,557,719	32	-166,416,382
	33	Total liabilities and net assets/fund balances		341,415,288	33	318,317,044

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	135,588,853
2	Total expenses (must equal Part IX, column (A), line 25)	2	152,452,854
3	Revenue less expenses. Subtract line 2 from line 1	3	-16,864,001
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-152,557,719
5	Net unrealized gains (losses) on investments	5	-1,973,938
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	4,979,276
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-166,416,382

Part XII Financial Statements and Reporting

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

Additional Data

Software ID:

Software Version:

EIN: 51-0190238

Name: WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR COMPLETE DESCRIPTION

Form 990, Part III, Line 4b:

WAKE FOREST HEALTH NETWORK, LLC ("WFHN") 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 2020, THE ORGANIZATION HAD 522,604 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") IS PART OF AN EMS NETWORK SERVING PATIENTS IN NORTH CAROLINA, VIRGINIA, WEST VIRGINIA, TENNESSEE AND SOUTH CAROLINA. DURING FISCAL YEAR 2020, AIRCARE CONTINUED 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			
JULIE A FREISCHLAG MD DIRECTOR (EX-OFF), CEO, DEAN	5.00 35.00			X				0	2,060,166	450,111
NATHAN O HATCH PHD DIRECTOR (EX-OFF)	5.80 34.20	X						0	1,665,827	352,861
KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	5.00 35.00			X				0	1,070,557	258,296
BRADLEY A CLARK EVP, CFO, TREASURER	5.00 35.00			X				947,093	0	237,452
TERRY G WILLIAMS EVP, CH STRATEGY OFF	5.00 35.00			X				888,524	0	179,836
J MCLAIN WALLACE JR SVP, GEN CNSL & SECRETARY	5.00 35.00			X				787,541	0	162,746
CATHLEEN WHEATLEY DNP PRES WFBMC, SVP CH NURS OF	0.00 40.00					X		761,846	0	167,063
ROBERT GFELLER FORMER OFFICER (12-31-18)	0.00 0.00						X	903,026	0	1,845
J REID MORGAN ASST SECRETARY	6.00 34.00			X				0	655,028	166,975
LILICIA BAILEY SVP, CH PEOPLE OFF	5.00 35.00			X				651,264	0	136,122

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			
VIJAYA GANDLA MD PHYSICIAN	0.00 40.00					X		726,320	0	47,041
MICHAEL T WAID SVP, HLTH SYS OPS	0.00 40.00					X		626,394	0	141,844
JOHN H MCCONNELL MD FORMER OFFICER (4-26-17)	40.00 0.00						X	0	720,128	43,339
WILLIAM D SHOWALTER SVP, CH INFO OFF	5.00 35.00			X				615,134	0	135,862
TODD M BANKHEAD SVP, CLIN OPS & PT FIN SVC	0.00 40.00					X		566,612	0	120,858
CONRAD S EMMERICH VP, BUSINESS SVC	0.00 40.00					X		551,087	0	118,383
LISA M MARSHALL VP, CH PHIL OFF	20.00 20.00			X				0	377,566	105,179
ERIC TOMLINSON DCS PHD FORMER OFFICER (3-1-18)	0.00 0.00						X	0	439,108	2,522
KAREN H HUEY VP, FACILITIES	5.00 35.00			X				355,168	0	84,653
A LEE HERRING DIRECTOR	4.00 2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ADELAIDE A SINK DIRECTOR	4.00 2.00	X						0	0	0
ARTHUR A GIBEL DIRECTOR	4.00 2.00	X						0	0	0
CATHERINE D DEANGELIS MD DIRECTOR	4.00 0.00	X						0	0	0
DONALD E FLOW VICE CHAIR	4.00 7.00	X		X				0	0	0
DONNA A BOSWELL PHD DIRECTOR	4.00 7.00	X						0	0	0
EDWARD E CORNWELL III MD DIRECTOR	4.00 2.00	X						0	0	0
EDWIN L WELCH JR DIRECTOR (FROM 7/1/19)	4.00 2.00	X						0	0	0
GEORGE D RENFRO DIRECTOR	4.00 2.00	X						0	0	0
JAMES J MARINO DIRECTOR	4.00 8.00	X						0	0	0
JOHN M VANN DIRECTOR	4.00 9.00	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			
SHEREE B WATSON DIRECTOR	4.00 2.00	X						0	0	0
WILLIAM C WARDEN JR CHAIR	15.00 2.00	X		X				0	0	0

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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.**

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

OMB No. 1545-0047

2019

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 3					1,527,851	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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? *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.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		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))? *If "Yes," provide detail in* ***Part VI.***	9a		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? *If "Yes," provide detail in* ***Part VI.***	9b		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? *If "Yes," provide detail in* ***Part VI.***	9c		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)? *If "Yes," answer line 10b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		**No**
b	A family member of a person described in (a) above?	**11b**		**No**
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		**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? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**	**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? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		**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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

