

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVING THE HEALTH OF OUR REGION, STATE, AND NATION.		
	2 Check this box <input type="checkbox"/> 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	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,437
6 Total number of volunteers (estimate if necessary)	6	1,354	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,548,217	
b Net unrelated business taxable income from Form 990-T, line 39	7b	236,253	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	227,062,586	253,761,428
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	794,461,601	807,508,964
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,981,320	4,737,256
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,414,027	4,149,225
		1,047,919,534	1,070,156,873
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	57,811,252	55,437,425
	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)	755,012,997	768,293,364
	16a Professional fundraising fees (Part IX, column (A), line 11e)	53,455	63,947
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 902,298		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	262,942,192	282,171,049
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,075,819,896	1,105,965,785
	19 Revenue less expenses. Subtract line 18 from line 12	-27,900,362	-35,808,912
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,435,646,931	1,634,362,996
	21 Total liabilities (Part X, line 26)	871,479,427	1,080,096,441
	22 Net assets or fund balances. Subtract line 21 from line 20	564,167,504	554,266,555

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

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

SEE SCHEDULE O FOR CONTINUATION WAKE FOREST UNIVERSITY HEALTH SCIENCES (AT TIMES ALSO REFERRED TO AS "WAKE FOREST SCHOOL OF MEDICINE", "WFUHS 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:) (Expenses \$ 171,983,855 including grants of \$ 32,845,599) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 794,726,698 including grants of \$ 557,360) (Revenue \$ 748,156,183)
See Additional Data

4c (Code:) (Expenses \$ 114,779,723 including grants of \$ 22,034,466) (Revenue \$ 59,370,622)
See Additional Data

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

4e Total program service expenses **▶** 1,081,490,276

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
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 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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	No
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 Yes	
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,425	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

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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 18		
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 16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SC, AL, CO, KY, MD, MA, MI, NH, NY, OH, OK, OR

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 WINSTON SALEM, NC 27157 (336) 716-4445

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

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.

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

[illegible]

1b Sub-Total	▶			
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c Total from continuation sheets to Part VII, Section A ▶				
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d Total (add lines 1b and 1c)	11,236,360	6,876,303	3,081,012
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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 ▶ 1,323

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NTHRIVE REVENUE SYSTEMS LLC 200 NORTH POINT CENTER EAST SUITE ALPHARETTA, GA 30022	CODING, BILLING & COLLECTION SRVS.	55,190,879
MCKESSON SPECIALTIES 6555 STATE HWY 161 IRVINE, TX 75039	PHARMACEUTICAL DISTRIBUTION & INVENTORY	7,156,540
REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK ST SE STE 600 MINNEAPOLIS, MN 55455	EDUCATION & RESEARCH SERVICES	4,895,032
EBSCO INFORMATION SERVICES 10 ESTES STREET IPSWICH, MA 01938	SUBSCRIPTION INFORMATION SERVICES	4,746,783
CASSIDY TURLEY FIDUCIARY INC 550 S TRYON STREET CHARLOTTE, NC 28202	REAL ESTATE CONSULT.	4,375,871

<p>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 ▶ 299</p>	
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Check if Schedule O contains a response or note to any line in this Part VIII ☐

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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	32,782,711	32,782,711		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	22,034,466	22,034,466		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	620,248	620,248		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	16,338,373	16,273,020	49,015	16,338
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	616,576,494	614,110,187	1,849,731	616,576
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	33,381,144	33,247,620	100,143	33,381
9 Other employee benefits	67,821,133	67,549,849	203,463	67,821
10 Payroll taxes	34,176,220	34,039,515	102,529	34,176
11 Fees for services (non-employees):				
a Management				
b Legal	4,130,832	2,065,416	2,065,416	
c Accounting	493,672	246,836	246,836	
d Lobbying	292,788	292,788		
e Professional fundraising services. See Part IV, line 17	63,947			63,947
f Investment management fees	1,815,630	1,452,504	361,310	1,816
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,994,768	46,921,884	1,068,450	4,434
12 Advertising and promotion	654,653	638,286	15,712	655
13 Office expenses	8,780,532	7,867,357	913,175	
14 Information technology	5,727,725	5,132,042	595,683	
15 Royalties	128,201	128,201		
16 Occupancy	53,552,231	47,982,799	5,515,880	53,552
17 Travel	5,772,721	5,764,653	6,051	2,017
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,162,857	5,145,906	12,713	4,238
20 Interest	8,173,480	6,538,784	1,634,696	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,349,053	27,641,501	8,707,552	
23 Insurance	6,774,211	6,768,171	5,982	58
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	56,207,212	56,207,212		
b BAD DEBT	37,091,585	37,091,585		
c OTHER SUPPLIES	3,288,767	2,946,735	338,743	3,289
d INCOME TAX	-219,869		-219,869	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,105,965,785	1,081,490,276	23,573,211	902,298
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing			1		
	2	Savings and temporary cash investments		10,121,066	2	98,029,776	
	3	Pledges and grants receivable, net		53,320,855	3	49,571,170	
	4	Accounts receivable, net		227,440,842	4	164,581,226	
	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		918,988	7	868,472	
	8	Inventories for sale or use		1,732,771	8	1,468,321	
	9	Prepaid expenses and deferred charges		6,748,346	9	6,634,378	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	859,986,053			
	b	Less: accumulated depreciation	10b	517,765,990	356,217,566	10c	342,220,063
	11	Investments—publicly traded securities		4,070,000	11	5,330,000	
	12	Investments—other securities. See Part IV, line 11		553,758,257	12	544,845,602	
	13	Investments—program-related. See Part IV, line 11		10,961,009	13	7,069,488	
	14	Intangible assets		1,555,278	14	1,555,278	
	15	Other assets. See Part IV, line 11		208,801,953	15	412,189,222	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,435,646,931	16	1,634,362,996		
Liabilities	17	Accounts payable and accrued expenses		488,024,471	17	539,160,447	
	18	Grants payable			18		
	19	Deferred revenue		78,761,109	19	75,549,538	
	20	Tax-exempt bond liabilities		146,573,528	20	140,970,711	
	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		48,748,455	23	50,531,286	
	24	Unsecured notes and loans payable to unrelated third parties		7,449,528	24	7,449,528	
	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		101,922,336	25	266,434,931	
	26	Total liabilities. Add lines 17 through 25		871,479,427	26	1,080,096,441	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		324,930,280	27	311,758,449	
	28	Net assets with donor restrictions		239,237,224	28	242,508,106	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		564,167,504	32	554,266,555	
33	Total liabilities and net assets/fund balances		1,435,646,931	33	1,634,362,996		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,070,156,873
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,105,965,785
3	Revenue less expenses. Subtract line 2 from line 1	3	-35,808,912
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	564,167,504
5	Net unrealized gains (losses) on investments	5	1,913,885
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	23,994,078
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	554,266,555

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

MEDICAL RESEARCH, GENERAL/OTHER: RESEARCH COMPRISED OF BASIC SCIENCE CLINICAL RESEARCH AND POPULATION BASED STUDIES AND IS CENTERED ON THE ACQUISITION AND ADVANCEMENT OF SCIENTIFIC KNOWLEDGE AND NEW TECHNOLOGY AND THEIR TRANSFER TO INDUSTRY AND THE PATIENT IN ORDER TO PREVENT AND TREAT DISEASE AND PROMOTE HEALTH (1,036 GRANTS).

Form 990, Part III, Line 4b:

PATIENT CARE AND MEDICAL EXPENSES IN PROVIDING SERVICES TO 1,665,043 PATIENT ENCOUNTERS.

