

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization’s mission:

SEE SCHEDULE OWAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (AT TIMES ALSO REFERRED TO AS THE "MEDICAL CENTER OR "WFUBMC OR "THE FILING ORGANIZATION") IS AN INTEGRAL PART OF ATRIUM HEALTH WAKE FOREST BAPTIST (AT TIMES ALSO REFERRED TO AS "AHWFB"), A PREEMINENT LEARNING HEALTH SYSTEM AND ACADEMIC MEDICAL CENTER OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH AND EDUCATION THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION, EXCELLENCE AND INNOVATION. AHWFB'S MISSION IS TO IMPROVE HEALTH, ELEVATE HOPE AND ADVANCE HEALING - FOR ALL AND ITS VISION IS TO BE THE FIRST AND BEST CHOICE FOR CARE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **5,399,365** including grants of \$) (Revenue \$)
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (WFUBMC) - SEE SCHEDULE O

4b (Code:) (Expenses \$ **163,573,234** including grants of \$) (Revenue \$ **140,428,542**)
WAKE FOREST HEALTH NETWORK, LLC (WFHN) - SEE SCHEDULE O

4c (Code:) (Expenses \$ **11,674,184** including grants of \$) (Revenue \$ **16,399,136**)
WAKE AIR CARE, LLC (AIRCARE) - SEE SCHEDULE O

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

4e **Total program service expenses** **180,646,783**

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2,138
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V		Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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	24,084			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7 Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No	
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9 Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10 Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12		10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11 Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state?		13a				
Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b				
c	Enter the amount of reserves on hand		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a			No	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	Yes			
16	If the organization is a trust, did it file Form 4720, Schedule N, to report the section 4968 excise tax on net investment income?		16			No	
If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17				
If "Yes," complete Form 6069.							

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ERIN KOEWING MEDICAL CENTER BLVD WINSTONSALEM, NC 27157 (336) 716-4445

Part VII

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

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

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

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

- List all of the organization’s **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) EUGENE A WOODS CEO ADVOCATE HEALTH	5.00 45.00			X				16,507,215	0	2,069,687
(2) JULIE ANN FREISCHLAG MD CEO OF AHWFB	5.00 35.00			X				0	5,194,069	50,088
(3) KEVIN P HIGH MD PRES, HEALTH SYSTEM (TO 8/31/23)	20.00 20.00			X				0	2,269,909	52,075
(4) TERRY G WILLIAMS FORMER OFFICER (7/31/22)	0.00 0.00						X	1,681,163	0	281,221
(5) SUSAN R WENTE PHD DIRECOTR	5.50 34.50	X						0	1,473,696	325,680
(6) BRADLEY A CLARK EVP, TREASURER	4.00 36.00			X				1,431,976	0	145,795
(7) CATHLEEN WHEATLEY DNP PRES WFBMC, SVP CNO	40.00 0.00					X		1,142,653	0	33,711
(8) J MCLAIN WALLACE JR SVP, GEN COUNSEL & SECRETARY	5.00 35.00			X				983,574	0	35,934
(9) RAMI BADREDDINE MD PHYSICIAN	40.00 0.00					X		924,981	0	52,238
(10) E EBONY BOULWARE MD DEAN, WFU SOM	5.00 35.00			X				0	923,292	32,149
(11) A MICK FISHER SVP, CHRO	25.00 15.00					X		887,944	0	41,049
(12) MICHAEL T WAID SVP, HLTH SYS OPS	5.00 35.00					X		797,934	0	57,880
(13) TODD BANKHEAD SVP CLIN OPS, COO	40.00 0.00					X		786,744	0	45,733
(14) J REID MORGAN ASST SECRETARY	6.00 34.00			X				0	690,571	108,874
(15) LISA M MARSHALL VP, CH PHIL OF	20.00 20.00			X				635,041	0	36,014
(16) STEPHAN L LILLIE SVP & CFO	10.00 30.00			X				572,269	0	33,957
(17) WILLIAM D SHOWALTER FORMER OFFICER (5/13/22)	0.00 0.00						X	520,841	0	29,498