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

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.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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		
WAKE FOREST UNIV HEALTH SCIENCES	223849199	2	Yes		1,527,851	0
NORTH CAROLINA BAPTIST HOSPITAL	560552787	3	Yes		0	0
WAKE FOREST UNIVERSITY	560532138	2	Yes		0	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,612,339		9,612,339
b Buildings		32,957,292	11,559,033	21,398,259
c Leasehold improvements		2,260,216	1,994,014	266,202
d Equipment		5,120,257	3,193,896	1,926,361
e Other		1,943,755	226,886	1,716,869
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				34,920,030

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	121,679,611	C
(2)INVESTMENT IN NWCCN	8,103,811	C
(3)UNCONSOLIDATED EQUITY INVESTMENTS	15,230,621	C
(4)INVESTMENT IN FHI	317,114	C
(5)INVESTMENT IN WFHN, LLC	-9,905,428	C
(6)INVESTMENT IN CHESS, LLC	11,908,181	C
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	147,333,910	

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)INTERCOMPANY RECEIVABLE	4,331
(2)OPERATING LEASES (LESS ACCUM DEPREC)	47,111,411
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	47,115,742

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	0
(2) CAPITAL LEASE PAYABLE	25,837,358
(3) OPERATING LEASE PAYABLE	38,664,851
(4) INTERCOMPANY PAYABLE	12,086,681
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	76,588,890

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, 2020 AND 2019, 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 MAT ERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2020 AND 2019.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number
51-0190238

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	22-3849199	501(C)(3)	1,527,851				CARE & CURE FUND

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

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

Return Reference	**Explanation**
PART I, LINE 2:	THE ORGANIZATION FOLLOWS THE MEDICAL CENTER'S CORPORATE POLICY USED IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS. THE ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS DISBURSED.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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 on 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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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**		