Form 990, Part III, Line 4c:

PROFESSIONAL EDUCATION: INSTRUCTION OF 2,143 MEDICAL, GRADUATE, PHYSICIAN ASSISTANT, CRNA, AND BIOMEDICAL ENGINEERING STUDENTS. SCHOLARSHIPS
AND AID PROVIDED TO 1,351 STUDENTS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JULIE ANN FREISCHLAG MD DIRECTOR, CEO & DEAN	15.70 24.30	X		X				2,060,166	0	450,111
NATHAN O HATCH PHD DIRECTOR & PRESIDENT - WFU	3.00 37.00	X		X				0	1,665,827	352,861
RUSSELL M HOWERTON MD EVP, HEALTH SYS AFFAIRS	15.60 24.40					X		1,341,656	0	163,077
EDWARD H KINCAID MD DEPARTMENT CHAIR	40.00 0.00					X		1,435,299	0	47,495
ANTHONY ATALA MD DEPARTMENT CHAIR	39.50 0.50					X		1,075,997	0	334,146
KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	3.00 37.00			X				1,070,557	0	258,296
DAVID X ZHAO MD DEPARTMENT CHAIR	40.00 0.00					X		1,041,054	0	159,885
BRADLEY A CLARK EVP, CFO & TREASURER	6.00 34.00			X				0	947,093	237,452
CHARLES L BRANCH JR MD DEPARTMENT CHAIR	38.00 2.00					X		1,042,509	0	42,949
TERRY G WILLIAMS EVP, CH STRATEGY OFR	3.20 36.80			X				0	888,524	179,836

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			
ROBERT J GFELLER JR FORMER OFFICER (12-31-18)	0.00 0.00						X	0	903,026	1,845
J REID MORGAN SECRETARY & GENERAL COUNSE	8.00 32.00			X				0	655,028	166,975
LILICIA P BAILEY SVP & CH PEOPLE OFF	0.40 39.60			X				0	651,264	136,122
TERRY L HALES JR ASSISTANT TREASURER	35.20 4.80			X				632,319	0	138,769
JOHN D MCCONNELL MD FORMER OFFICER (4-26-17)	0.00 40.00						X	720,128	0	43,339
WILLIAM D SHOWALTER SVP, CH INFO OFF	5.00 35.00			X				0	615,134	135,863
LISA M MARSHALL VP, CH PHIL OFF	10.50 29.50			X				377,567	0	105,179
ERIC TOMLINSON DSC PHD FORMER OFFICER (3-1-18)	0.00 0.00						X	439,108	0	2,522
KAREN H HUEY VP FACILITIES	3.80 36.20			X				0	355,168	84,653
ANITA M CONRAD ASSISTANT SECRETARY	12.00 28.00			X				0	195,239	39,637

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			
RICHARD A BRENNER DIRECTOR	2.00 0.00	X						0	0	0
ANN S HANES DIRECTOR	2.00 0.00	X						0	0	0
DONNA F EDWARDS DIRECTOR	2.00 5.00	X						0	0	0
BRENDA K CLINE DIRECTOR	2.00 0.00	X						0	0	0
ERIC C WISEMAN DIRECTOR	2.00 6.60	X						0	0	0
MICHAEL F MAHONEY DIRECTOR (TO 9/23/19)	2.00 3.00	X						0	0	0
ERIC EUBANK DIRECTOR	2.00 5.00	X						0	0	0
ADELAIDE A SINK DIRECTOR	2.00 4.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☒ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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.") . .	196,172,105	209,062,530	214,021,298	227,062,586	253,761,428	1,100,079,947
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	196,172,105	209,062,530	214,021,298	227,062,586	253,761,428	1,100,079,947
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6	Public support. Subtract line 5 from line 4.						1,100,079,947

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. . .	196,172,105	209,062,530	214,021,298	227,062,586	253,761,428	1,100,079,947
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,743,578	12,437,529	35,786,087	35,707,999	34,702,463	130,377,656
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .	790,182	1,772,660			236,203	2,799,045
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	220,917	140,763	289,480	445,070	261,443	1,357,673
11	Total support. Add lines 7 through 10						1,234,614,321
12	Gross receipts from related activities, etc. (see instructions)					12	3,731,065,841
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 89.100 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 90.330 %
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 ▶ <input checked="" type="checkbox"/>	
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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

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. <input type="checkbox"/>						

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2015 AMOUNT: \$ 220,917. 2016 AMOUNT: \$ 140,763. 2017 AMOUNT: \$ 289,480. 2018 AMOUNT: \$ 445,070. 2019 AMOUNT: \$ 261,443.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2019

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

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

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

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

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

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

Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES	Employer identification number 22-3849199
--	--

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		292,788
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			292,788
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	SUPPORT OF THE MEDICAL CENTER'S OFFICE OF GOVERNMENT RELATIONS, AND PRORATA PORTION OF DUES PAID TO STATE AND LOCAL 501(C)(6) ORGANIZATIONS THAT REPRESENTS LOBBYING ON BEHALF OF ITS MEMBERS. THE ORGANIZATION HAS A GOVERNMENT RELATIONS OFFICE. EMPLOYEES OF THE FILING ORGANIZATION (AND RELATED ORGANIZATION) IN THAT OFFICE WILL SOMETIMES MAKE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY. THE GOVERNMENT RELATIONS OFFICE WAS ACTIVELY INVOLVED WITH SEVERAL FEDERAL AND STATE ISSUES DURING THE YEAR, INCLUDING COVID-19 RELIEF BILLS, ENDOWMENT TAX, UNRELATED BUSINESS INCOME, AND OTHER PROVISIONS IN THE TAX CUTS AND JOBS ACT. THE OFFICE ASSISTED IN DEVELOPING POLITICAL ADVOCACY STRATEGIES REGARDING CENTER FOR MEDICARE AND MEDICAID (CMS) PROPOSED MEDICAID FISCAL ACCOUNTABILITY REGULATION (MFAR); CMS PROPOSED/FINAL RULE ON HOSPITAL PRICING TRANSPARENCY; PRESIDENT TRUMP'S FY21 BUDGET REQUEST INCLUDING MEDICARE AND MEDICAID REDUCTIONS, INCLUDING CUTS TO THE MEDICAID DISPROPORTIONATE SHARE PROGRAM; SURPRISE BILLING; DRUG PRICING; PROPOSED 340B PROGRAM CHANGES; PROPOSED CHANGES TO THE USE OF NON-HUMAN PRIMATE MODELS IN BIOMEDICAL RESEARCH; FY21 APPROPRIATIONS, INCLUDING LABOR/HEALTH AND HUMAN SERVICES (HHS) BILL, FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH (NIH), AND ADDITIONAL FUNDING FOR GRADUATE MEDICAL EDUCATION RESIDENCY SLOTS. THE OFFICE ALSO WORKED ON VARIOUS APPROPRIATIONS BILLS RELATED TO RESEARCH, THE PRIMARY FOCUS ON RESEARCH FUNDING FOR THE WAKE FOREST INSTITUTE FOR REGENERATIVE MEDICINE. THE GOVERNMENT RELATIONS OFFICE PARTICIPATED IN NUMEROUS CONFERENCE CALLS, WEB-EX MEETINGS AND ONE-ON-ONE CALLS WITH CONGRESSIONAL MEMBERS AND STAFFERS AT THE FEDERAL AND STATE LEVEL TO FACILITATE FUNDING FOR THE CHALLENGES FACED DUE TO THE COVID-19 PANDEMIC IN HIGHER EDUCATION, RESULTING IN FOUR COVID-19 PANDEMIC RELIEF BILLS. THE FOUR COVID-19 PANDEMIC RELIEF BILLS PROVIDED FUNDING FOR MEDICAL SUPPLIES, VACCINE DEVELOPMENT, DIAGNOSTIC TESTING, AND MORE. THE RELIEF BILLS ALSO WAIVED MEDICARE RESTRICTIONS AND REQUIREMENTS FOR TELEHEALTH, INCREASED FEDERAL FMAP FUNDING BY 6.2%, AND PROVIDED \$150B TO HOSPITALS FOR THE PROVIDER RELIEF FUND, AND OTHER EXPENSE PROVISIONS. AT THE STATE LEVEL, THE OFFICE CONTINUED TO WORK ON VARIOUS BILLS AND BUDGET LANGUAGE, WHICH WERE INTRODUCED TO SEVERELY ALTER THE CURRENT CERTIFICATE OF NEED LAW AND CHANGE THE STATE HEALTH PLAN TO A REFERENCE-BASED PRICING BENEFIT DESIGN PLAN. GOVERNOR ROY COOPER VETOED THE FY19-20 BUDGET WHICH CONTAINED \$15 MILLION FOR FUNDING OF AN AUTOPSY FACILITY AT OUR INSTITUTION. IN MAY 2020, GOVERNOR ROY COOPER SIGNED HB 1034 WHICH APPROPRIATED \$1.6B FROM THE FEDERAL GOVERNMENT TO COMBAT THE COVID-19 PANDEMIC. OUR OFFICE LOBBIED THE GENERAL ASSEMBLY AND RECEIVED A \$3M GRANT FROM THE TEACHING HOSPITALS RELIEF FUND TO OFFSET EXPENSES INCURRED FOR PROVIDING CARE DURING THE PANDEMIC. THE MEDICAL CENTER ALSO RECEIVED A \$20M GRANT TO PROVIDE POLICY MAKERS WITH REAL-TIME COVID-19 SURVEILLANCE, PREVALENCE, HOSPITALIZATION AND FACILITY DATA.

