

Department of the Treasury Internal Tevenue Service

# **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made publications. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	A F	or the	2017 calendar year, or tax year beginning JUL	$1, 2017$ and $\epsilon$	ending d	JUN 30, 2	018	
	Во	heck if	C Name of organization			D Employer i		tion number
	a	pplicable				- ' '		
	X	Addres	S WAKE FOREST EMERGENCY PROV	/IDERS				
	X	Name change				1 5	6-19	03275
	_	Initial	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite			
2019	2	Final return/	MEDICAL CENTER BOULEVARD	10 011 001 0001	. 100111100110		336)	716-4445
7	í	termin- ated		foreign postal code		G Gross receipts		27,188,793.
4	l	Ameno		Total poolar oodo		H(a) Is this a g		-
-		Applica		P. HIGH. M.D.		for subore	•	 ☐ Yes X No
>		pendin	SAME AS C ABOVE		7	H(b) Are all subor		
MAY	$\overline{1}$	ax-exe		sert no ) 4947(a)(1)/o	or / 527	<b>⊣</b> ` `		t (see instructions)
			e: WWW.WAKEHEALTH.EDU	, ,		H(c) Group ex		•
			organization; X Corporation Trust Association	on Other >	L Year	<del></del>		State of legal domicile: NC
2		rt I	Summary		1		-   100	
Z		1	Briefly describe the organization's mission or most signific	cant activities PROMO	MOITC	OF HEALT	H FOR	ALL
	ce		RESIDENTS OF THE COMMUNITIES					
Zğ	na.		Check this box if the organization discontinued			that 25% of its	net asset	<u> </u>
AUG	Governance	_			LOL		3	1
		4	Number of voting members of the governing body (Part V Number of independent voting members of the governing		1AV 0 1	2040	4	0
0	ళ	5	Total number of individuals employed in calendar year 20	17 (Part V. line 28)	MAY 2 1	[ 201 <del>9</del>   ဝို	5	443
00	Activities		Total number of volunteers (estimate if necessary)	[60]		1821	6	0
2019	Ę		Total unrelated business revenue from Part VIII, column (	C), line 12	<b>GDEN</b>	I IIT	7a	0.
<b>15</b>	ĕ		Net unrelated business taxable income from Form 990-T,	line 34	<u>anti</u>	V, U	7b	0.
) 4						Prior Year		Current Year
4		8	Contributions and grants (Part VIII, line 1h)				0.	0.
2	Revenue		Program service revenue (Part VIII, line 2g)			31,516,7	49.	27,188,793.
5	è		nvestment income (Part VIII, column (A), lines 3, 4, and 7	'd)		· · · · · · · · · · · · · · · · · · ·	0.	0.
<i>,</i>	Ě		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	•			0.	0.
-5			Total revenue - add lines 8 through 11 (must equal Part V	•		31,516,7	49.	27,188,793.
-₹		13	Grants and similar amounts paid (Part IX, column (A), line	s 1-3)			0.	0.
•		14	Benefits paid to or for members (Part IX, column (A), line	4)			0.	0.
	S	15	Salaries, other compensation, employee benefits (Part IX,	, column (A), lines 5-10)		31,516,7	49.	27,188,793.
r r	ıses	16a	Professional fundraising fees (Part IX, column (A), line 11e	e)			0.	0.
<b>3</b>	Expen	ь.	Total fundraising expenses (Part IX, column (D), line 25)	<b>)</b>	0.			
j	ω̈		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	1e)			0.	0.
3		18	Total expenses Add lines 13-17 (must equal Part IX, colu	mn (A), line 25)		31,516,7	49.	27,188,793.
<b>&gt;</b>		19	Revenue less expenses Subtract line 18 from line 12				0.	0.
	or Ses				Ве	eginning of Current	Year	End of Year
	Sets	20	Total assets (Part X, line 16)			12,938,5		13,231,422.
	SE SE	21	Total liabilities (Part X, line 26)			2,929,6	76.	3,222,511.
	豎	22	Net assets or fund balances Subtract line 21 from line 20	)	[	10,008,9	11.	10,008,911.
	Pa	rt II	Signáture Block					
	Unde	r pena	ties of penjury, I declare that I have examined this return, includi	ng accompanying schedules	and statem	ents, and to the be	st of my kr	lowledge and belief, it is
	true,	correc	t, and complete. Decaration of organism (other than officer) is ba	sed on all information of whi	ich preparer	has any knowledg	<u>e.</u>	
			TAGE				5114	19
	Sign	,	Signature of officer			Date	- , , ,	<del></del>
	Here	•	BRADLEY A. CLARK, TREASURE	ER				
			Type or print name and title					
7			Print/Type preparer's name Prepar	rer's signature			heck	PTIN
<u>~</u>	Paid		ယ			1	elf employed	
$\supset$	Prep	arer	Firm's name			Firm's (	IN 🛌	
	Use	Only	Ficens address	<del></del>				
			19			Phone	10.	
	May	the IF	S discuss this return with the preparer shown above? (see	ee instructions)				Yes No *