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

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

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE WFUBMC BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL MEDICAL CENTER OFFICERS' COMPENSATION (INCLUDING THE COMPENSATION OF MOST OF THE OFFICERS OF THE FILING ORGANIZATION). THE COMMITTEE UTILIZES AN INDEPENDENT, EXTERNAL COMPENSATION CONSULTANT FIRM EXPERIENCED IN HEALTH CARE AND HIGHER EDUCATION COMPENSATION THAT BASES RECOMMENDATIONS ON COMPENSATION SURVEYS AND STUDIES TO DETERMINE THE APPROPRIATENESS OF EACH OFFICER'S COMPENSATION. THESE COMPENSATION CONSULTANTS PRESENT TOTAL COMPENSATION COMPARABILITY DATA FOR THE POSITIONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE DATA IS REVIEWED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF WFUBMC'S GOVERNING BOARD AT ITS MEETING; NONE OF THE MEMBERS OF THAT COMMITTEE ARE EMPLOYEES OF THE FILING ORGANIZATION. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY RECORDED. IN THE EVENT THAT ANY MEMBER OF THE GOVERNANCE AND COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST, THAT COMMITTEE MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL PROCESS, AND THEIR ABSTENTION FROM THE PROCESS IS REFLECTED IN THE MINUTES.
PART I, LINES 4A-B	CERTAIN EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLANS (SERP) OR RECEIVE SEVERANCE PAYMENTS AND PAYMENTS FROM THEIR SERP. THE DETERMINATION OF THE AMOUNT OF THE NON QUALIFIED RETIREMENT PLANS FOLLOWED THE FILING ORGANIZATION'S COMPENSATION PROCEDURES AS OUTLINED IN PART VI, SECTION B, LINE 15 OF THE FORM 990. THE FOLLOWING CURRENT OR FORMER DIRECTORS, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES RECEIVED SEVERANCE AND SERP PAYMENTS IN THEIR CALENDAR YEAR 2019 COMPENSATION: SEVERANCE PAYMENTS: ERIC TOMLINSON, DSC, PHD $439,108 ROBERT GFELLER $500,001 SERP PAYMENTS: CONRAD EMMERICH $23,296 ROBERT GFELLER $396,147 KAREN HUEY $39,021 MICHAEL T. WAID $44,262 J. MCLAIN WALLACE, JR. $87,942 CATHLEEN WHEATLEY, DNP $15,531 TERRY G. WILLIAMS $125,682 THE COMPENSATION OF DR. NATHAN O. HATCH, PRESIDENT OF WAKE FOREST UNIVERSITY AND AN EX-OFFICIO DIRECTOR OF THE FILING ORGANIZATION, INCLUDES A PAYOUT OF $272,728 WHICH IS INCLUDED IN HIS 2019 FORM W-2 AND IN COLUMN BIII. THIS AMOUNT IS SHOWN IN SCHEDULE J, PART II, COLUMN F AND HAS BEEN PREVIOUSLY REPORTED ON A PRIOR YEAR FORM 990. DR. HATCH PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN (SERP). SCHEDULE J, PART II, COLUMN C INCLUDES THE ACTUARIAL VALUE INCREASE OF $249,477. 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 OR APPLICABLE RELATED ORGANIZATIONS' 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				
1JULIE A FREISCHLAG MD DIRECTOR (EX-OFF), CEO, DEAN	(i)	0	0	0	0	0	0	0
	(ii)	1,378,992	663,750	17,424	422,591	27,520	2,510,277	0
1NATHAN O HATCH PHD DIRECTOR (EX-OFF)	(i)	0	0	0	0	0	0	0
	(ii)	930,761	370,436	364,630	277,477	75,384	2,018,688	272,728
2KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	(i)	0	0	0	0	0	0	0
	(ii)	755,682	292,005	22,870	237,226	21,070	1,328,853	0
3BRADLEY A CLARK EVP, CFO, TREASURER	(i)	675,958	270,235	900	209,458	27,994	1,184,545	0
	(ii)	0	0	0	0	0	0	0
4TERRY G WILLIAMS EVP, CH STRATEGY OFF	(i)	561,272	199,500	127,752	153,254	26,582	1,068,360	125,682
	(ii)	0	0	0	0	0	0	0
5J MCLAIN WALLACE JR SVP, GEN CNSL & SECRETARY	(i)	511,009	165,720	110,812	147,473	15,273	950,287	87,942
	(ii)	0	0	0	0	0	0	0
6 CATHLEEN WHEATLEY DNP PRES WFBMC, SVP CH NURS OF	(i)	560,837	180,000	21,009	158,473	8,590	928,909	15,531
	(ii)	0	0	0	0	0	0	0
7ROBERT GFELLER FORMER OFFICER (12-31-18)	(i)	6,878	0	896,148	435	1,410	904,871	0
	(ii)	0	0	0	0	0	0	0
8J REID MORGAN ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	524,258	110,000	20,770	110,743	56,232	822,003	0
9LILICIA BAILEY SVP, CH PEOPLE OFF	(i)	476,324	150,000	24,940	123,900	12,222	787,386	0
	(ii)	0	0	0	0	0	0	0
10VIJAYA GANDLA MD PHYSICIAN	(i)	695,800	11,250	19,270	21,213	25,828	773,361	0
	(ii)	0	0	0	0	0	0	0
11MICHAEL T WAID SVP, HLTH SYS OPS	(i)	424,472	136,590	65,332	114,488	27,356	768,238	44,262
	(ii)	0	0	0	0	0	0	0
12JOHN H MCCONNELL MD FORMER OFFICER (4-26-17)	(i)	0	0	0	0	0	0	0
	(ii)	656,678	13,462	49,988	21,213	22,126	763,467	0
13WILLIAM D SHOWALTER SVP, CH INFO OFF	(i)	461,402	147,930	5,802	117,012	18,850	750,996	0
	(ii)	0	0	0	0	0	0	0
14TODD M BANKHEAD SVP, CLIN OPS & PT FIN SVC	(i)	432,542	132,000	2,070	99,926	20,932	687,470	0
	(ii)	0	0	0	0	0	0	0
15CONRAD S EMMERICH VP, BUSINESS SVC	(i)	399,391	127,500	24,196	102,122	16,261	669,470	23,296
	(ii)	0	0	0	0	0	0	0
16LISA M MARSHALL VP, CH PHIL OFF	(i)	0	0	0	0	0	0	0
	(ii)	371,901	0	5,665	90,527	14,652	482,745	0
17 ERIC TOMLINSON DCS PHD FORMER OFFICER (3-1-18)	(i)	0	0	0	0	0	0	0
	(ii)	0	0	439,108	0	2,522	441,630	0
18KAREN H HUEY VP, FACILITIES	(i)	314,378	0	40,790	68,038	16,615	439,821	39,021
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number
51-0190238

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NC MEDICAL CARE COMMISSION	52-1309402	65821DWH0	03-07-2019	92,690,857	VARIOUS CAPITAL PROJECTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	92,834,033			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	879,186			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	91,954,847			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2019			

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, ROW A, COLUMN E	THE SERIES 2019 ISSUE WAS ISSUED AS ONE ISSUE FOR FEDERAL TAX PURPOSES IN THE AMOUNT OF $212,563,386. THE AMOUNT OF $92,690,857 IS THE PORTION OF THE ISSUE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS RESPONSIBLE FOR. THE OTHER PORTIONS OF THE ISSUE ARE REPORTED ON SCHEDULE K OF FORM 990 FOR NORTH CAROLINA BAPTIST HOSPITAL ($73,819,143) AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ($46,053,368).

Return Reference	Explanation
PART I, ROW A, COLUMN F	THE PURPOSE OF THE ISSUE WAS TO FINANCE VARIOUS CAPITAL PROJECTS.