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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 HEALTH SCIENCES

Employer identification number
22-3849199

Part I

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

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

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

☐ 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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

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

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds.

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

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

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

506,961,544

505,143,113

485,586,506

454,890,306

454,412,242

12,381,262

4,444,120

17,992,056

18,965,580

21,183,187

5,123,015

19,556,385

23,859,294

31,457,259

-1,149,360

23,311,593

22,182,074

22,294,743

19,726,639

19,555,763

501,154,228

506,961,544

505,143,113

485,586,506

454,890,306

2

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

a

Board designated or quasi-endowment ▶ 58.220 %

b

Permanent endowment ▶ 32.870 %

c

Temporarily restricted endowment ▶ 8.910 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

Yes

No

3a(i)

No

3a(ii)

Yes

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property

(a)

Cost or other basis (investment)

(b)

Cost or other basis (other)

(c)

Accumulated depreciation

(d)

Book value

1a

Land

b

Buildings

c

Leasehold improvements

d

Equipment

e

Other

53,965,404

419,611,616

30,999,520

271,321,966

84,087,547

297,757,513

16,017,616

180,598,318

23,392,543

53,965,404

121,854,103

14,981,904

90,723,648

60,695,004

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶

342,220,063

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) ENDOWMENT INVESTMENTS	534,263,264	F
(B) INV IN PARTNERSHIPS	6,056,791	F
(C) INVESTMENT IN ANNUITIES & LIFE INS CONTRACTS	4,525,547	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	544,845,602	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) OTHER INVESTMENTS	8,666,544
(2) INVESTMENT IN SUBS	138,886,876
(3) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	17,191,475
(4) FUNDS HELD UNDER RETIREMENT & BENEFIT PLANS	75,151,635
(5) OPERATING LEASES (LESS ACCUM DEPREC)	172,292,692
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	412,189,222

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PLI RESERVE	44,613,068
(3) BOND SWAP VALUATION	5,349,337
(4) OTHER LIABILITIES & DEFERRALS	11,622,101
(5) ANNUITIES PAYABLE	2,484,959
(6) RETIREMENT	26,162,339
(7) OPERATING LEASE PAYABLE	176,203,127
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	266,434,931

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

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

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

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
22-3849199

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3 Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	5a	No
b Admissions policies?	5b	No
c Employment of faculty or administrative staff?	5c	No
d Scholarships or other financial assistance?	5d	No
e Educational policies?	5e	No
f Use of facilities?	5f	No
g Athletic programs?	5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7 Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	SEE PART II THE ORGANIZATION'S NONDISCRIMINATION POLICY IS PUBLISHED ON THE INTERNET AND IN ITS STUDENT HANDBOOK FOR THE SCHOOL OF MEDICINE'S MD PROGRAM, PA STUDIES, CRNA PROGRAM, DOCTOR OF NURSING PROGRAM, AND GRADUATE SCHOOL, IN ADMISSION BROCHURES AND OTHER MEDIA MATERIALS. SEE HTTPS://SCHOOL.WAKEHEALTH.EDU/SEARCH?Q=STUDENT+HANDBOOK ; HTTPS://SCHOOL.WAKEHEALTH.EDU/EDUCATION-AND-TRAINING/STUDENT-AFFAIRS/TITLE- IX ; AND HTTPS://SCHOOL.WAKEHEALTH.EDU/EDUCATION-AND-TRAINING/STUDENT-AFFAIRS/DIVERSITY-AND-INCLUSION
SCHEDULE E, PART I, LINE 6	THE ORGANIZATION RECEIVES FEDERAL FINANCIAL AID THROUGH THE U.S. DEPARTMENT OF EDUCATION'S FEDERAL DIRECT LOAN PROGRAM. WFUHS DISTRIBUTED THE FEDERAL LOANS TO 621 STUDENTS IN FISCAL YEAR 2020.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Employer identification number
22-3849199

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			620,140
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			620,140

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

[illegible]

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

3	Enter total number of other organizations or entities	6
---	---	---

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

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 22-3849199

Name: WAKE FOREST UNIVERSITY HEALTH SCIENCES

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SUBCONTRACT FOR RESEARCH GRANTS	580,000
NORTH AMERICA	0	0	PROGRAM SERVICES	SUBCONTRACT FOR RESEARCH GRANTS	40,140

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUB-CONTRACTOR: DEVELOPMENT OF RESORBABLE CALCIUM PHOSPHATE CEMENT	248,295	CHECK			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SUB-CONTRACT: EARLY LIFE FACTORS, GENE-ENVIRONMENT INTERACTION AND EOSINOPHILIC ESOPHAGITIS	80,015	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	METABOLOMIC SIGNATURES OF CAD ASSOC. GENOTYPES	27,076	CHECK			
		EUROPE (INCLUDING ICELAND & GREENLAND)	SELECT & MODIFY STATISTICAL METHODS & ALGORITHMS & TEST, VALIDATE & PRODUCE RELATED SOFTWARE	187,957	CHECK			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH SYSTEMS GENETICS OF ADIPOSITY TRAITS IN OUTBRED RATS	36,657	CHECK			
		NORTH AMERICA	SUB-CONTRACT: MOLECULAR CROSS-TALK: BONE METASTATIC PROSTATE CANCER AND NOCICEPTIVE NEURONS	40,140	CHECK			

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

Part I

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

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

☒ Internet and email solicitations

☒ Phone solicitations

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☒ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EXCALIBUR ENTERPRISES LLC 4820 BETHANIA STATION RD 101 WINSTON SALEM, NC 27105	DIRECT MAIL SOLICITATION AND MARKETING		No	0	18,607	-18,607
IBM CORPORATION 1 NEW ORCHARD ROAD ARMONK, NY 10504	CAMPAIGN COMMUNICATIONS CONSULTING		No	0	7,293	-7,293
WEALTH ENGINE INC 4340 EAST WEST HIGHWAY STE 900 BETHESDA, MD 20814	DONOR OUTREACH CONSULTING		No	0	30,110	-30,110
CASSELLS CAYWOOD LOVE INC 300 S LIBERTY STREET WINSTON SALEM, NC 27101	SOLICITATION/MARKETING MATERIALS PRODUCTION		No	0	7,937	-7,937
Total					63,947	-63,947

3

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

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

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

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

		(a) Event #1 <u>WINTERLARK</u> (event type)	(b) Event #2 <u>BCH CHEERS</u> (event type)	(c) Other events <u>6</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	516,764	178,718	242,878	938,360
	2 Less: Contributions	459,713	158,682	223,267	841,662
	3 Gross income (line 1 minus line 2)	57,051	20,036	19,611	96,698
Direct Expenses	4 Cash prizes	1,990		640	2,630
	5 Noncash prizes	8,350	1,700	3,503	13,553
	6 Rent/facility costs	98,325	9,842	6,804	114,971
	7 Food and beverages	46,433	5,400	13,289	65,122
	8 Entertainment	3,664	3,720	500	7,884
	9 Other direct expenses	15,278	8,031	12,792	36,101
	10 Direct expense summary. Add lines 4 through 9 in column (d) ►				240,261
	11 Net income summary. Subtract line 10 from line 3, column (d) ►				-143,563