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID W ZAAS MD PRES, HEALTH SYSTEM (FR 9/1/23)	20.00 20.00			X				0	530,164	6,594
(19) A DALE JENKINS DIRECTOR	4.00 0.00	X						0	0	0
(20) A LEE HERRING DIRECTOR	4.00 8.00	X						0	0	0
(21) ARTHUR A GIBEL DIRECTOR (TO 12/31/23)	4.00 8.00	X						0	0	0
(22) BRIAN A WHITE DIRECTOR (FR 9/14/23)	4.00 0.00	X						0	0	0
(23) DONALD E FLOW CHAIR	4.00 7.00	X		X				0	0	0
(24) DONNA A BOSWELL PHD DIRECTOR	4.00 7.00	X						0	0	0
(25) EDWIN L WELCH JR DIRECTOR (TO 12/31/23)	4.00 0.00	X						0	0	0
(26) FELICIA ALLEN DIRECTOR	4.00 0.00	X						0	0	0
(27) JOHN M VANN DIRECTOR	4.00 8.00	X						0	0	0
(28) LEON LEE JONES MD DIRECTOR (FR 1/1/23)	4.00 0.00	X						0	0	0
(29) MATTHEW A KING DIRECTOR (TO 12/31/23)	4.00 8.00	X						0	0	0
(30) NITA AHUJA MD DIRECTOR (FR 1/1/23)	4.00 0.00	X						0	0	0
(31) RICHARD STICK WILLIAMS DIRECTOR	4.00 0.00	X						0	0	0
(32) RICHARD L SHACKELFORD DIRECTOR	4.00 0.00	X						0	0	0
(33) SHEREE B WATSON DIRECTOR	4.00 4.00	X						0	0	0
(34) STEPHEN L ROBERTSON DIRECTOR	4.00 6.00	X						0	0	0
(35) WILLIAM C WARDEN JR VICE CHAIR	15.00 5.00	X		X				0	0	0

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A . .			
d Total (add lines 1b and 1c)	26,872,335	11,081,701	3,438,177

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3,521

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
METRO AVIATION INC PO BOX 7008 SHREVEPORT, LA 71137	AVIATION SERVICES	9,631,275
FRANK L BLUM CONSTRUCTION COMPANY P O BOX 4153 WINSTON SALEM, NC 27115	CONSTRUCTION CONTRACT SERVICES	3,836,527
CORNERSTONE HEALTH ENABLEMENT STRATEGIC 1701 WESTCHESTER DR STE 850 HIGH POINT, NC 27262	HEALTHCARE MANAGEMENT SERVICES	3,341,030
TRIMEDX HOLDINGS LLC PO BOX 636129 CINCINNATI, OH 45263	CLINICAL ENGINEERING SERVICES	1,115,478
HEALTHCARE REALITY TRUST INC 3310 WEST END AVE STE 700 NASHVILLE, TN 37203	REAL ESTATE INVESTMENT SERVICES	609,736
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 20	

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	1a	Federated campaigns . .	1a	
Similar Amounts		Membership dues . .	1b	
		Fundraising events . .	1c	
		Related organizations	1d	
		Government grants (contributions)	1e	
		All other contributions, gifts, grants, and similar amounts not included above	1f	
		Noncash contributions included in lines 1a - 1f:\$	1g	
		h Total. Add lines 1a-1f	292,382	

Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code				
			621110	155,286,165	155,242,273	43,892	
	b	RESEARCH REVENUE	541700	1,585,405	1,585,405		
	c						
	d						
	e						
	f	All other program service revenue.					
	9	Total. Add lines 2a-2f.	156,871,570				

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,911,748			5,911,748
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			982,738				
		b Less: rental expenses	6b	1,281,374			
	6c	Rental income or (loss)	6c	-298,636			
	d	Net rental income or (loss)		-298,636			-298,636
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			614,788				
		b Less: cost or other basis and sales expenses	7b	0	2,641		
	7c	Gain or (loss)	7c	614,788	-2,641		
	d	Net gain or (loss)		612,147			612,147
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b	2,512			
	c	Net income or (loss) from fundraising events . .		-2,512			-2,512
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . .	10a				
		b Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory . .					

Other	Revenue	Misc	Amt	Business Code				
				11a				
				b				
				c				
				d All other revenue				
				e Total. Add lines 11a-11d				
				12 Total revenue. See instructions	163,386,699	156,827,678	43,892	6,222,747