	990 (2017) WAKE FOREST EMERGENCY PROVIDERS 56-1903275 Page 2
Par	t III Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
11	Briefly describe the organization's mission
•	TO PROVIDE PROFESSIONAL EMERGENCY MEDICINE SERVICES; TO TRAIN MEDICAL
	PROFESSIONALS; TO CONDUCT HEALTH CARE EDUCATIONAL PROGRAMS AND TO
	ENGAGE IN OTHER HEALTH CARE RELATED ACTIVITIES IN THE COMMUNITIES WE
	SERVE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$1,610,500. including grants of \$) (Revenue \$1,610,500.)
	EFFECTIVE APRIL 2, 2018, WAKE FOREST EMERGENCY PROVIDERS (WFEP) IS
	DEDICATED TO PROVIDING EMERGENCY HEALTH CARE TO THE COMMUNITY. THE
	ORGANIZATION'S PRIMARY PURPOSE IS THE PROMOTION OF HEALTH FOR ALL
	RESIDENTS OF THE COMMUNITIES SERVED.
	WEED DROUTDES COMPREHENSIVE COMPASSIONAME ADDROUDIAME AND DAMIONAL
	WFEP PROVIDES COMPREHENSIVE, COMPASSIONATE, APPROPRIATE AND RATIONAL MEDICAL CARE TO PATIENTS IN HOSPITAL EMERGENCY ROOMS. THE WFEP
	PHYSICIANS PARTICIPATE IN BOTH MEDICAID AND MEDICARE PROGRAMS AT ALL
	OF ITS ED SITES ON A NON-DISCRIMINATORY BASIS. WEEP ADOPTS THE WAKE
	FOREST UNIVERSITY BAPTIST MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY
	AND USES A SLIDING SCALE OF THE FEDERAL POVERTY GUIDELINES TO DETERMINE
	ELIGIBIITY FOR FREE AND DISCOUNTED CARE FOR ITS PATIENTS. FOR THE 3
4b	(Code) (Expenses \$25,578,293. including grants of \$) (Revenue \$25,578,293.)
75	UNTIL APRIL 1, 2018, THE ORGANIZATION OPERATED AS WAKE FOREST
	UNIVERSITY BAPTIST MEDICAL CENTER COMMUNITY PHYSICIANS (WFUBMC CP), A
	TAX EXEMPT PRIMARY HEALTH CARE PROVIDER SERVING COMMUNITIES IN NORTH
	CAROLINA. WFUBMC CP PROVIDED PHYSICIANS TO WAKE FOREST UNIVERSITY
	HEALTH SCIENCES ("WFUHS") ITS SOLE MEMBER, ON AN OUTPATIENT BASIS.
	WFUBMC CP PROVIDED COMPREHENSIVE, COMPASSIONATE, APPROPRIATE AND
	RATIONAL MEDICAL CARE TO PATIENTS IN MODERN, WELL EQUIPPED,
	NEIGHBORHOOD FAMILY CARE CENTERS AND CLINICS. WFUBMC CP SOUGHT TO
	STABILIZE AND ENHANCE THE NUMBER OF PRIMARY CARE PROVIDERS IN SMALLER
	COMMUNITIES IN ITS PRIMARY SERVICE AREAS IN ORDER TO STRENGTHEN THE
	REGIONAL PRIMARY AND SECONDARY HEALTH CARE DELIVERY SYSTEM. BASED ON A
	COMMUNITY STRATEGIC ASSESSMENT OF THE APPROXIMATELY 25 COUNTY PRIMARY
4c	(Code) (Expenses \$) (Revenue \$)
	<del></del>
4d	Other program services (Describe in Schedule O )
74	(Expenses \$
	Total program service expenses > 27,188,793.
	Form 990 (2017)
732002	SEE SCHEDULE O FOR CONTINUATION(S)

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Form 990 (2017) WAKE FOREST EMERGENCY PROVIDERS [PartilV] Checklist of Required Schedules

14	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
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		_X
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 98-197 If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			1
	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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> X</u>
þ	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		<u> </u>
С	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		Х
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	_X_	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١,		٦,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
В	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	<b>'</b>		ĺ
		aah l	'	х
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>  -		<del></del>
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-"		<del></del> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del>'''  </del>		<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
_			990	(2017)
				. ,

Partily	Checklist	of Required	Schedules	(continued)
-				

				<del>-:</del>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
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 17 If "Yes," complete Schedule I, Parts I and II	21		X
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	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	l
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23	<u> </u>	<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		X
p	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	\ 		1
	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	ļ	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
	complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30_		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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_		X
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_		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Ì
	Part V, line 1	34_	_X_	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<sub>v</sub>
	If "Yes," complete Schedule R, Part V, line 2	36_	<u> </u>	X
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_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
	Note. All Form 990 filers are required to complete Schedule O	38_	NOO.	(001=
		Form	33U	_ (2017)

Pal	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$			
	Oneck in conteduce of contains a response of note to any line in this part v		Yes				
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		res	No			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b. 0	į.		1 1			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	3					
•	(gambling) winnings to prize winners?	1c	$\overline{\mathbf{x}}$				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 443						
b	at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2tote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  id the organization have unrelated business gross income of \$1,000 or more during the year?  "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		$\overline{\mathbf{x}}$				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		L			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	<del></del>	ļ			
7	Organizations that may receive deductible contributions under section 170(c).			لـــِــا			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
p	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├─			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
_	to file Form 8282?	7с		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		X			
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$\vdash$			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
_	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	i i					
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1					
11	Section 501(c)(12) organizations. Enter	1					
а	Gross income from members or shareholders						
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		,	1 1			
	amounts due or received from them )						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	_	Ļ			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>                                     </del>			
	Note. See the instructions for additional information the organization must report on Schedule O						
р	Enter the amount of reserves the organization is required to maintain by the states in which the						
_	organization is licensed to issue qualified health plans  Enter the amount of recorded as head.						
	Enter the amount of reserves on hand  Did the properties receive any payments for indeer tenning convices during the tay year?	16-		X			
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	-				
	in 165, Thas it filed a Forth 720 to report these payments. If IND, provide an explanation in Schedule U		990	<u>(2017)</u>			

WAKE FOREST EMERGENCY PROVIDERS 56-1903275 Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{X}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 0 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year