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
22-3849199

Part I

General Information on Grants and Assistance

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

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

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND FELLOWSHIPS	1351	21,911,412			
(2) ASSISTANCE TO PATIENTS - TRANSPORTATION	100	654			
(3) ASSISTANCE TO STUDENTS - BRING YOUR OWN DEVICE PROGRAM	102	122,400			
(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 IN REVIEWING THE ELIGIBILITY AND SELECTION OF GRANTEEES RECEIVING CERTAIN EXEMPT PURPOSE FUNDS. THE ORGANIZATION MAINTAINS DOCUMENTATION OF THE ELIGIBILITY AND SELECTION CRITERIA AND RECORDS OF THE AMOUNTS DISBURSED.
SCHEDULE I, PART III, GRANTS & OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS	THE ORGANIZATION MONITORS THE ACADEMIC PROGRESS AND OTHER ACHIEVEMENTS OF STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DON'T EVER GIVE UP 14600 WESTON PARKWAY CARY, NC 27513	47-5304184	501(C)(3)	25,000				CANCER RESEARCH SUPPORT
ALZHEIMER'S ASSOCIATION 4600 PARK ROAD SUITE 250 CHARLOTTE, NC 28209	13-3039601	501(C)(3)	5,000				ALZHEIMERS RESEARCH SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREXEL UNIVERSITY 3141 CHESTNUT STREET PHILADELPHIA, PA 19104	23-1352630	501(C)(3)	25,000				EXECUTIVE LEADERSHIP ACADEMIC MEDICINE
GREENSBORO AREA CHAMBER OF COMMERCE INC 111 W FEBRUARY 1 PL GREENSBORO, NC 27401	56-0245040	501(C)(6)	9,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUGH CHATHAM MEMORIAL HOSPITAL FOUNDATION 180 PARKWOOD DR ELKIN, NC 28621	56-2049537	501(C)(3)	6,000				COMMUNITY SUPPORT
NORTH CAROLINA PHYSICIANS HEALTH PROGRAM 220 HORIZON DRIVE STE 201 RALEIGH, NC 27615	56-1846599	501(C)(3)	12,500				SUPPORT EMOTIONAL WELLBEING OF MEDICAL PROFESSIONALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157	56-0552787	501(C)(3)	357,000				CARE & CURE FUND
PEDIATRIC TRAUMA SOCIETY INC 500 CUMMINGS CTR STE 4400 BEVERLY, MA 01915	45-3143109	501(C)(3)	20,000				SUPPORT IMPROVED OUTCOMES FOR INJURED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UROLOGY CARE FOUNDATION 1000 CORPORATE BLVD LINTHICUM, MD 21090	20-3210212	501(C)(3)	5,000				UROLOGIC CARE FOR INDIGENT PATIENTS
VICTORY JUNCTION GANG CAMP INC 4500 ADAMS WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)	20,000				SUPPORT CAMP FOR MEDICALLY CHALLENGED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINSTON-SALEM BUSINESS INC 1080 W 4TH ST WINSTONSALEM, NC 27101	51-0436665	501(C)(3)	11,000				COMMUNITY SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF NORTHWEST NORTH CAROLINA 301 N MAIN STREET SUITE 1900 WINSTONSALEM, NC 27101	56-0530015	501(C)(3)	6,016				COMMUNITY SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES		Employer identification number 22-3849199

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE WFUBMC BOARD OF DIRECTORS IS RESPONSIBLE FOR REVIEWING AND APPROVING ALL MEDICAL CENTER OFFICERS' COMPENSATION (INCLUDING THE COMPENSATION OF MOST OF THE OFFICERS OF THE FILING ORGANIZATION). THE COMMITTEE UTILIZES AN INDEPENDENT, EXTERNAL COMPENSATION CONSULTANT FIRM EXPERIENCED IN HEALTH CARE AND HIGHER EDUCATION COMPENSATION THAT BASES RECOMMENDATIONS ON COMPENSATION SURVEYS AND STUDIES TO DETERMINE THE APPROPRIATENESS OF EACH OFFICER'S COMPENSATION. THESE COMPENSATION CONSULTANTS PRESENT TOTAL COMPENSATION COMPARABILITY DATA FOR THE POSITIONS FOR WHICH COMPENSATION IS BEING DETERMINED. THE DATA IS REVIEWED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF WFUBMC'S GOVERNING BOARD AT ITS MEETING; NONE OF THE MEMBERS OF THAT COMMITTEE ARE EMPLOYEES OF THE FILING ORGANIZATION. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE CONTEMPORANEOUSLY RECORDED. IN THE EVENT THAT ANY MEMBER OF THE GOVERNANCE AND COMPENSATION COMMITTEE HAS A CONFLICT OF INTEREST, THAT COMMITTEE MEMBER DOES NOT PARTICIPATE IN THE DELIBERATION OR APPROVAL PROCESS, AND THEIR ABSTENTION FROM THE PROCESS IS REFLECTED IN THE MINUTES.
PART I, LINES 4A-B	CERTAIN EXECUTIVES PARTICIPATE IN 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 & HIGHLY COMPENSATED EMPLOYEES RECEIVED SEVERANCE AND SERP PAYMENTS IN THEIR CALENDAR YEAR 2019 COMPENSATION: SEVERANCE PAYMENTS: ERIC TOMLINSON, DSC, PHD \$439,108 ROBERT J. GFELLER, JR. \$500,001 SERP PAYMENTS: ANTHONY ATALA, MD \$246,355 ROBERT J. GFELLER, JR. \$396,147 TERRY L. HALES, JR. \$69,183 RUSSELL M. HOWERTON, MD \$617,002 KAREN H. HUEY \$39,021 TERRY G. WILLIAMS \$125,682 DAVID ZHAO, MD \$188,930 J. REID MORGAN \$82,743 THE COMPENSATION OF DR. NATHAN O. HATCH INCLUDES A PAYOUT OF \$272,728 WHICH WAS INCLUDED IN HIS 2019 FORM W-2 AND IS INCLUDED IN COLUMN BIII OF SCHEDULE J, PART II. THIS AMOUNT IS ALSO SHOWN IN SCHEDULE J, PART II, COLUMN F AS THE AMOUNT PREVIOUSLY REPORTED ON PRIOR YEARS' FORMS 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. THESE ARE OFTEN GOAL-BASED AND ARE DETERMINED IN THE COURSE OF EVALUATION OF THE INDIVIDUAL'S PERFORMANCE BY HIS/HER DEPARTMENT CHAIR, SUPERVISOR OR THE COMPENSATION COMMITTEE OF THE BOARD, AS APPLICABLE.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULIE ANN FREISCHLAG MD DIRECTOR, CEO & DEAN	(i)	1,378,992	663,750	17,424	422,591	27,520	2,510,277	0
	(ii)	0	0	0	0	0	0	0
1 NATHAN O HATCH PHD DIRECTOR & PRESIDENT - WFU	(i)	0	0	0	0	0	0	0
	(ii)	930,761	370,436	364,630	277,477	75,384	2,018,688	272,728
2 RUSSELL M HOWERTON MD EVP, HEALTH SYS AFFAIRS	(i)	531,714	168,000	641,942	133,213	29,864	1,504,733	601,758
	(ii)	0	0	0	0	0	0	0
3 EDWARD H KINCAID MD DEPARTMENT CHAIR	(i)	1,414,367	0	20,932	21,213	26,282	1,482,794	0
	(ii)	0	0	0	0	0	0	0
4 ANTHONY ATALA MD DEPARTMENT CHAIR	(i)	805,098	0	270,899	303,842	30,304	1,410,143	246,355
	(ii)	0	0	0	0	0	0	0
5 KEVIN P HIGH MD PRESIDENT, HEALTH SYSTEM	(i)	755,682	292,005	22,870	237,226	21,070	1,328,853	0
	(ii)	0	0	0	0	0	0	0
6 DAVID X ZHAO MD DEPARTMENT CHAIR	(i)	829,512	0	211,542	139,674	20,211	1,200,939	188,930
	(ii)	0	0	0	0	0	0	0
7 BRADLEY A CLARK EVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	675,958	270,235	900	209,458	27,994	1,184,545	0
8 CHARLES L BRANCH JR MD DEPARTMENT CHAIR	(i)	1,031,841	0	10,668	21,213	21,736	1,085,458	0
	(ii)	0	0	0	0	0	0	0
9 TERRY G WILLIAMS EVP, CH STRATEGY OFR	(i)	0	0	0	0	0	0	0
	(ii)	561,272	199,500	127,752	153,254	26,582	1,068,360	125,682
10 ROBERT J GFELLER JR FORMER OFFICER (12-31-18)	(i)	0	0	0	0	0	0	0
	(ii)	6,878	0	896,148	435	1,410	904,871	395,434
11 J REID MORGAN SECRETARY & GENERAL COUNSE	(i)	0	0	0	0	0	0	0
	(ii)	524,258	110,000	20,770	110,743	56,232	822,003	0
12 LILICIA P BAILEY SVP & CH PEOPLE OFF	(i)	0	0	0	0	0	0	0
	(ii)	476,324	150,000	24,940	123,900	12,222	787,386	0
13 TERRY L HALES JR ASSISTANT TREASURER	(i)	426,114	135,000	71,205	111,555	27,214	771,088	69,183
	(ii)	0	0	0	0	0	0	0
14 JOHN D MCCONNELL MD FORMER OFFICER (4-26-17)	(i)	656,678	13,462	49,988	21,213	22,126	763,467	0
	(ii)	0	0	0	0	0	0	0
15 WILLIAM D SHOWALTER SVP, CH INFO OFF	(i)	0	0	0	0	0	0	0
	(ii)	461,402	147,930	5,802	117,013	18,850	750,997	0
16 LISA M MARSHALL VP, CH PHIL OFF	(i)	371,902	0	5,665	90,527	14,652	482,746	0
	(ii)	0	0	0	0	0	0	0
17 ERIC TOMLINSON DSC PHD FORMER OFFICER (3-1-18)	(i)	0	0	439,108	0	2,522	441,630	0
	(ii)	0	0	0	0	0	0	0
18 KAREN H HUEY VP FACILITIES	(i)	0	0	0	0	0	0	0
	(ii)	314,378	0	40,790	68,038	16,615	439,821	39,021
19 ANITA M CONRAD ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	188,843	6,000	396	19,200	20,437	234,876	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
WAKE FOREST UNIVERSITY HEALTH SCIENCES