Return Reference	Explanation
PART II, ROW 3, COLUMN A	THE TOTAL PROCEEDS FOR THE ISSUE EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS EARNED AS OF 6/30/2020.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number
51-0190238

Part I Excess Benefit Transactions

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES W MORGAN	SEE PART V	44,709	COMPENSATION		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV, (B) DESCRIPTION OF RELATIONSHIP	JAMES W. MORGAN: FAMILY MEMBER OF THE FILING ORGANIZATION'S OFFICER, J. REID MORGAN, WAS PAID WAGES FOR HIS EMPLOYMENT WITH THE FILING ORGANIZATION.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number
51-0190238

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS AN INTEGRAL PART OF WAKE FOREST BAPTIST H EALTH, A PREEMINENT ACADEMIC HEALTH SYSTEM OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH, AND EDUCATION THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLL ABORATION AND INNOVATION. THE FOLLOWING PARAGRAPHS ARE PROVIDED TO EXPLAIN THE RELATIONSHI P 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 DESCRI BE 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 RES EARCH, TECHNOLOGY TRANSFER AND MEDICAL EDUCATION. WAKE FOREST UNIVERSITY BAPTIST MEDICAL C ENTER ("WFUBMC") IS A CORPORATION WHOSE TWO EQUAL MEMBERS ARE WAKE FOREST UNIVERSITY AND N ORTH CAROLINA BAPTIST HOSPITAL (THEMSELVES NORTH CAROLINA NONPROFIT CORPORATIONS). WFUBMC IS THE OVERALL UMBRELLA OPERATING ENTITY AND AS SUCH OPERATES NCBH AND WAKE FOREST UNIVERS ITY HEALTH SCIENCES (WHICH IN TURN OPERATES THE WAKE FOREST SCHOOL OF MEDICINE AND IS ALSO REFERRED TO AS "WFUHS") - WHICH ARE THE TWO PRINCIPAL OPERATING COMPONENTS OF WAKE FOREST BAPTIST HEALTH. BECAUSE THE VARIOUS ACTIVITIES DESCRIBED BELOW ARE NOT ALL PERFORMED BY E ACH OF THESE ORGANIZATIONS, THE NARRATIVE THAT FOLLOWS WILL INCLUDE DESCRIPTIONS OF ACTIVI TIES THAT ARE PERFORMED BY THE FILING ORGANIZATION AND BY A RELATED (OR UNRELATED BUT AFFI LIATED) ORGANIZATION; THEY ARE AGAIN PROVIDED TO ILLUSTRATE A COMPLETE PICTURE OF THE FILI NG ORGANIZATION'S ROLE IN THIS INTEGRATED ACADEMIC MEDICAL CENTER'S COMPREHENSIVE ACTIVITI ES. WFBH IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGIO N THE RESOURCES OF ONE OF AMERICA'S TOP HOSPITALS AND INNOVATIVE RESEARCH CENTERS AND A PR EMIER MEDICAL SCHOOL. WFBH OPERATES WAKE FOREST SCHOOL OF MEDICINE, WHICH HAS A FACULTY OF 1,356, INCLUDING PHYSICIANS AND BASIC SCIENTISTS. THE HEALTH SYSTEM HAS 1,535 ACUTE CARE AND REHABILITATION BEDS OPERATIVE ACROSS THE SYSTEM, WHICH ENCOMPASSES ITS MAIN CAMPUS (88 5 BEDS - AND AT TIMES IS REFERRED TO AS THE "MEDICAL CENTER"), WAKE FOREST BAPTIST HEALTH HIGH POINT MEDICAL CENTER (351 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) AND ALLEGHANY HEALTH (25 BEDS). OVERALL, WAKE FORE ST BAPTIST HEALTH SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTER N VIRGINIA AND ALSO DRAWS PATIENTS FROM ACROSS THE NATION FOR SELECT SERVICES. WFBH 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 TE CHNOLOGY, CLINICAL SERVICES AND ADVANCED MATERIALS LOCATED IN DOWNTOWN WINSTON-SALEM. HOME TO MORE THAN 90 COMPANIES, FI