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

JOSEPH DOLAN - 336-716-4445

MEDICAL CENTER BOULEVARD, WINSTON SALEM, NC 27157

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

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

 $\mathbf{X}$ 

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

  List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	١.	Position				Reportable	Reportable	Estimated	
	hours per			heck more than one ss person is both an			compensation	compensation	amount of	
	week	offi	cer ar	dad	recto	r/trus	(ee)	from	from related	other
	(list any	ctor			ĺ			the	organizations	compensation
	hours for	Į į			ļ	<u>a</u>		organization	(W-2/1099-MISC)	from the
	related	stee (	Individual trustee or Institutional trustee Officer	_	ensa		(W-2/1099-MISC)		organization	
	organizations	at tru	nal t	ŀ	loyee	E CO				and related
	below	Indiwdual trustee or director	tt	Officer	Key employee	Highest compensated employee	Former			organizations
/1\ VENTY P VIOU V P	line) 2.00	Ĕ	Ĕ	푱	<u>ş</u>	£ ₽	<u>.e</u>			
(1) KEVIN P. HIGH, M.D.	38.00	X		x				0.	752 024	160 012
DIR. & PRESIDENT (2) BRADLEY A. CLARK		^	<del> </del>	^		-		- 0.	152,624.	169,813.
TREASURER	39.00	┨		x				0.	102 112	170 070
(3) J. MCLAIN WALLACE, JR.	1.00	₩	-	^	⊢	-		<u> </u>	403,113.	170,979.
SECRETARY	39.00	┨		x				o.	689,120.	71 077
(4) STEWART COOPER, M.D.	40.00	┢╌		^	-	├─			009,120.	71,877.
MEDICAL DIRECTOR	40.00	┨			x			353,676.	0.	32,030.
(5) DAVID HOPE	37.20	-			^	-		333,670.	<u> </u>	32,030.
AVP AMBULATORY SRV TO 12/1/17	2.80	{	ļ		x			0.	229,813.	41,269.
(6) DAVID CHAPMAN, M.D.	40.00	$\vdash$	-		^	├─	<u> </u>	0.	229,013.	41,209.
PHYSICIAN	40.00	ł				X		509,898.	0.	34,390.
(7) KENNETH PARISH, M.D.	40.00	<del> </del>	-		<del> </del>	A		305,050.		34,370.
PHYSICIAN	40.00	ł				x		483,044.	0.	32,532.
(8) JONATHAN HATA, M.D.	40.00	$\vdash$	╁╌		┢╌	<u> </u>		403,044.		32,332.
PHYSICIAN	10.00	1				x		678,771.	0.	32,313.
(9) ROBERT HUMBLE MD	40.00	T			$\vdash$	-		0,0,,,20		3273231
PHYSICIAN	1000	1		\ 		x		542,552.	0.	27,748.
(10) KATIE TWOMLEY, MD	40.00	T			-	-			<del>_</del>	
PHYSICIAN		1				x		481,800.	0.	23,184.
	<del></del>		_		_	-				
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Form 990 (2017)

(A) Name and title	(B) Average hours per	Average Position						(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of other		
	(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	ΓĖ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	compensation from the organization and related organizations		
1b Sub-total c Total from continuation sheets to Pa	art VII, Section A						<b>&gt;</b>	3,049,741.	2,154,87	70.	636	,1	35.
d Total (add lines 1b and 1c)			liata			· · · · · ·	<u> </u>	3,049,741.			636	, 1	35.
Total number of individuals (including li compensation from the organization	but not limited to th	ose	liste	u ac	ove	.) WII	o re	eceived more trian \$100,					87
3 Did the organization list any former of	ficer, director, or tru	uste€	, ke	y en	nplo	yee,	or l	highest compensated er	mployee on	٦		Yes	No
line 1a <sup>9</sup> If "Yes," complete Schedule J  4 For any individual listed on line 1a, is the		le co	mne	nea	tion	and	oth	or compansation from t	ho organization	}-	3		X
and related organizations greater than									ne organization	Ľ	4	x	
5 Did any person listed on line 1a receive	e or accrue comper	isatio	on fr	om	any	unre			dual for services	[-			77
rendered to the organization? If "Yes."  Section B. Independent Contractors	' complete Schedul	<u> </u>	or su	ıch <u>ı</u>	oers	on	_				5		<u>x</u>
Complete this table for your five higher	st compensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	ensatı	on fro	n	
the organization Report compensation		ear e	ndın	ig w	ith c	or wi	thin		ear				
(A Name and busi	•							( <b>B)</b> Description of s	services	Co	(C) mpen		n
DAVIDSON SURGICAL ASSO								MEDICAL GERM	7.07.0		000		
LEXINGTON AVE., SUITE A				<u>,                                     </u>	NC		-	MEDICAL SERV	ICES	<u> </u>	029	, 21	<u> </u>
2718 HENRY STREET, GRE	•			40	5_		_	MEDICAL SERV	ICES,		134	, 8	94.
2 Total number of independent contract	, -	ot lin	nited	d to	_	_	ted	above) who received m	ore than				
\$100,000 of compensation from the or	rganization >		_	_		2				F	orm S	90 (	2017)

16170510 144811 CP

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27,188,793.

d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions

27,188,793.

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		_	npiete column (A).	
<u> </u>	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			·	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		, I		<u>'</u>
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	22 002 000	22 002 000		
7	Other salaries and wages	23,092,088.	23,092,088.		<del>_</del>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4,096,705.	4,096,705.		
9	Other employee benefits	4,030,703.	4,090,703.		
10	Payroll taxes				
11	Fees for services (non-employees)				•
a	Management				
b	Legal				<u> </u>
ن	Accounting	<del></del>	<del></del>	<del></del>	
d	Lobbying Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g g	Other (If line 11g amount exceeds 10% of line 25,				<del></del>
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
ь					
С					
d					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	27,188,793.	27,188,793.	0.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined		ļ		
	educational campaign and fundraising solicitation	ť			
	Check here if following SOP 98-2 (ASC 958-720)				- 000

ai	rt X 、		hin Dort V		
_		Check if Schedule O contains a response or note to any line in t		ГП	(8)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	438,205.	1	1,094,633
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	111,819.	4	<u> </u>
	5	Loans and other receivables from current and former officers, di	rectors,	1	
		trustees, key employees, and highest compensated employees	Complete		
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as	defined under		•
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing		
		employers and sponsoring organizations of section 501(c)(9) vol	untary		
g l		employees' beneficiary organizations (see instr) Complete Part	ll of Sch L	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	260,339.	9	93,745
	10a	Land, buildings, and equipment cost or other		[ "]	
		basis Complete Part VI of Schedule D 10a		l	
	b	Less accumulated depreciation 10b		10c	
į	11	Investments - publicly traded securities		11	
ļ	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	-
	15	Other assets See Part IV, line 11	12,128,224.	15	12,043,044
	16	Total assets. Add lines 1 through 15 (must equal line 34)	12,938,587.	16	13,231,422
	17	Accounts payable and accrued expenses	2,929,676.	17	3,222,511
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Sched	ule D	21	
	22	Loans and other payables to current and former officers, director	<del></del>		
Liabilities		key employees, highest compensated employees, and disqualifi			
ğ		Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
i	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related	i third		
		parties, and other liabilities not included on lines 17-24) Comple			
		Schedule D	, 2,	25	
	26	Total liabilities. Add lines 17 through 25	2,929,676.	26	3,222,511
		Organizations that follow SFAS 117 (ASC 958), check here			
,,		complete lines 27 through 29, and lines 33 and 34.			
čě	27	Unrestricted net assets	10,008,911.	27	10,008,911
ılan	28	Temporarily restricted net assets		28	
B	29	Permanently restricted net assets		29	
ב ב		Organizations that do not follow SFAS 117 (ASC 958), check	here		
Net Assets or Fund Balances		and complete lines 30 through 34.			ı
S	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
Ž	32	Retained earnings, endowment, accumulated income, or other f	unds	32	
Š	33	Total net assets or fund balances	10,008,911.	33	10,008,911
	34	Total liabilities and net assets/fund balances	12,938,587.	34	13,231,422
	34	Total nabilities and het assets/junu balances	12,330,307.	J#4	Form <b>990</b> (20