Employer identification number
22-3849199

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DNF4	11-15-2012	129,019,661	REFUND ISSUE DTD 10/16/2008		X		X		X
B NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DWH0	03-07-2019	45,655,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	26,440,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	129,019,661		46,053,368					
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	568		398,368					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	129,019,093		45,655,000					
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			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	X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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?	X							
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 ▶	0.200 %							
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	0.200 %							
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		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X					
b	Exception to rebate?	X			X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, ROW B, COLUMN F:	THE PURPOSE OF THE ISSUE WAS TO REFUND A 2017 TAXABLE FINANCING WHICH WAS USED TO REFUND THE WFUHS 2012C ISSUE

Return Reference	Explanation
PART I, ROW B, COLUMN E:	THE SERIES 2019 ISSUE WAS ISSUED AS ONE ISSUE FOR FEDERAL TAX PURPOSES IN THE AMOUNT OF \$212,563,368. THE AMOUNT OF \$46,053,368 IS THE PORTION OF THE ISSUE WAKE FOREST UNIVERSITY HEALTH SCIENCES 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 BAPTIST MEDICAL CENTER (\$92,690,857)

Return Reference	Explanation
PART II, LINE 11 COLUMNS A & B:	THE OTHER SPENT PROCEEDS LISTED ARE THE REFUNDING PROCEEDS OF THE ISSUE THAT ARE NO LONGER IN ESCROW

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►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 HEALTH SCIENCES

Employer identification number
22-3849199

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	795	FAIR MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		18,450	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	38	606,220	FAIR MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	1,920	FAIR MARKET VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>EQUIPMENT</u>)	X	6	35,000	FAIR MARKET VALUE
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

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

29

0

30a

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

30a

Yes

No

b

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

31

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

31

Yes

32a

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

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493134017151
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization WAKE FOREST UNIVERSITY HEALTH SCIENCES		Employer identification number 22-3849199	