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Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	VE LEADING ACADEMIC INSTITUTIONS, MORE THAN 3,700 WORKERS AND MORE THAN 1,400 STUDENTS AND 8,000 WORKFORCE TRAINEE PARTICIPANTS, THE INNOVATION QUARTER CURRENTLY COMPRISES MORE THA N 2 MILLION SQUARE FEET OF OFFICE, LABORATORY AND EDUCATIONAL SPACE ON ITS MORE THAN 200 D EVELOPABLE ACRES. RESEARCH AWARDS RECEIVED BY WFUHS/WAKE FOREST SCHOOL OF MEDICINE DURING FISCAL 2020 TOTALED MORE THAN $274.8 MILLION, INCLUDING $223 MILLION FROM FEDERAL SOURCES (INCLUDING THE NATIONAL INSTITUTES OF HEALTH AND THE U.S. DEPARTMENT OF DEFENSE), $14 MILL ION FROM INDUSTRY SOURCES AND $37.8 MILLION FROM STATE SOURCES. SIGNIFICANT RESEARCH GRANT S DURING THE PERIOD INCLUDED FUNDING FROM THE NATIONAL INSTITUTE ON AGING THAT IS EXPECTED TO TOTAL $90 MILLION OVER SEVEN YEARS FOR A MAJOR STUDY BY THE WAKE FOREST SCHOOL OF MEDI CINE AND DUKE UNIVERSITY TO EXAMINE THE OVERALL BENEFITS AND RISKS OF CHOLESTEROL-LOWERING DRUGS KNOWN AS STATINS IN ADULTS AGE 75 OR OLDER WITHOUT CARDIOVASCULAR DISEASE; A SIX-YE AR, $25 MILLION AWARD FROM THE NATIONAL CANCER INSTITUTE'S COMMUNITY ONCOLOGY RESEARCH PRO GRAM TO CONTINUE INNOVATIVE CANCER CARE RESEARCH AND BUILD ON WORK THAT BEGAN THROUGH AN $ 18 MILLION GRANT RECEIVED BY WFUHS IN 2014; A FIVE-YEAR, $25.4 MILLION GRANT AS THE SECOND PART OF A CLINICAL AND TRANSLATIONAL SCIENCE AWARD FROM THE NATIONAL INSTITUTES OF HEALTH TO CONTINUE EFFORTS TO QUICKLY TRANSLATE RESEARCH INTO BETTER CLINICAL CARE; AND A FIVE-Y EAR, $24 MILLION PROGRAM OF FUNDING FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE WAKE FOREST INSTITUTE FOR REGENERATIVE MEDICINE (A DIVISION OF WFUHS) TO SUPPORT I TS LUNG-ON-A-CHIP TECHNOLOGY AS A MODEL TO DEVELOP CHEMICAL INJURY TREATMENTS. ADDITIONAL NOTABLE FUNDING AWARDS INCLUDED A $6 MILLION AWARD FROM THE NATIONAL CANCER INSTITUTE TO T EST THE EFFECTIVENESS OF A WEB-BASED PAIN MANAGEMENT PROGRAM; A $5.7 MILLION DIABETES RESE ARCH CENTER GRANT FROM THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASE S TO THE SCHOOL OF MEDICINE, IN PARTNERSHIP WITH THE UNIVERSITY OF NORTH CAROLINA, DUKE UN IVERSITY AND N.C. A&T STATE UNIVERSITY TO ADVANCE DIABETES RESEARCH BY ENCOURAGING COLLABO RATION AMONG INVESTIGATORS FROM RELEVANT DISCIPLINES; A FIVE-YEAR GRANT WORTH APPROXIMATEL Y $2.97 MILLION FROM THE NATIONAL INSTITUTE OF NURSING RESEARCH TO STUDY THE REASONS FOR A TTRITION IN PEDIATRIC WEIGHT-MANAGEMENT PROGRAMS AND DEVELOP BETTER WAYS TO PREDICT AND RE DUCE DROPOUT RATES; A FIVE-YEAR GRANT WORTH APPROXIMATELY $2.53 MILLION FROM THE NATIONAL INSTITUTE ON AGING TO EVALUATE WHETHER A NOVEL BRAIN-IMAGING TECHNIQUE CAN IDENTIFY ALZHEI MER'S DISEASE IN ITS EARLY STAGES; AND A $1.6 MILLION GRANT FROM THE NATIONAL CANCER INSTI TUTE TO ALLOW TESTING OF MPATH-CRC, AN IPAD APP THAT ALLOWS PATIENTS TO ORDER A COLON CANC ER SCREENING TEST WHILE WAITING AT THE DOCTOR'S OFFICE BEFORE A ROUTINE PRIMARY CARE VISIT . DURING THE SECOND HALF OF FY20, WAKE FOREST BAPTIST HEALTH RESPONDED TO THE COVID-19 PAN DEMIC. THE HEALTH SYSTEM INSTI