	1 990 (2017) WAKE FOREST EMERGENCY PROVIDERS	26	<u>-190:</u>	32/5	Pa	ge 12		
Pa	rt XI .Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
	•		,					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,18				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	7,18	<u>8,7</u>	<u>93.</u>		
3	3 Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	00,0	8,9	<u>11.</u>		
5	Net unrealized gains (losses) on investments	5						
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				0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
_	column (B))	10	10	00,00	8,9	<u>11.</u>		
Ра	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>		
					Yes	No		
1	Accounting method used to prepare the Form 990							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
Ь	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			لـــا		
	Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	ıt					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	225			
				Form	990	(2017)		

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#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

**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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** WAKE FOREST EMERGENCY PROVIDERS 56-1903275 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 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)) X 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2017 WAKE FOREST EMERGENCY PROVIDERS 56-1903 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	_(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not			1		\ <i>\</i>	
	include any "unusual grants ")		<u> </u>		1	/	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		}	Ĭ		/	
	or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to			1			
	the organization without charge					`l	
4	Total. Add lines 1 through 3						
5	The portion of total contributions					ł	
	by each person (other than a			Ì		Ì	
	governmental unit or publicly						
	supported organization) included			1		ļ	ĺ
	on line 1 that exceeds 2% of the				/		
	amount shown on line 11,				<b>+</b>	1	
	column (f)		<u> </u>		<u> </u>	<b></b>	
6	Public support. Subtract line 5 from line 4		<u> </u>		<u> </u>	L	L
	ction B. Total Support		<del></del>			г	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		<del>                                     </del>	<del>  /                                   </del>		ļ	
8	Gross income from interest,						İ
	dividends, payments received on						
	securities loans, rents, royalties,		)	A			
	and income from similar sources	<del></del>	<b></b> /		<del> </del>	<del> </del>	
9	Net income from unrelated business			1			
	activities, whether or not the					İ	
	business is regularly carried on	<del></del> _	<del>                                     </del>	<del>-</del>	<del> </del>	<del> </del>	<del></del>
10	Other income Do not include gain					}	
	or loss from the sale of capital						
	assets (Explain in Part VI )		<del>  /</del>		<del>-</del> -	<del> </del>	<del></del>
	Total support. Add lines 7 through 10		<i>y</i>	<u> </u>	L	<del> </del>	L
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	- /	s first, second, thi	rd, fourth, or fifth to	ax year as a section	n 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Public	Support Per	rcentage		<del></del>		
	Public support percentage for 2017 (li	<del></del>		colume (0)		14	%
	Public support percentage from 2016			column (i))		15	
	33 1/3% support test - 2017. If the o	/		on line 13, and line	14 is 33 1/3% or m		
100	stop here. The organization qualifies a	- /			14 15 00 17 57 01 11	iore, check this bo	× and
h	33 1/3% support test - 2016. If the o	,	=		1 line 15 ie 33 1/3%	or more chack th	is hov
	and stop here. The organization quali		,		2 line 13 13 33 17370	or more, check in	.5 00x ▶□
172	10% -facts-and-circumstances test	•			e 13 16a or 16b s	and line 14 is 10%	or more
174	and if the organization meets the "fact		-				•
	meets the "facts-and-circumstances" t			•	·	int viriow the organ	IIZation ►
h	10% -facts-and-circumstances test	-			-	17a and line 15 is	10% or
J	more, and if the organization meets th	· · · · · · · · · · · · · · · · · · ·	-				
	organization meets the "facts-and-circ				•		<b>_</b>
12	Private foundation. If the organization		-				
<u></u>	1.1. Tate Touridation. In the Organization	. did flot dileon a	SON OIL INTO TO, TO	Ju, 100, 174, 01 17		edule A (Form 990	
					Join		<b>,</b>
	<b>4</b>						

732022 10-06-17

(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

Sec	ction A. Public Support	now, please comp	nete rait ii)				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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 bus-						
	iness under section 513				<del></del>	/	<del>                                     </del>
4	Tax revenues levied for the organ- ization's benefit and either paid to	!					
_	or expended on its behalf				+/		<del> </del> -
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
7 a	Amounts included on lines 1, 2, and	1					
t	3 received from disqualified persons  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			/			
•	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)			/			
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning ın) ►	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017_	(f) Total
	Amounts from line 6			/	ļ		<u> </u>
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c, 11, and 12)		F	1.6.41	<u> </u>	504(-)(5)	
14	First five years. If the Form 990 is for	the organization's	s tirst, second, thir	α, τουπη, or tiπth t	ax year as a section	n 501(c)(3) organiz	ation,
Sec	check this box and stop here	c Support Per	centage				
	Public support percentage for 2017 (li			column (f))		15	%
	Public support percentage from 2016	,				.16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20 Investment income percentage/from 2	•	•	ne 13, column (f))		17	<u>%</u>
	33 1/3% support tests - 2017. If the			on line 14, and lin	e 15 is more than 3		
	more than 33 1/3%, check this box an						▶□
t	33 1/3% support tests -2016. If the line 18 is not more than 33 1/3%, check	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	
20	Private foundation. If the organization						
	23 10-06-17	r did not crieck a	50x 011 IIIC 14, 19	a, or 130, crieck t			00 or 990-EZ) 2017
	/		15			•	•

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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	

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

	Yes	No
		1
1		
<u>                                   </u>		
2		<b></b> ;
3a		
3b	_	
3c		
4a		
		1
4b		
		1
4c		
		-
5a		
5b 5c		<u> </u>
30		
6		
		1
<u></u> -		
7	_	
8		
9a		
9b		
9c		
<u> </u>		
10a		
10b	0-E7)	2017