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>WAKE FOREST UNIVERSITY HEALTH SCIENCES IS AN INTEGRAL PART OF WAKE FOREST BAPTIST HEALTH, 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 COLLABORATION AND INNOVATION. THE FOLLOWING PARAGRAPHS ARE PROVIDED TO EXPLAIN THE RELATIONSHIP OF THE FILING ORGANIZATION WITH OTHER ORGANIZATIONS WHICH TOGETHER COMPRISE "WAKE FOREST BAPTIST HEALTH," THE NAME NOT OF ANY ONE CORPORATE ENTITY, BUT USED GENERICALLY TO DESCRIBE A LARGE GROUP OF MOSTLY TAX-EXEMPT 501(C)(3) ORGANIZATIONS PERFORMING VARIOUS ACADEMIC MEDICAL CENTER ACTIVITIES IN NORTHWEST NORTH CAROLINA, INCLUDING PATIENT CARE, MEDICAL RESEARCH, TECHNOLOGY TRANSFER AND MEDICAL EDUCATION. WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC") IS A CORPORATION WHOSE TWO EQUAL MEMBERS ARE WAKE FOREST UNIVERSITY AND NORTH CAROLINA BAPTIST HOSPITAL (THEMSELVES NORTH CAROLINA NONPROFIT CORPORATIONS). WFUBMC IS THE OVERALL UMBRELLA OPERATING ENTITY AND AS SUCH OPERATES NCBH AND WAKE FOREST UNIVERSITY 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 EACH OF THESE ORGANIZATIONS, THE NARRATIVE THAT FOLLOWS WILL INCLUDE DESCRIPTIONS OF ACTIVITIES THAT ARE PERFORMED BY THE FILING ORGANIZATION AND BY A RELATED (OR UNRELATED BUT AFFILIATED) ORGANIZATION; THEY ARE AGAIN PROVIDED TO ILLUSTRATE A COMPLETE PICTURE OF THE FILING ORGANIZATION'S ROLE IN THIS INTEGRATED ACADEMIC MEDICAL CENTER'S COMPREHENSIVE ACTIVITIES. WFBH IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC MEDICAL CENTER, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP HOSPITALS AND INNOVATIVE RESEARCH CENTERS AND A PREMIER MEDICAL SCHOOL. 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 (885 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 FOREST BAPTIST HEALTH SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA AND ALSO DRAWS PATIENTS FROM ACROSS THE NATION FOR SELECT SERVICES. 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 TECHNOLOGY, CLINICAL SERVICES AND ADVANCED MATERIALS LOCATED IN DOWNTOWN WINSTON-SALEM. HOME TO MORE THAN 90 COMPANIES, FIVE LEAD</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>ING 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 THAN 2 MIL LION SQUARE FEET OF OFFICE, LABORATORY AND EDUCATIONAL SPACE ON ITS MORE THAN 200 DEVELOPA BLE 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 (INCLUD ING THE NATIONAL INSTITUTES OF HEALTH AND THE U.S. DEPARTMENT OF DEFENSE), \$14 MILLION FRO M INDUSTRY SOURCES AND \$37.8 MILLION FROM STATE SOURCES. SIGNIFICANT RESEARCH GRANTS DURIN G THE PERIOD INCLUDED FUNDING FROM THE NATIONAL INSTITUTE ON AGING THAT IS EXPECTED TO TOT AL \$90 MILLION OVER SEVEN YEARS FOR A MAJOR STUDY BY THE WAKE FOREST SCHOOL OF MEDICINE AN D 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-YEAR, \$25 MILLION AWARD FROM THE NATIONAL CANCER INSTITUTE'S COMMUNITY ONCOLOGY RESEARCH PROGRAM TO CONTINUE INNOVATIVE CANCER CARE RESEARCH AND BUILD ON WORK THAT BEGAN THROUGH AN \$18 MILL ION GRANT RECEIVED BY WFUHS IN 2014; A FIVE-YEAR, \$25.4 MILLION GRANT AS THE SECOND PART O F A CLINICAL AND TRANSLATIONAL SCIENCE AWARD FROM THE NATIONAL INSTITUTES OF HEALTH TO CON TINUE EFFORTS TO QUICKLY TRANSLATE RESEARCH INTO BETTER CLINICAL CARE; AND A FIVE-YEAR, \$2 4 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 ITS 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 TEST THE EFFECTIVENESS OF A WEB-BASED PAIN MANAGEMENT PROGRAM; A \$5.7 MILLION DIABETES RESEARCH CE NTER GRANT FROM THE NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES TO TH E SCHOOL OF MEDICINE, IN PARTNERSHIP WITH THE UNIVERSITY OF NORTH CAROLINA, DUKE UNIVERSIT Y AND N.C. A&T STATE UNIVERSITY TO ADVANCE DIABETES RESEARCH BY ENCOURAGING COLLABORATION AMONG INVESTIGATORS FROM RELEVANT DISCIPLINES; A FIVE-YEAR GRANT WORTH APPROXIMATELY \$2.97 MILLION FROM THE NATIONAL INSTITUTE OF NURSING RESEARCH TO STUDY THE REASONS FOR ATTRITIO N IN PEDIATRIC WEIGHT-MANAGEMENT PROGRAMS AND DEVELOP BETTER WAYS TO PREDICT AND REDUCE DR OPOUT RATES; A FIVE-YEAR GRANT WORTH APPROXIMATELY \$2.53 MILLION FROM THE NATIONAL INSTITU TE ON AGING TO EVALUATE WHETHER A NOVEL BRAIN-IMAGING TECHNIQUE CAN IDENTIFY ALZHEIMER'S D ISEASE IN ITS EARLY STAGES; AND A \$1.6 MILLION GRANT FROM THE NATIONAL CANCER INSTITUTE TO ALLOW TESTING OF MPATH-CRC, AN IPAD APP THAT ALLOWS PATIENTS TO ORDER A COLON CANCER SCRE ENING TEST WHILE WAITING AT THE DOCTOR'S OFFICE BEFORE A ROUTINE PRIMARY CARE VISIT. DURIN G THE SECOND HALF OF FY20, WAKE FOREST BAPTIST HEALTH RESPONDED TO THE COVID-19 PANDEMIC. THE HEALTH SYSTEM INSTITUTED V</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>ISITOR RESTRICTIONS, DELAYED NON-ESSENTIAL SURGERIES, PROCEDURES AND APPOINTMENTS, AND RAP IDLY EXPANDED OPTIONS FOR PATIENT TELEHEALTH VISITS BY PHONE AND VIDEO. OTHER STEPS RELATE D TO COVID-19 INCLUDED OPENING MORE THAN A DOZEN RESPIRATORY SYMPTOM CLINICS AT EXISTING F AMILY MEDICINE, PRIMARY AND URGENT CARE LOCATIONS THROUGHOUT THE HEALTH SYSTEM; ESTABLISHI NG A COVID-19 RESPONSE FUND TO GALVANIZE COMMUNITY SUPPORT FOR PATIENTS AND HEALTH CARE WO RKERS; PARTICIPATING IN A MASK THE CITY INITIATIVE, A COMMUNITY-WIDE EFFORT TO PRODUCE AND DISTRIBUTE MASKS TO EVERYONE IN WINSTON-SALEM; AND LEADING A COMMUNITY-BASED RESEARCH STU DY OF THE NOVEL CORONAVIRUS WITH PARTNERS JAVARA INC. AND ORACLE. 1. CLINICAL SERVICES WAK E FOREST BAPTIST HEALTH IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONAL LY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION. IT OFFERS EXPERTISE IN MORE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZED CARE FOR ALL AGES. WFBH'S NETWORK INCLUDES THE 167-BED COMPREHENSIVE CANCER CENTER AND THE 144- BED BRENNER CHILDREN'S HOSPITAL, BOTH OF WHICH ARE ON THE MAIN CAMPUS IN WINSTON-SALEM, AS WELL AS COMMUNITY HOSPITALS IN DAVIDSON, DAVIE, GUILFORD AND WILKES COUNTIES. BRENNER CHI LDREN'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 CAROLIN A AND SOUTHWEST VIRGINIA, WAKE FOREST BAPTIST HEALTH STAFFS 16 EMERGENCY DEPARTMENTS, SIX OF WHICH (NORTH CAROLINA BAPTIST HOSPITAL ADULT, NORTH CAROLINA BAPTIST HOSPITAL PEDIATRIC , LEXINGTON MEDICAL CENTER, WILKES MEDICAL CENTER, DAVIE MEDICAL CENTER AND HIGH POINT MED ICAL 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 SPECIALTY CLI NICS; AND 18 OUTPATIENT DIALYSIS CENTERS AND ONE FREE- STANDING DIALYSIS ACCESS CENTER. WAK E FOREST BAPTIST HEALTH EMPLOYS 2,755 PHYSICIANS, 4,892 REGISTERED NURSES, AND 918 RESIDEN TS AND FELLOWS. IT HAS A TOTAL STAFF OF 17,070 ON THE MEDICAL CENTER CAMPUS IN WINSTON-SAL EM AND 20,993 WITHIN THE WAKE FOREST BAPTIST HEALTH SYSTEM. OVERALL IN FISCAL 2020, WAKE F OREST BAPTIST HEALTH HAD 79,368 INPATIENT ADMISSIONS AND OBSERVATION PATIENTS, 218,453 EME RGENCY DEPARTMENT VISITS AND 2,182,647 CLINIC VISITS (AMBULATORY VISITS AND OUTPATIENT DEP ARTMENTS).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>IN SEPTEMBER 2019, LEXINGTON MEDICAL CENTER OPENED AN EXPANDED, 26,500-SQUARE-FOOT SURGICAL FACILITY. THE \$31.5 MILLION STATE-OF-THE-ART FACILITY INCLUDES FOUR FULLY-DIGITAL OPERATING ROOMS TO ACCOMMODATE VARIOUS PROCEDURES AND SPECIALTIES, INCLUDING EAR, NOSE AND THROAT; GYNECOLOGY; OPHTHALMOLOGY; ORTHOPAEDICS AND JOINT REPLACEMENTS; UROLOGY; AND GENERAL SURGERY. IT ALSO INCLUDES A 10-BAY POST-ANESTHESIA CARE UNIT FOR PATIENTS TO RECOVER FROM ANESTHESIA 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 CHILDREN'S HOSPITAL AGAIN RECEIVED VERIFICATION AS A LEVEL I PEDIATRIC TRAUMA CENTER THE HIGHEST 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 STATE. NEW CLINICS THAT OPENED INCLUDED THE AREA'S FIRST CANCER SURVIVORSHIP CLINIC AT THE COMPREHENSIVE 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 UNDERSERVED NEIGHBORHOODS AND SCHOOLS IN FORSYTH COUNTY, IN PARTNERSHIP WITH THE SCHOOL HEALTH ALLIANCE OF FORSYTH COUNTY. 