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Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	TUTED VISITOR RESTRICTIONS, DELAYED NON-ESSENTIAL SURGERIES, PROCEDURES AND APPOINTMENTS, AND RAPIDLY EXPANDED OPTIONS FOR PATIENT TELEHEALTH VISITS BY PHONE AND VIDEO. OTHER STEPS RELATED TO COVID-19 INCLUDED OPENING MORE THAN A DOZEN RESPIRATORY SYMPTOM CLINICS AT EXI STING FAMILY MEDICINE, PRIMARY AND URGENT CARE LOCATIONS THROUGHOUT THE HEALTH SYSTEM; EST ABLISHING A COVID-19 RESPONSE FUND TO GALVANIZE COMMUNITY SUPPORT FOR PATIENTS AND HEALTH CARE WORKERS; PARTICIPATING IN A MASK THE CITY INITIATIVE, A COMMUNITY-WIDE EFFORT TO PROD UCE AND DISTRIBUTE MASKS TO EVERYONE IN WINSTON-SALEM; AND LEADING A COMMUNITY-BASED RESEA RCH STUDY OF THE NOVEL CORONAVIRUS WITH PARTNERS JAVARA INC. AND ORACLE. 1. CLINICAL SERVI CES WAKE FOREST BAPTIST HEALTH IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERN ATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION. IT OFFERS EXPERTISE IN MO RE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZE D CARE FOR ALL AGES. WFBH'S NETWORK INCLUDES THE 167-BED COMPREHENSIVE CANCER CENTER AND T HE 144-BED BRENNER CHILDREN'S HOSPITAL, BOTH OF WHICH ARE ON THE MAIN CAMPUS IN WINSTON-SA LEM, AS WELL AS COMMUNITY HOSPITALS IN DAVIDSON, DAVIE, GUILFORD AND WILKES COUNTIES. BREN NER CHILDREN'S ALSO INCLUDES THE DALE AND KAREN SISEL NEONATAL INTENSIVE CARE UNIT, WHICH OPENED IN JUNE 2019 WITH 51 ALL-PRIVATE ROOMS. ACROSS ITS SERVICE AREA OF NORTHWEST NORTH CAROLINA AND SOUTHWEST VIRGINIA, WAKE FOREST BAPTIST HEALTH STAFFS 16 EMERGENCY DEPARTMENT S, SIX OF WHICH (NORTH CAROLINA BAPTIST HOSPITAL ADULT, NORTH CAROLINA BAPTIST HOSPITAL PE DIATRIC, LEXINGTON MEDICAL CENTER, WILKES MEDICAL CENTER, DAVIE MEDICAL CENTER AND HIGH PO INT MEDICAL CENTER) ARE OWNED BY WAKE FOREST BAPTIST HEALTH, AND THE OTHER 10 OF WHICH ARE WITHIN OTHER HEALTH SYSTEMS; SIX URGENT CARE CENTERS; 76 PRIMARY CARE CLINICS; 269 SPECIA LTY CLINICS; AND 18 OUTPATIENT DIALYSIS CENTERS AND ONE FREE-STANDING DIALYSIS ACCESS CENT ER. WAKE FOREST BAPTIST HEALTH EMPLOYS 2,755 PHYSICIANS, 4,892 REGISTERED NURSES, AND 918 RESIDENTS AND FELLOWS. IT HAS A TOTAL STAFF OF 17,070 ON THE MEDICAL CENTER CAMPUS IN WINS TON-SALEM AND 20,993 WITHIN THE WAKE FOREST BAPTIST HEALTH SYSTEM. OVERALL IN FISCAL 2020, WAKE FOREST BAPTIST HEALTH HAD 79,368 INPATIENT ADMISSIONS AND OBSERVATION PATIENTS, 218, 453 EMERGENCY DEPARTMENT VISITS AND 2,182,647 CLINIC VISITS (AMBULATORY VISITS AND OUTPATI ENT DEPARTMENTS).