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<u>Sche</u>	dule A (Form 990 or 990-EZ) 2017 WAKE FOREST EMERGENCY PROVIDERS 56-1	90327	5 Pa	age 5
Pai	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ļ'
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sec	tion B. Type I Supporting Organizations		T.,	Γ
	Did the diseases twisters as manifestable of any or many properties are supported assessment to the results.		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		ļ	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	<del></del>	<del>-</del>
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year  Did the organization operate for the benefit of any supported organization other than the supported	<del>'</del>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.		1	<b>'</b>
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		L	L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		·	
	the supported organization(s).	1		
Sec	tion 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			Ì
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1_		ļ.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		[	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>		
Sac	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
			-	
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions  The organization satisfied the Activities Test Complete line 2 below	.).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	ta ictions	,	
2	Activities Test Answer (a) and (b) below.	irucions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			.,,,
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	ì '
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			!
	activities but for the organization's involvement	2b	ļ	· ·
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form		10-F7	2017

	dule A (Form 990 or 990 EZ) 2017 WAKE FOREST EMERGENCY P.			56-1903275 Page 6
Pai	Typo in tront anothering intogration coo(a)(o) cuppor in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	on 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			1
	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		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		- · <del></del>	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	1 1		
	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	<u> </u>	
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	:		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	•	
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ted Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

nedule A (	Form 990 or 990-E	Z) 2017 WAKE	FOREST	EMERGENC	A BROATDER	<u> </u>	56-19032/5 Pa
art VI	line I, Part IV, Sec	LION D. IINES Z and	JO, Part IV, OF	cuon E, iines ic. ,	2a. 20. 3a. anu 30.	Part v. line 1. Part	r 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V
· 	Section D, lines 5, (See instructions)	, 6, and 8, and Pa	t V, Section E	lines 2, 5, and 6	Also complete this	part for any addition	onal information
							·
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#### SCHEDULE D

(Form 990),

Department of the Treasury

# 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 Inspection

Name of the organization **Employer identification number** WAKE FOREST EMERGENCY PROVIDERS 56-1903275 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes are the organization's property, subject to the organization's exclusive legal control? No 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 Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year a Total number of conservation easements 2a 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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 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 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

732051 10-09-17

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

Schedule D (Form 990) 2017

Sche		REST EMERG							03275	
Pai	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	asures, or Oth	er Si	milar	Assets	(continu	(ed)
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the f	following that are a	sıgnıfı	cant u	se of its c	ollection it	tems
•	(check all that apply)									
а	Public exhibition	d	· 🖳	Loan or exc	hange programs					
b	Scholarly research	e	. 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how t	hey further th	ie organization's exi	empt	purpos	se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations of	of art, h	istorical treas	sures, or other simila	ar ass	ets		_	
	to be sold to raise funds rather than to be ma								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "Yes" o	n For	m 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21								
1a	is the organization an agent, trustee, custodi	an or other intermed	ary for	contributions	s or other assets no	t inclu	ıded	<u></u>		
	on Form 990, Part X?							<u>[</u>	Yes	∟ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table		,				
						]			Amount	
c	Beginning balance					<b> </b>	1c			
d	Additions during the year					ļ	1d			
е	Distributions during the year					- 1	1e			
f	Ending balance					Į	1f			
2a	Did the organization include an amount on Fe					-			Yes	L No
	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete									
		(a) Current year	(b)	Prior year	(c) Two years back	(d)	Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance					+				
b	Contributions					<u> </u>				
C	Net investment earnings, gains, and losses					┼-				
d	Grants or scholarships									
е	Other expenditures for facilities				}	1				
	and programs					₩-				
f	Administrative expenses									
g	End of year balance	<u> </u>			<u></u>					
2	Provide the estimated percentage of the curr	ent year end balance		g, column (a)	)) held as					
а	Board designated or quasi-endowment	<del></del>	_%							
ь	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c short	•								
За	Are there endowment funds not in the posse	ssion of the organiza	ition th	at are held ar	nd administered for	the or	ganıza	tion	_	
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(11)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Dai	t VI Land, Buildings, and Equipm		wment	funds						
rai			D-4.	V lim = 44 = 🐣		/ 1	10			
	Complete if the organization answere			T				<del>,</del> T	(0.0.	
	Description of property	(a) Cost or o			] , , ,		mulate	a	(d) Book	value
	1	basis (investr	nem)	Dasis	(other) d	eprec	ation	<del></del>		
	Land			<del>                                     </del>					···	
	Buildings			<del>                                       </del>	<del></del>			-+-		
	Leasehold improvements			-						
	Equipment			-				<del></del>		
	Other  Add lines 1a through 1e (Column (d) must e	gual Form 000 Part	V c=1:::	mp /P) /:== 1	001					0.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 WAKE FOREST Part VIII Investments - Other Securities.	EMERGENCY PR	OVIDERS	56-1903275 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part Y Im	na 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives		† · · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests		,	
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
	<u> </u>		
(G)			
(H)			·
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
			<del></del>
(3)	<del></del>	· · · · · · · · · · · · · · · · · · ·	
(4)		<u> </u>	
(5)		<del></del> -	
(6)	<del> </del>		
(7)		<del></del>	
(8)	<del></del>		
(9) Total (Col (b) must equal Form 990, Part X, col (B) line 13)	·	<del> </del>	
Part IX Other Assets.	L	L	<del></del>
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d See Form 990 Part X Jun	ue 15
	Description	114 0001 01111 00011 41127, 1111	(b) Book value
(1) DUE FROM WAKE FOREST UNIV		NCES	10,538,362.
(2) OTHER LONG TERM ASSETS			1,504,682.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X, col. (B) line  Part X Other Liabilities.	e 15.)		12,043,044.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990. Par	rt X, line 25
1. (a) Description of liability	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 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 X

Schedule D (Form 990) 2017

(6) (7)

	dule D (Form 990) 2017 WAKE FOREST EMERGENCY PROV		56-1903275 Page 4
Par	t XI · Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a	
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		
а	Net unrealized gains (losses) on investments	2a	
ь	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
_5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1	
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		
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
ь	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b		4c
_5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	t IV, lines 1b and 2b, Part V, line	e 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 add	ditional information	
	m w		
PAF	T X, LINE 2:		
mrr.		DOGETHEOUG HOD T	ma
THE	ORGANIZATION HAS EVALUATED UNCERTAIN TAX	POSITIONS FOR I	TS FISCAL
VEX	RS ENDED JUNE 30, 2017 AND 2018, INCLUDING	C A OHANMIETCAMI	ON OF MAY DIGY
IEF	KS ENDED JUNE 30, 2017 AND 2016, INCLUDING	G A QUANTIFICATI	ON OF TAX RISK
TN	AREAS SUCH AS UNRELATED BUSINESS TAXABLE	TNCOME AND BUE B	AVANTON OF THE
114	AREAS SOCI AS UNREDATED BUSINESS TAXABLE	INCOME AND THE T	AXATION OF ITS
.TOT	NT VENTURES. THIS EVALUATION DID NOT HAVE	A MATERIAL PEPE	CT ON THE
001	MI VENTORES: THIS EVALUATION DID NOT HAVE	A MAINGIAM A	CI ON THE
ORG	ANIZATION'S FINANCIAL STATEMENTS FOR THE	VEARS ENDED JUN	TE 30 2017 ANTO
0110	TENTENTION O TIMENCIAL DIATEMENTO FOR THE	THAILD BIVEL CON	B 30, 2017 AND
201	8.		
-		···	
			-
			_
			<del></del>
732054	10-09-17		Schedule D (Form 990) 2017