2. OUTREACH WAKE FOREST BAPTIST HEALTH CONTINUES A BROAD-BASED EFFORT TO REACH UNDERSERVED POPULATIONS ACROSS ITS SERVICE AREA. THE MEDICAL CENTER'S ANNUAL COMMUNITY BENEFITS REPORT REFLECTS THIS COMMITMENT. IN FISCAL 2020, THE MEDICAL CENTER PROVIDED \$596 MILLION TO SUPPORT THESE AREAS: - CHARITY CARE - COMMUNITY HEALTH OUTREACH - EDUCATION AND RESEARCH - SUBSIDIZED HEALTH COSTS - UNREIMBURSED COSTS OF GOVERNMENT PROGRAMS ONE ANCHOR OF OUTREACH FOR THE MEDICAL CENTER IS ITS DOWNTOWN HEALTH PLAZA, A FULL-SERVICE, OUTPATIENT MEDICAL CLINIC THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINSURED RESIDENTS WITH A STATE-OF-THE-ART MEDICAL HOME. IN ADDITION TO CLINICAL CARE, THE DOWNTOWN HEALTH PLAZA OFFERS COMMUNITY HEALTH FAIRS, DIABETES EDUCATION AND A CENTERING PREGNANCY PROGRAM THAT IS REDUCING THE INCIDENCE OF LOW BIRTH-WEIGHT BABIES. ALTOGETHER, 55,925 PATIENT VISITS WERE RECORDED AT THE DOWNTOWN HEALTH PLAZA IN FISCAL 2020, AND ANOTHER 9,647 VISITS WERE RECORDED AT WINSTON EAST PEDIATRICS, A NEARBY WAKE FOREST BAPTIST HEALTH CARE FACILITY SERVING THE UNINSURED AND UNDERINSURED. WAKE FOREST BAPTIST HEALTH'S PROGRAMS AND PARTNERSHIPS REFLECT INNOVATIVE EFFORTS TO REACH UNDERSERVED POPULATIONS. THEY INCLUDE : - REGULAR COMMUNITY-BASED HEALTH CLINICS, INCLUDING: THE WEEKLY DELIVERING EQUAL ACCESS TO CARE (DEAC) CLINIC; THE MONTHLY TRIAD FREE HEALTH CLINIC AT COMMUNITY MOSQUE IN WINSTON-SALEM; THE MONTHLY GRACE CLINIC AT NEW LIGHT MISSIONARY BAPTIST CHURCH IN WINSTON-SALEM; AND THE ANNUAL SHARE THE HEALTH FAIR AT THE DOWNTOWN HEALTH PLAZA IN WINSTON-SALEM. THESE CLINICS, SPONSORED BY PRIVATE ORGANIZATIONS AND CHURCHES WITH VOLUNTEER ASSISTANCE FROM WAKE FOREST BAPTIST PHYSICIANS,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4, PROGRAM SERVICE ACCOMPLISHMENTS	<p>NURSES, MEDICAL STUDENTS AND OTHERS, ATTRACT THOUSANDS OF PEOPLE TO SCREENINGS FOR ACUTE AND 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 APPALACHIAN COUNTIES THROUGH ITS SECOND CAMPUS AT APPALACHIAN STATE UNIVERSITY IN BOONE. - FAITHHEALTHNC, AN INITIATIVE THAT CONNECTS THE CARING STRENGTHS OF CONGREGATIONS, THE CLINICAL EXPERTISE OF PROVIDERS AND A NETWORK OF COMMUNITY RESOURCES TO EASE THOSE ON THE JOURNEY TO HEALTH AND HEALING, STRENGTHENING COMMUNITIES IN THE PROCESS. ONE EXAMPLE OF THIS WORK IS A FAITHHEALTH PROGRAM IN WHICH WORKERS KNOWN AS SUPPORTERS OF HEALTH CONNECT PATIENTS WITH RESOURCES THEY NEED AFTER A HEALTH INCIDENT OR HOSPITALIZATION. THE GOAL IS TO HELP THESE PATIENTS AVOID READMISSION, IN PARTICULAR TO THE EMERGENCY DEPARTMENT.</p> <p>3. EDUCATIONAL MISSION AND ACCOMPLISHMENTS THE CONSTITUENT ORGANIZATIONS OF WAKE FOREST BAPTIST HEALTH OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS, GRADUATING SKILLED PRACTITIONERS. WFBH ATTRACTS SOME OF THE WORLD'S MOST COMPETITIVE MEDICAL STUDENTS, RESIDENTS AND FELLOWS, AS WELL AS STUDENTS IN CLINICAL PASTORAL CARE, NURSE ANESTHESIA AND OTHER AREAS. IN AUGUST 2019, WAKE FOREST SCHOOL OF MEDICINE WELCOMED THE LARGEST CLASS OF MD STUDENTS IN ITS HISTORY. IT INCLUDED 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 THE 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 NATIONAL RANKINGS ISSUED BY U.S. NEWS & WORLD REPORT, WAKE FOREST SCHOOL OF MEDICINE'S PHYSICIAN 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 2019, WAKE FOREST BAPTIST HEALTH INVESTED \$112.1 MILLION IN EDUCATION FOR TOMORROW'S HEALTH CARE AND BIOMEDICAL LEADERS AND IN RESEARCH FUNDING NOT COVERED BY OUTSIDE SOURCES. SUCH INVESTMENTS SUPPORT THE TRAINING OF HUNDREDS OF STUDENTS. IN FISCAL 2020, THOSE INCLUDED 580 MD STUDENTS, 918 PHYSICIAN RESIDENTS AND FELLOWS, 342 GRADUATE STUDENTS, 175 PHYSICIAN ASSISTANTS, 47 NURSE ANESTHESIA STUDENTS, 21 DOCTOR OF NURSING PRACTICE STUDENTS, 22 PASTORAL CARE CHAPLAIN RESIDENTS AND INTERNS, AND 58 STUDENTS IN THE VIRGINIA TECH WAKE FOREST UNIVERSITY SCHOOL OF BIOMEDICAL ENGINEERING AND SCIENCES. IN ADDITION, THE NORTHWEST AREA HEALTH EDUCATION CENTER, PART OF WAKE FOREST SCHOOL OF MEDICINE, OFFERED MORE THAN 2,100 CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES FOR PRACTICING HEALTH CARE PROFESSIONALS THAT DREW 41,092 PARTICIPANTS FROM THROUGHOUT THE REGION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BRAD CLARK AND TERRY WILLIAMS, OFFICERS OF THE FILING ORGANIZATION, WERE BOARD MEMBERS OF MEDCOST BENEFIT SERVICES DURING FISCAL YEAR 2020. BRENDA K. CLINE, A DIRECTOR OF FILING ORGANIZATION, DISCLOSED A FAMILY RELATIONSHIP WITH ANOTHER DIRECTOR OF THE FILING ORGANIZATION - JANICE K. STORY - HER SISTER. GERALD ROACH AND JOHN VANN, DIRECTORS OF THE FILING ORGANIZATION, WERE ALSO BOTH DIRECTORS OF JAVARA, INC. DURING FISCAL YEAR 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	<p>EFFECTIVE JULY 1, 2010, THE GOVERNING BOARDS OF FOUR NORTH CAROLINA NONPROFIT CORPORATIONS (WAKE FOREST UNIVERSITY, NORTH CAROLINA BAPTIST HOSPITAL, WAKE FOREST UNIVERSITY HEALTH SCIENCES, AND WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER) ENTERED INTO AN AGREEMENT (THE "MEDICAL CENTER INTEGRATION AGREEMENT OR "MCIA") UNDER WHICH THE OPERATION OF EACH OF NORTH CAROLINA BAPTIST HOSPITAL ("NCBH") AND WAKE FOREST UNIVERSITY HEALTH SCIENCES ("WFUHS") WAS DELEGATED TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER ("WFUBMC"). WFUHS IS A WHOLLY-CONTROLLED SUBSIDIARY ENTITY OF WAKE FOREST UNIVERSITY ("WFU"). WFUBMC IS A MEMBERSHIP NONPROFIT CORPORATION WHOSE TWO EQUAL MEMBERS ARE NCBH (WHICH ENTITY IS UNRELATED TO WFUHS AND WFU) AND WFU. THE GOAL IS CONSOLIDATION OF MANAGEMENT AND GOVERNANCE IN WFUBMC OF THE VARIOUS ACADEMIC MEDICAL CENTER OPERATIONS, SUBJECT TO SUBSTANTIAL MEMBER RESERVED POWERS IN EACH OF THE CONSTITUENT MEMBERS' (OR IN WFUHS') BOARDS. THE MCIA WAS AMENDED AND RESTATED ON JULY 1, 2015, JULY 1, 2017, JUNE 6, 2018 AND FEBRUARY 1, 2019.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, COLUMN B - HOURS	<p>DONALD E. FLOW FILING ORG 2.0 RELATED ORG 4.0 DONNA A. BOSWELL PHD FILING ORG 2.0 RELATED ORG 9.0 JAMES R. HELVEY III FILING ORG 2.0 JAMES J. MARINO FILING ORG 3.0 RELATED ORG 9.0 GERALD F. ROACH FILING ORG 2.0 RELATED ORG 15.0 CURTIS C. FARMER FILING ORG 2.0 RELATED ORG 5.6 MATTHEW A. KING FILING ORG 2.0 RELATED ORG 6.0 HERMAN E. EURE FILING ORG 2.0 RELATED ORG 6.0 NATHAN O. HATCH PHD FILING ORG 3.0 RELATED ORG 37.0 RICHARD A. BRENNER FILING ORG 2.0 ANN S. HANES FILING ORG 2.0 DONNA F. EDWARDS FILING ORG 2.0 RELATED ORG 5.0 BRENDA K. CLINE FILING ORG 2.0 MICHAEL F. MAHONEY FILING ORG 2.0 RELATED ORG 3.0 ADELAIDE A. SINK FILING ORG 2.0 RELATED ORG 4.0 ERIC C. WISEMAN FILING ORG 2.0 RELATED ORG 6.6 ERIC EUBANK FILING ORG 2.0 RELATED ORG 5.0 JOHN M. VANN FILING ORG 4.0 RELATED ORG 9.0 JANICE K. STORY FILING ORG 2.0 RELATED ORG 3.0 JULIE A. FREISCHLAG, M.D. FILING ORG 15.7 RELATED ORG 7.6 UNRELATED ORG 16.7 J. REID MORGAN FILING ORG 8.0 RELATED ORG 32.0 ANITA M. CONRAD FILING ORG 12.0 RELATED ORG 28.0 TERRY L. HALES JR. FILING ORG 35.2 RELATED ORG 4.8 KAREN H. HUEY FILING ORG 3.8 RELATED ORG 5.0 UNRELATED ORG 31.2 TERRY G. WILLIAMS FILING ORG 3.2 RELATED ORG 5.6 UNRELATED ORG 31.2 KEVIN P. HIGH, MD FILING ORG 3.0 RELATED ORG 5.5 UNRELATED ORG 31.5 BRADLEY A. CLARK FILING ORG 6.0 RELATED ORG 6.6 UNRELATED ORG 27.4 LILICIA P. BAILEY FILING ORG 0.4 RELATED ORG 5.0 UNRELATED ORG 34.6 WILLIAM D. SHOWALTER FILING ORG 5.0 RELATED ORG 5.0 UNRELATED ORG 30.0 LISA M. MARSHALL FILING ORG 10.5 RELATED ORG 20.0 UNRELATED ORG 9.5 ANTHONY ATALA, MD FILING ORG 39.5 RELATED ORG 0.5 EDWARD KINCAID, MD FILING ORG 40.0 DAVID ZHAO, MD FILING ORG 40.0 CHARLES BRANCH, JR., MD FILING ORG 38.0 UNRELATED ORG 2.0 JOHN D. MCCONNELL, MD FILING ORG 0.0 RELATED ORG 40.0 RUSSELL M. HOWERTON, MD FILING ORG 15.6 UNRELATED ORG 24.4 NORTH CAROLINA BAPTIST HOSPITAL IS AN ORGANIZATION UNRELATED TO THE FILING ORGANIZATION AND THE INFORMATION CONCERNING HOURS DEVOTED TO IT ARE NOT REQUIRED TO BE REPORTED, BUT THOSE HOURS ARE INCLUDED BECAUSE OF THE STRUCTURE OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, OF WHICH THE FILING ORGANIZATION AND NORTH CAROLINA BAPTIST HOSPITAL ARE PRINCIPAL PARTS. IN GENERAL, THE CORPORATE OFFICERS OF THE MEDICAL CENTER ALSO SERVE AS THE CORPORATE OFFICERS OF NORTH CAROLINA BAPTIST HOSPITAL AND WAKE FOREST UNIVERSITY HEALTH SCIENCES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY METHOD AFFILIATES 24,116,258. ACTUARIAL GAIN -122,180.