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Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	IN SEPTEMBER 2019, LEXINGTON MEDICAL CENTER OPENED AN EXPANDED, 26,500-SQUARE-FOOT SURGICA L FACILITY. THE $31.5 MILLION STATE-OF-THE-ART FACILITY INCLUDES FOUR FULLY-DIGITAL OPERAT ING ROOMS TO ACCOMMODATE VARIOUS PROCEDURES AND SPECIALTIES, INCLUDING EAR, NOSE AND THROA T; GYNECOLOGY; OPHTHALMOLOGY; ORTHOPAEDICS AND JOINT REPLACEMENTS; UROLOGY; AND GENERAL SU RGERY. IT ALSO INCLUDES A 10-BAY POST-ANESTHESIA CARE UNIT FOR PATIENTS TO RECOVER FROM AN ESTHESIA AFTER SURGERY, A UROLOGY PROCEDURE ROOM, A SPACIOUS WAITING AREA FOR FAMILIES AND PRIVATE CONSULTATION ROOMS FOR PHYSICIANS AND FAMILY MEMBERS. IN JANUARY 2020, BRENNER CH ILDREN'S HOSPITAL AGAIN RECEIVED VERIFICATION AS A LEVEL I PEDIATRIC TRAUMA CENTER THE HIG HEST LEVEL POSSIBLE BY THE AMERICAN COLLEGE OF SURGEONS, MAINTAINING A VERIFICATION IT HAS HELD SINCE 2011 WHEN BRENNER BECAME THE FIRST LEVEL I PEDIATRIC TRAUMA CENTER IN THE STAT E. NEW CLINICS THAT OPENED INCLUDED THE AREA'S FIRST CANCER SURVIVORSHIP CLINIC AT THE COM PREHENSIVE CANCER CENTER, A HIGH-RISK BREAST CANCER CLINIC AT HIGH POINT MEDICAL CENTER'S HAYWORTH CANCER CENTER AND A MOBILE HEALTH CLINIC TO BRING HEALTH CARE DIRECTLY TO UNDERSE RVED NEIGHBORHOODS AND SCHOOLS IN FORSYTH COUNTY, IN PARTNERSHIP WITH THE SCHOOL HEALTH AL LIANCE OF FORSYTH COUNTY. 2. OUTREACH WAKE FOREST BAPTIST HEALTH CONTINUES A BROAD-BASED E FFORT TO REACH UNDERSERVED POPULATIONS ACROSS ITS SERVICE AREA. THE MEDICAL CENTER'S ANNUA L COMMUNITY BENEFITS REPORT REFLECTS THIS COMMITMENT. IN FISCAL 2020, THE MEDICAL CENTER P ROVIDED $596 MILLION TO SUPPORT THESE AREAS: - CHARITY CARE - COMMUNITY HEALTH OUTREACH - EDUCATION AND RESEARCH - SUBSIDIZED HEALTH COSTS - UNREIMBURSED COSTS OF GOVERNMENT PROGRA MS ONE ANCHOR OF OUTREACH FOR THE MEDICAL CENTER IS ITS DOWNTOWN HEALTH PLAZA, A FULL-SERV ICE, OUTPATIENT MEDICAL CLINIC THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINS URED RESIDENTS WITH A STATE-OF-THE-ART MEDICAL HOME. IN ADDITION TO CLINICAL CARE, THE DOW NTOWN HEALTH PLAZA OFFERS COMMUNITY HEALTH FAIRS, DIABETES EDUCATION AND A CENTERING PREGN ANCY PROGRAM THAT IS REDUCING THE INCIDENCE OF LOW BIRTH-WEIGHT BABIES. ALTOGETHER, 55,925 PATIENT VISITS WERE RECORDED AT THE DOWNTOWN HEALTH PLAZA IN FISCAL 2020, AND ANOTHER 9,6 47 VISITS WERE RECORDED AT WINSTON EAST PEDIATRICS, A NEARBY WAKE FOREST BAPTIST HEALTH CA RE 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; 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 WA KE FOREST BAPTIST PHYSICIANS,

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	NURSES, MEDICAL STUDENTS AND OTHERS, ATTRACT THOUSANDS OF PEOPLE TO SCREENINGS FOR ACUTE A ND CHRONIC CONDITIONS. - WAKE FOREST SCHOOL OF MEDICINE'S PHYSICIAN ASSISTANT (PA) PROGRAM , INCREASING THE NUMBER OF PAS WORKING IN PRIMARY CARE IN NORTH CAROLINA'S RURAL APPALACHI AN COUNTIES THROUGH ITS SECOND CAMPUS AT APPALACHIAN STATE UNIVERSITY IN BOONE. - FAITHHEA LTHNC, AN INITIATIVE THAT CONNECTS THE CARING STRENGTHS OF CONGREGATIONS, THE CLINICAL EXP ERTISE OF PROVIDERS AND A NETWORK OF COMMUNITY RESOURCES TO EASE THOSE ON THE JOURNEY TO H EALTH 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 MISS ION AND ACCOMPLISHMENTS THE CONSTITUENT ORGANIZATIONS OF WAKE FOREST BAPTIST HEALTH OPERAT E A BROAD RANGE OF EDUCATIONAL PROGRAMS, GRADUATING SKILLED PRACTITIONERS. WFBH ATTRACTS S OME OF THE WORLD'S MOST COMPETITIVE MEDICAL STUDENTS, RESIDENTS AND FELLOWS, AS WELL AS ST UDENTS IN CLINICAL PASTORAL CARE, NURSE ANESTHESIA AND OTHER AREAS. IN AUGUST 2019, WAKE F OREST SCHOOL OF MEDICINE WELCOMED THE LARGEST CLASS OF MD STUDENTS IN ITS HISTORY. IT INCL UDED 145 MD STUDENTS, WITH 74 WOMEN AND 71 MEN CHOSEN FROM 10,703 APPLICANTS. WAKE FOREST UNIVERSITY AND PEARSON ONLINE LEARNING SERVICES LAUNCHED TWO NEW MASTER'S GRADUATE DEGREE PROGRAMS, HEALTHCARE LEADERSHIP AND CLINICAL RESEARCH MANAGEMENT, TO BE OFFERED THROUGH TH E SCHOOL OF MEDICINE. THE PROGRAMS FOCUS ON LEADERSHIP SKILLS THAT WILL ALLOW GRADUATES TO BE TRANSFORMATIONAL LEADERS FOR THE FUTURE OF HEALTH CARE AND CLINICAL RESEARCH. IN NATIO NAL RANKINGS ISSUED BY U.S. NEWS & WORLD REPORT, WAKE FOREST SCHOOL OF MEDICINE'S PHYSICIA N ASSISTANT PROGRAM, WHICH CELEBRATED ITS 50TH ANNIVERSARY IN 2019, REMAINED NO. 7 AND THE NURSE ANESTHESIA PROGRAM REMAINED NO. 10. IN THE MOST RECENT REPORTING PERIOD, FISCAL 201 9, WAKE FOREST BAPTIST HEALTH INVESTED $112.1 MILLION IN EDUCATION FOR TOMORROW'S HEALTH C ARE AND BIOMEDICAL LEADERS AND IN RESEARCH FUNDING NOT COVERED BY OUTSIDE SOURCES. SUCH IN VESTMENTS SUPPORT THE TRAINING OF HUNDREDS OF STUDENTS. IN FISCAL 2020, THOSE INCLUDED 580 MD STUDENTS, 918 PHYSICIAN RESIDENTS AND FELLOWS, 342 GRADUATE STUDENTS, 175 PHYSICIAN AS SISTANTS, 47 NURSE ANESTHESIA STUDENTS, 21 DOCTOR OF NURSING PRACTICE STUDENTS, 22 PASTORA L CARE CHAPLAIN RESIDENTS AND INTERNS, AND 58 STUDENTS IN THE VIRGINIA TECH WAKE FOREST UN IVERSITY SCHOOL OF BIOMEDICAL ENGINEERING AND SCIENCES. IN ADDITION, THE NORTHWEST AREA HE ALTH EDUCATION CENTER, PART OF WAKE FOREST SCHOOL OF MEDICINE, OFFERED MORE THAN 2,100 CON TINUING PROFESSIONAL DEVELOPMENT ACTIVITIES FOR PRACTICING HEALTH CARE PROFESSIONALS THAT DREW 41,092 PARTICIPANTS FROM THROUGHOUT THE REGION.