#### **SCHEDULE J** (Form 990)

# **Compensation Information**

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

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Employer identification number WAKE FOREST EMERGENCY PROVIDERS 56-1903275 **Questions Regarding Compensation** 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		]	
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			لــــا
	Receive a severance payment or change-of-control payment?	4a	<u> </u>	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
		i		
_	Only section 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			X
	The organization?	<u>5</u> a 5b		X
D	Any related organization?	30		<u> </u>
6	If "Yes" on line 5a or 5b, describe in Part III  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of			
•	The organization?	6a		X
	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III	<u> </u>		<u> </u>
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	i i		1
-	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(E) Compensation
					other deferred	henefits	(E) (O) (O) (O)	
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (a) (a)	reported as deferred on prior Form 990
(I) KEVIN F. HIGH, M.D.	Ξ			- 1	0.	0.	0	•0
٠.	▣	586,688.	144,524.	21,612.	151,285.	18,528.	922,637.	0
(2) BRADLEY A. CLARK	Ξ			0	•0	0	0	0
TREASURER	▣	406,688.	75,755.	.079	150,891.	20,088.	654,092.	
(3) J. MCLAIN WALLACE, JR.	Ξ			0	0	0	SI.	
SECRETARY	▣	483,	102,659.	102,768.	55,373.	16,504.	760,997.	0
(4) STEWART COOPER, M.D.	Ξ	333,2	16,	4,322.	23,184.	8,846.		
띪	Ξ			0	• 0	0	0.	
(5) DAVID HOPE	Ξ			0.	0	0	0.	0
~	Ξ	207,	21,	730.	19,881.	21,388.	271,082.	0
(6) DAVID CHAPMAN, M.D.	Ξ	480,	24,754.	4,499.	23,184.	11,206.	١.	0
PHYSICIAN	⊞			0		0	0	0
(7) KENNETH PARISH, M.D.	(1)	406,369.	75,175.	1,500.	23,184.	9,348.	515,576.	0
PHYSICIAN	▣			0		0	0	0
(8) JONATHAN HATA, M.D.	Ξ	605,18	72,7	863.	23,184.	9,129.	711,084.	0
PHYSICIAN	Ξ			0.	0	0	0	0
(9) ROBERT HUMBLE, MD	Ξ	493,35	49,20	0	17,784.	9,964.	570,300.	0.
PHYSICIAN	3			0.	0	0	0	0
(10) KATIE TWOMLEY, MD	Ξ	462,14	17,155.	2,500.	23,184.	0		0
PHYSICIAN	3	0.	0.	0.	0.	0	0	0
	Ξ							
	▣							
	Ξ							
	Ξ							
	Ξ							
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	Ξ							
	⊞							
	Ξ							
	3							
	Ξ							
	▣							

Schedule J (Form 990) 2017

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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No 1545-0047

Name of the organization **Employer identification number** WAKE FOREST EMERGENCY PROVIDERS 56-1903275 FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: EFFECTIVE APRIL 2, 2018, THE ORGANIZATION CHANGED ITS NAME TO WAKE FOREST EMERGENCY PROVIDERS AND CHANGED ITS MISSION FROM PROVIDING PRIMARY HEALTH CARE SERVICES TO THE COMMUNITY TO PROVIDING EMERGENCY MEDICAL SERVICES, TRAIN MEDICAL PROFESSIONALS, CONDUCT HEALTH CARE EDUCATION AND TO ENGAGE IN OTHER HEALTH CARE RELATED ACTIVITIES FOR THE BENEFIT OF THE COMMUNITIES IT SERVES. THE PRIMARY PURPOSE, THE PROMOTION OF HEALTH FOR ALL RESIDENTS OF THE COMMUNITIES SERVED, HAS NOT CHANGED. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: MONTHS ENDING JUNE 30, 2018, WFEP RECORDED 103,042 ED VISITS. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICE AREA OF WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER, WFUBMC CP IDENTIFIED COMMUNITIES WITHIN THAT GEOGRAPHIC AREA IN NEED OF PRIMARY CARE DEVELOPMENT. THE WFUBMC CP PHYSICIANS PARTICIPATE IN BOTH MEDICAID AND MEDICARE PROGRAMS AT ALL OF ITS CLINICS ON A NON-DISCRIMINATORY BASIS. WFUBMC CP ADOPTED THE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY AND USED A SLIDING SCALE OF THE FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBIITY FOR FREE AND DISCOUNTED CARE. DURING THE PERIOD JULY 1, 2017 TO APRIL 1, 2018, WFUBMC CP HAD 297,091

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

Schedule O (Form 990 or 990-EZ) (2017)

16170510 144811 CP

PATIENT ENCOUNTERS.