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 HEALTH SCIENCES

Employer identification number
22-3849199

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) VERGER FUND II LLC 751 W FOURTH STREET STE 410 WINSTON SALEM, NC 27101 35-2514227	INVESTMENT	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	EXCLUDED	28,817,697	315,156,158		No	847,264		No	64.080 %
(2) VERGER CAPITAL FUND LLC 751 W FOURTH STREET STE 410 WINSTON SALEM, NC 27101 46-4027021	INVESTMENT	NC	N/A									
(3) VERGER CAPITAL MANAGEMENT LLC 751 W FOURTH STREET STE 410 WINSTON SALEM, NC 27101 46-4037343	INVESTMENT	NC	N/A									
(4) WAKE FOREST TECHNOLOGY DEVELOPMENT PROGRAM LP 2520 MERIDIAN PARKWAY DURHAM, NC 27713 47-5437596	INVESTMENT	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	EXCLUDED	-13,464	3,186,284		No			No	99.000 %
(5) WAKE FOREST AMBULATORY VENTURES LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 82-0777206	HEALTHCARE	NC	WAKE FOREST UNIVERSITY HEALTH SCIENCES	EXCLUDED	1,011,225	4,801,143		No			No	80.000 %

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	N	2,343,615	FMV
(2) WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	P	22,479	COST
(3) WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	Q	950,767	COST
(4) WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP RETURN	S	22,500,000	FMV
(5) CHILDRESS INSTITUTE OF PEDIATRIC TRAUMA	Q	1,032,096	COST

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
BRF-A1A LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 20-3073357	REAL ESTATE HOLDING COMPANY	NC	396,940	2,935,766	WAKE FOREST UNIV HEALTH SCIENCES
WFIQ HOLDINGS LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 05-0549344	REAL ESTATE HOLDING COMPANY	NC	3,052,647	48,875,632	WAKE FOREST UNIV HEALTH SCIENCES
SEED STAGE ASSOCIATES LLC 200 EAST FIRST ST SUITE 101 WINSTON SALEM, NC 27101 65-1198831	TECHNOLOGY TRANSFER & LICENSING OF INTELLECTUAL PROPERTY	NC	0	0	WAKE FOREST UNIV HEALTH SCIENCES
BRF DECK 1 LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 86-1123819	REAL ESTATE HOLDING COMPANY	NC	0	0	WAKE FOREST UNIV HEALTH SCIENCES
BRF-A1 LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 86-1123822	REAL ESTATE HOLDING COMPANY	NC	0	327,435	WAKE FOREST UNIV HEALTH SCIENCES
WFIQ HOLDINGS II LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 27-1917927	REAL ESTATE HOLDING COMPANY	NC	0	0	WAKE FOREST UNIV HEALTH SCIENCES
WFIQ HOLDINGS III LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 27-1918085	REAL ESTATE HOLDING COMPANY	NC	0	2,200,279	WAKE FOREST UNIV HEALTH SCIENCES
PARK IMP 1 LLC MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 27-2070963	REAL ESTATE HOLDING COMPANY	NC	0	0	WAKE FOREST UNIV HEALTH SCIENCES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 51-0190238	FACILITATE THE CARRYING OUT OF THE FUNCTIONS AND PURPOSES OF WFUHS & NCBH	NC	501(C)(3)	LINE 12A, I	N/A	No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 90-0222618	HEALTHCARE	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIV HEALTH SCIENCES	Yes
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-1903275	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIV HEALTH SCIENCES	Yes
575 N PATTERSON STREET WINSTON SALEM, NC 27101 46-3674691	HEALTHCARE RESEARCH	NC	501(C)(3)	LINE 7	WAKE FOREST UNIV HEALTH SCIENCES	Yes
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 20-2710571	HEALTHCARE RESEARCH	NC	501(C)(3)	LINE 7	WAKE FOREST UNIV HEALTH SCIENCES	Yes
PO BOX 7201 WINSTON SALEM, NC 27109 56-2038194	MANAGEMENT/SALE OF CHARITABLE REAL PROPERTY GIFTS	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIVERSITY	No
POBOX 7287 WINSTON SALEM, NC 27109 56-0810676	MUSEUM OF AMERICAN ART	NC	501(C)(3)	LINE 7	WAKE FOREST UNIVERSITY	No
PO BOX 7201 WINSTON SALEM, NC 27109 56-2038193	REAL ESTATE HOLDING AND MANAGEMENT	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIVERSITY	No
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 06-1818498	RESEARCH PARK DEVELOPMENT	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIV HEALTH SCIENCES	Yes
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-2094067	RESEARCH PARK DEVELOPMENT	NC	501(C)(6)		WAKE FOREST UNIV HEALTH SCIENCES	Yes
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 20-0177581	RESEARCH PARK DEVELOPMENT	NC	501(C)(3)	LINE 12A, I	WAKE FOREST UNIV HEALTH SCIENCES	Yes
MEDICAL CENTER BLVD WINSTON SALEM, NC 27157 56-6036688	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	N/A	No
PO BOX 7201 WINSTON SALEM, NC 27109 56-0532138	UNIVERSITY	NC	501(C)(3)	LINE 2	N/A	No