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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.

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	THE FILING ORGANIZATION ELECTS 2 INDEPENDENT VOTING MEMBERS OF THE BOARD. NORTH CAROLINA BAPTIST HOSPITAL ELECTS 6 VOTING MEMBERS OF THE BOARD. WAKE FOREST UNIVERSITY ELECTS 6 VOTING MEMBERS OF THE BOARD, AND MUST INCLUDE THE PRESIDENT OF WAKE FOREST UNIVERSITY, THE CHAIR AND VICE CHAIR OF WAKE FOREST UNIVERSITY HEALTH SCIENCES, AND THE CHAIR AND VICE CHAIR OF THE COMMITTEE OF THE WAKE FOREST UNIVERSITY BOARD OF TRUSTEES THAT DEALS WITH HEALTH AFFAIRS.

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 WFUBMC. 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 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 AVAILABLE TO THE PUBLIC ON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY METHOD - AFFILIATES 4,979,276.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 1701 WESTCHESTER DRIVE STE 850 HIGH POINT, NC 27262 56-1935767	HEALTHCARE	NC	-11,722,853	95,674,081	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
(2) WAKE FOREST HEALTHCARE VENTURES LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157 56-1497164	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	HEALTHCARE	NC	-2,177,024	9,117,839	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
(4) WFBMC TECHNICAL SERVICES LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157 84-3419970	INFORMATION TECHNOLOGY SERVICES	NC	0	0	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	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	74,406	3,520,481		No	50,440	Yes		55.510 %
(2) HIGH POINT SURGERY CENTER LLC 600 N LINDSAY STREET HIGH POINT, NC 27262 56-1867005	HEALTHCARE	NC	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)HIGH POINT HEALTH CARE VENTURES INC 601 N ELM STREET HIGH POINT, NC 27261 56-1497164	HEALTHCARE	NC	N/A	C					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, 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	1,658,894	COST
(2)DAVIE MEDICAL CENTER	Q	1,105,905	COST
(3)HIGH POINT REGIONAL HEALTH	Q	5,166,267	COST
(4)WRMC HOSPITAL OPERATING CORPORATION	Q	1,694,559	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

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 & RESEARCH	NC	501(C)(3)	LINE 2	WAKE FOREST UNIVERSITY		No
PO BOX 7201 WINSTONSALEM, NC 27109 56-0532138	EDUCATION	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	SUPPORTING ORGANIZATION	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 83-0343789	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
PO BOX HP-5 HIGH POINT, NC 27261 56-0532309	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
601 N ELM STREET HIGH POINT, NC 27261 27-2854711	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	HIGH POINT REGIONAL HEALTH		No