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization Employer identification number WAKE FOREST EMERGENCY PROVIDERS 56-1903275 FORM 990, PART VI, SECTION A, LINE 4: EFFECTIVE APRIL 2, 2018 AND PURSUANT TO ITS NORTH CAROLINA RESTATED ARTICLES OF INCORPORATION, THE CORPORATION CHANGED ITS NAME FROM WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER COMMUNITY PHYSICIANS TO WAKE FOREST EMERGENCY PROVIDERS. THE CORPORATION'S MAIN ADDRESS CHANGED TO MEDICAL CENTER BOULEVARD, WINSTON SALEM, NORTH CAROLINA, 27157. THE CORPORATION'S SOLE MEMBER CHANGED FROM WAKE FOREST UNIVERSITY HEALTH SCIENCES TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER. THE CORPORATION'S CHARITABLE AND EDUCATIONAL PURPOSE CHANGED FROM: OWNING. LEASING, ESTABLISHING, MAINTAINING AND OPERATING ONE OR MORE PRIMARY HEALTH CARE CLINICS IN THE STATE OF NORTH CAROLINA (WHICH SHALL SERVE ALL PATIENTS ABLE TO PAY FOR THE COST OF THEIR CARE, INCLUDING MEDICARE AND MEDICAID PATIENTS, AND WHICH SHALL PROVIDE EMERGENCY CARE WITHOUT REGARD TO ABILITY TO PAY), TRAINING DOCTORS, NURSES AND OTHER HEALTH CARE PERSONNEL, CONDUCTING EDUCATIONAL PROGRAMS FOR THE GENERAL PUBLIC AND GENERALLY ENGAGING IN OTHER HEALTH CARE RELATED ACTIVITIES OF EVERY KIND AND NATURE; TO EMPLOYING PHYSICIANS AND OTHER HEALTHCARE PROVIDERS, PROVIDING PROFESSIONAL EMERGENCY MEDICINE SERVICES, TRAINING DOCTORS, NURSES AND OTHER HEALTH CARE PERSONNEL, CONDUCTING EDUCATIONAL PROGRAMS FOR THE GENERAL PUBLIC AND GENERALLY ENGAGING IN OTHER HEALTH CARE RELATED ACTIVITIES OF EVERY KIND AND NATURE. FORM 990, PART VI, SECTION A, LINE 6: UNTIL APRIL 1, 2018, THE SOLE MEMBER OF THE FILING ORGANIZATION WAS WAKE FOREST UNIVERSITY HEALTH SCIENCES. EFFECTIVE APRIL 2, 2018, THE NAME OF

SOLE MEMBER CHANGED TO WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER. Schedule O (Form 990 or 990-EZ) (2017)

THE FILING ORGANIZATION CHANGED TO WAKE FOREST EMERGENCY PROVIDERS AND ITS

COMPENSATION PAID TO OFFICERS AND DIRECTORS WAS PAID BY RELATED ORGANIZATIONS. THE GOVERNANCE & COMPENSATION COMMITTEE OF THE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER BOARD IS RESPONSIBLE FOR REVIEWING AND 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990 EZ) (20	17)		Page 2
Name of the organization WAKE	FOREST EMERGENCY PROVIDERS		Employer identification number 56-1903275
APPROVING MOST OFFI	CERS' COMPENSATION. THE CO	MMITTEE UTIL	IZES INDEPENDENT
COMPENSATION CONSUL	TANTS, COMPENSATION SURVEY	S AND STUDIES	S TO DETERMINE THE
APPROPRIATENESS OF	EACH SUCH OFFICERS'COMPENS.	ATION.	
FORM 990, PART VI,	SECTION C, LINE 19:		
THE ORGANIZATION'S	ARTICLES OF INCORPORATION	ARE AVAILABLE	TO THE PUBLIC ON
REQUEST AND ARE AVA	AILABLE ON THE WEBSITE OF T	HE NORTH CARO	OLINA SECRETARY OF
STATE. THE ORGANIZ	ATION'S BYLAWS ARE NOT PUB	LISHED, BUT I	PROVISIONS FROM
THE BYLAWS ARE INCI	UDED AS NECESSARY IN THE O	RGANIZATION'S	S POLICIES, AND
ARE ATTACHED TO THE	FORM 1023 FILED FOR THE O	RGANIZATION V	VITH THE IRS,
WHICH IS PUBLICLY A	VAILABLE.		
FORM 990, PART VII,	SECTION A, COLUMN (B) AVE	RAGE HOURS PI	R WEEK
KEVIN P. HIGH, M.D.			
FILING ORG	2.0		
RELATED ORG	13.6		
UNRELATED ORG	24.4		
BRADLEY A. CLARK			
FILING ORG	1.0		
RELATED ORG	15.1		
UNRELATED ORG	23.9		
J. MCLAIN WALLACE,	JR		
FILING ORG	1.0		
RELATED ORG	6.6		
UNRELATED ORG	32.4		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part

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.

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

WAKE FOREST EMERGENCY PROVIDERS

2017 Open to Public

OMB No 1545-0047

4

Employer identification number 56-1903275

Employer id

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

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 Part II

(e)	(q)	(0)	(p)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	Z(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	٩
WAKE FOREST UNIVERSITY - 56-0532138							
PO BOX 7201	PRIVATE COED. INST. OF						
WINSTON SALEM, NC 27109	HIGHER EDUCATION	NORTH CAROLINA	501(C)(3)	LINE 2	N/A		×
WAKE FOREST UNIVERSITY HEALTH SCIENCES -							
22-3849199, MEDICAL CENTER BLVD, WINSTON	HEALTHCARE - CLINICAL				WAKE FOREST		
SALEM, NC 27157	SVCS, RESEARCH, EDU.	NORTH CAROLINA	501(C)(3)	LINE 2	UNIVERSITY		×
WAKE FOREST INNOVATION QUARTER CDC -					WAKE FOREST		
20-0177581, MEDICAL CENTER BLVD, WINSTON					UNIVERSITY HEALTH		
SALEM, NC 27157	RESEARCH PARK DEVELOPMENT	NORTH CAROLINA	501(C)(3)	LINE 12A, I	SCIENCES		×
WAKE FOREST INNOVATION QUARTER MGT, CO					WAKE FOREST		
06-1818498, MEDICAL CENTER BLVD, WINSTON	<u> </u>				UNIVERSITY HEALTH		
SALEM, NC 27157	RESEARCH PARK DEVELOPMENT	NORTH CAROLINA	501(C)(3)	LINE 12A, I	SCIENCES		×
	000				L) C		1700

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

Schedule R (Form 990) 2017

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(၁)	9	(e)	<b>(£)</b>	(6)	
Name, address, and EiN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(£ 13)
of related organization		foreign country)	section	status (if section	entity	organization?	ا ئى
				501(c)(3))		Yes	2
WAKE FOREST INNOVATION QUARTER DEV. CO					WAKE FOREST	_	
56-2094067, MEDICAL CENTER BLVD, WINSTON					UNIVERSITY HEALTH		
SALEM, NC 27157	RESEARCH PARK DEVELOPMENT	NORTH CAROLINA	501(C)(6)	N/A	SCIENCES	<u>×</u>	M
WAKE FOREST UNIVERSITY HEALTH SCIENCES GROUP					WAKE FOREST		
RETURN - 90-0222618, MEDICAL CENTER BLVD,	PROVIDE DIALYSIS TREATMENT				NIVERSITY HEALTH		
WINSTON SALEM, NC 27157	ro esrd patients	NORTH CAROLINA	501(C)(3)	LINE 12A, I	SCIENCES	×	L.
CHILDRESS INSTITUTE FOR PEDIATRIC TRAUMA -					WAKE FOREST		
46-3674691, 575 N. PATTERSON AVENUE, WINSTON					UNIVERSITY HEALTH		
SALEM, NC 27101	HEALTHCARE - RESEARCH	NORTH CAROLINA	501(C)(3)	LINE 7	SCIENCES	<u>×</u>	L.
REGENMED DEVELOPMENT ORGANIZATION -	ACCELERATE DEVELOPMENT OF			:	WAKE FOREST		
20-2710571, MEDICAL CENTER BLVD, WINSTON	REGENERATIVE MEDICINE				UNIVERSITY HEALTH		
SALEM, NC 27157	THERAPY	NORTH CAROLINA	501(C)(3)	LINE 7	SCIENCES	×	
WAKE FOREST UNIVERSITY BAPTIST MEDICAL							
CENTER - 51-0190238, MEDICAL CENTER BLVD,							
WINSTON SALEM, NC 27157	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 12A, I	N/A	<u>×</u>	
LEXINGTON MEDICAL CENTER - 56-0543238					WAKE FOREST		
250 HOSPITAL DRIVE					NIVERSITY		
LEXINGTON, NC 27293	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	BAPTIST MEDICAL	×	
LEXINGTON MEDICAL CENTER FOUNDATION -							
58-1876553, 250 HOSPITAL DRIVE, LEXINGTON,					EXINGTON MEDICAL		
NC 27293	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 12A, I	CENTER	<u>×</u>	
NORTHWEST COMMUNITY CARE NETWORK -					WAKE FOREST		
02-0774853, 2000 WEST FIRST ST., WINSTON					NIVERSITY		
SALEM, NC 27104	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 7	BAPTIST MEDICAL	<u>×</u>	
DAVIE MEDICAL CENTER - 56-2276994					WAKE FOREST		
329 NC HWY, 801N					NIVERSITY		
BERMUDA RUN, NC 27006	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	BAPTIST MEDICAL	<u>×</u>	
WRMC HOSPITAL OPERATING CORPORATION -					WAKE FOREST		
83-0343789, PO BOX 609, NORTH WILKESBORO, NC					UNIVERSITY		
28659	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	BAPTIST MEDICAL	<u>×</u>	
WILKES PHYSICIAN NETWORK - 26-2971169					WRMC HOSPITAL		
PO BOX 609					OPERATING		
6.	HEALTHCARE	NORTH CAROLINA	501(c)(3)	LINE 3	CORPORATION	<u>×</u>	
FAITHHEALTH INNOVATIONS - 23-7426944					WAKE FOREST		
MEDICAL CENTER BLVD				<b>-</b>	JNIVERSITY		
WINSTON SALEM, NC 27157	HEALTHCARE	NORTH CAROLINA	501(c)(3)	LINE 10	BAPTIST MEDICAL	×	

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56-1903275

Page 2

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Schedule R (Form 990) 2017 WAKE FOREST EMERGENCY PROVIDERS

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 Part III

(a)	(q)	<b>②</b>	(p)	(e)	(£)	(6)	ε	(3)	8	( <u>S</u>
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or F managing partner?	General or Percentage managing ownership
		(Agunoo		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
VERGER FUND II, LLC -										
35-2514227, P.O. BOX 7201,										
WINSTON SALEM, NC 27109	INVESTMENT	NC	N/A	N/A	N/A	N/A	N/A	N/A	A/N	N/A
WAKE FOREST TECHNOLOGY										
DEVELOPMENT PROGRAM, L.P										
47-5437596, 2520 MERIDIAN									_	
PARKWAY, DURHAM, NC 27713	INVESTMENT	NC	N/A	N/A	N/A	N/A	N/A	N/A	A/N	N/A
WAKE FOREST AMBULATORY										
VENTURES LLC - 82-0777206,									_	
MEDICAL CENTER BOULEVARD,										
WINSTON SALEM, NC 27157	HEALTHCARE	NC	N/A	N/A	N/A	N/A	N/A	N/A	A/N	N/A
MS LAND HOLDING CO., LLC -										
82-4005370, 1901 MOONEY										
STREET, WINSTON SALEM, NC								-		•
27103	REAL ESTATE	NC	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Identrification 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 Part IV

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

N					_	۔ ا
Note: Complete line I if any entity is listed in Parts II, III, of IV of this scriedule	1				Les Les	
Louing the tax year, and the organization engage in any or the following transactions with one of more related organizations issed in Farts in V		ated organizations listed i	וו רמונט וויועי		i	<b>]</b>  ,
<ul> <li>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li> </ul>	>			a	†	ا
b Gift, grant, or capital contribution to related organization(s)				<b>1</b>		×
c Gift, grant, or capital contribution from related organization(s)				5		×
				7	_	.
				2	t	: :
e Loans or loan guarantees by related organization(s)				16	Ti	×
f Dividends from related organization(s)				<b>#</b>		×
				5		×
				2	1	4 >
h Purchase of assets from related organization(s)				=	Ì	<b>4</b>
i Exchange of assets with related organization(s)				Ŧ		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę		×
a Sharing of facilities equipment mailing lists or other assets with related organization(s)	on(s)			£	×	
כומווויק כן ומכווויקים, פקמוףיויקיין, ווימווויק וויקיים, כן כווויקי בספכים יייין ויימוויק	(2)				: >	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				٥,	∢	
p Reimbursement paid to related organization(s) for expenses				5	×	
n Beimblirsement paid by related organization(s) for expenses				Ę	×	]
				2		7
			٠			×
				= ,	$\dagger$	<b>4</b>  >
ام				13	1	ه
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	ho must complete the	is line, including covered r	elationships and transaction thresholds			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Methova to posteromone points	paylox		
	type (a-s)		,			
(1)						
		:				
(2)		:				
(3)						
(4)						1
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Part VI] Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

(b) (a) (b) (b)	(q)	(5)	(d) (e)	9	(5)	3	9	3	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant incom	ည်	Share of	Dispropor-	Code V-UBI	General or	Percentage
of entity		(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under sections 512-514)		end-of-year assets	allocations?	tonate amount in box 20 managing ownership of Schedule K-1 pertner? of Schedule K-1 ves No. (Form 1065) ves No.	managing partner?	ownership
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Part VII	(Form 990) 2017  Supplemental Infor	mation.				
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