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	923,702	461,851	461,851	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	96,784,183	90,515,228	6,268,955	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,469,257	4,179,772	289,485	
9 Other employee benefits	13,288,450	12,427,724	860,726	
10 Payroll taxes	5,155,686	4,821,739	333,947	
11 Fees for services (non-employees):				
a Management	3,806,853	3,557,335	249,518	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	568,268	377,835	190,433	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,357,717	8,243,821	113,896	
12 Advertising and promotion	10,094	9,432	662	
13 Office expenses	580,842	467,369	113,473	
14 Information technology	116,364	93,631	22,733	
15 Royalties				
16 Occupancy	22,371,884	18,001,322	4,370,562	
17 Travel	289,398	232,861	56,537	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,216	13,853	3,363	
20 Interest	10,198,701	6,781,001	3,417,700	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,520,363	2,203,987	316,376	
23 Insurance	1,162,761	1,162,761		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	18,942,176	18,942,176		
b BAD DEBT	7,357,335	7,357,335		
c OTHER SUPPLIES	986,421	793,714	192,707	
d INCOME TAX	2,036	2,036		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	197,909,707	180,646,783	17,262,924	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		224,944,948	1	354,920,038	
	2	Savings and temporary cash investments		2,388,761	2	849,812	
	3	Pledges and grants receivable, net		49,999,994	3	40,027,744	
	4	Accounts receivable, net		21,692,886	4	14,042,319	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		100,000	7	100,000	
	8	Inventories for sale or use		8,953	8	17,819	
	9	Prepaid expenses and deferred charges		0	9	113,846	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	74,581,787			
	b	Less: accumulated depreciation	10b	24,103,511	33,879,438	10c	50,478,276
	11	Investments—publicly traded securities		85,829,818	11	161,119	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		42,925,083	13	48,440,922	
	14	Intangible assets		15,952,372	14	14,357,135	
	15	Other assets. See Part IV, line 11		29,293,412	15	45,726,129	
16	Total assets: Add lines 1 through 15 (must equal line 33)		507,015,665	16	569,235,159		
Liabilities	17	Accounts payable and accrued expenses		470,211,527	17	552,093,354	
	18	Grants payable			18		
	19	Deferred revenue		916,166	19	1,105,680	
	20	Tax-exempt bond liabilities		241,018,635	20	241,088,424	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		20,173,006	23	20,191,475	
	24	Unsecured notes and loans payable to unrelated third parties		3,469,240	24	2,476,816	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		35,294,249	25	50,984,555	
	26	Total liabilities. Add lines 17 through 25		771,082,823	26	867,940,304	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		-314,067,158	27	-348,790,074	
	28	Net assets with donor restrictions		50,000,000	28	50,084,929	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		-264,067,158	32	-298,705,145	
	33	Total liabilities and net assets/fund balances		507,015,665	33	569,235,159	

Part 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	163,386,699
2	Total expenses (must equal Part IX, column (A), line 25)	2	197,909,707
3	Revenue less expenses. Subtract line 2 from line 1	3	-34,523,008
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-264,067,158
5	Net unrealized gains (losses) on investments	5	-159,546
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	44,567
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	-298,705,145

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number

51-0190238

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☒

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations

4
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) WAKE FOREST UNIV HEALTH SCIENCES	223849199	2	Yes		0	0
(B) NORTH CAROLINA BAPTIST HOSPITAL	560552787	3	Yes		0	0
(C) WAKE FOREST UNIVERSITY	560532138	2	Yes		0	0
(D) ATRIUM HEALTH INC	843647453	7	Yes		0	0
Total	4				0	0

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
		2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
		3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			(continued)
Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Facts And Circumstances Test

Return Reference	Explanation
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[Return to Form](#)

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Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2023
Name of the organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER		Employer identification number 51-0190238

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Employer identification number 51-0190238
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Employer identification number 51-0190238
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Part II

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Name of organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Employer identification number 51-0190238
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	

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[Return to Form](#)

Software ID:

Software Version:

Name of the organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Employer identification number 51-0190238
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____	
4	Number of states where property subject to conservation easement is located ▶ _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ (ii) Assets included in Form 990, Part X ▶ \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____ b Assets included in Form 990, Part X ▶ \$ _____	

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,121,996		22,121,996
b Buildings		31,463,665	14,079,637	17,384,028
c Leasehold improvements		2,722,064	2,174,749	547,315
d Equipment		9,278,505	7,309,728	1,968,777
e Other		8,995,557	539,397	8,456,160
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				50,478,276

Schedule D (Form 990) 2022

Part VII

Investments - Other Securities.

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

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

Part VIII

Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN SUBSIDIARIES	48,440,922	C
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	48,440,922	

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) OPERATING LEASES (LESS ACCUM DEPREC)	45,726,129
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	45,726,129

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OPERATING LEASE PAYABLE	50,163,516
OTHER RESERVES	821,039
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	50,984,555

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 ☒

Schedule D (Form 990) 2022

Part XI

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

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION HAS EVALUATED UNCERTAIN TAX POSITIONS FOR ITS CALENDAR YEARS ENDED DECEMBER 31, 2023 AND 2022, INCLUDING A QUANTIFICATION OF TAX RISK IN AREAS SUCH AS UNRELATED BUSINESS TAXABLE INCOME AND THE TAXATION OF ITS JOINT VENTURES. THIS EVALUATION DID NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATION'S FINANCIAL STATEMENTS FOR CALENDAR YEARS ENDED DECEMBER 31, 2023 AND 2022.

Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL
CENTER

Employer identification number
51-0190238

Part I Questions Regarding Compensation

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 idemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☒ Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a	Yes	
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 EUGENE A WOODS CEO ADVOCATE HEALTH	(i)	3,757,739	11,475,000	1,274,476	2,041,850	27,837	18,576,902	0
	(ii)	0	0	0	0	- 0	- 0	0
2 JULIE ANN FREISCHLAG MD CEO OF AHWFB	(i)	0	0	0	0	0	0	0
	(ii)	2,522,156	1,971,675	700,238	18,294	- 31,794	- 5,244,157	624,800
3 KEVIN P HIGH MD PRES, HEALTH SYSTEM (TO 8/31/23)	(i)	0	0	0	0	0	0	0
	(ii)	788,427	400,022	1,081,460	22,651	- 29,424	- 2,321,984	1,052,872
4 TERRY G WILLIAMS FORMER OFFICER (7/31/22)	(i)	888,845	750,375	41,943	250,841	30,380	1,962,384	0
	(ii)	0	0	0	0	- 0	- 0	0
5 SUSAN R WENTE PHD DIRECOTR	(i)	0	0	0	0	0	0	0
	(ii)	1,041,165	358,750	73,781	250,725	- 74,955	- 1,799,376	0
6 BRADLEY A CLARK EVP, TREASURER	(i)	991,783	356,324	83,869	109,999	35,796	1,577,771	80,393
	(ii)	0	0	0	0	- 0	- 0	0
7 CATHLEEN WHEATLEY DNP PRES WFBMC, SVP CNO	(i)	736,540	239,695	166,418	22,913	10,798	1,176,364	151,939
	(ii)	0	0	0	0	- 0	- 0	0
8 J MCLAIN WALLACE JR SVP, GEN COUNSEL & SECRETARY	(i)	611,075	228,185	144,314	20,425	15,509	1,019,508	114,290
	(ii)	0	0	0	0	- 0	- 0	0
9 RAMI BADREDDINE MD PHYSICIAN	(i)	876,428	25,000	23,553	21,472	30,766	977,219	0
	(ii)	0	0	0	0	- 0	- 0	0
10 E EBONY BOULWARE MD DEAN, WFU SOM	(i)	0	0	0	0	0	0	0
	(ii)	860,314	60,356	2,622	12,739	- 19,410	- 955,441	0
11 A MICK FISHER SVP, CHRO	(i)	569,112	246,207	72,625	24,894	16,155	928,993	0
	(ii)	0	0	0	0	- 0	- 0	0
12 MICHAEL T WAID SVP, HLTH SYS OPS	(i)	492,096	187,259	118,579	22,775	35,105	855,814	91,177
	(ii)	0	0	0	0	- 0	- 0	0
13 TODD BANKHEAD SVP CLIN OPS, COO	(i)	519,362	187,259	80,123	22,775	22,958	832,477	75,221
	(ii)	0	0	0	0	- 0	- 0	0
14 J REID MORGAN ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	462,733	48,000	179,838	73,575	- 35,299	- 799,445	112,500
15 LISA M MARSHALL VP, CH PHIL OF	(i)	447,625	128,803	58,613	23,650	12,364	671,055	51,857
	(ii)	0	0	0	0	- 0	- 0	0
16 STEPHAN L LILLIE SVP & CFO	(i)	430,988	140,400	881	23,265	10,692	606,226	0
	(ii)	0	0	0	0	- 0	- 0	0
17 WILLIAM D SHOWALTER FORMER OFFICER (5/13/22)	(i)	192,487	226,796	101,558	21,047	8,451	550,339	0
	(ii)	0	0	0	0	- 0	- 0	0
18 DAVID W ZAAS MD PRES, HEALTH SYSTEM (FR 9/1/23)	(i)	0	0	0	0	0	0	0
	(ii)	333,787	180,000	16,377	0	- 6,594	- 536,758	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	THE COMPENSATION, BENEFITS, AND EQUITY COMMITTEE (THE "COMMITTEE") OF THE ADVOCATE HEALTH, INC. BOARD OF DIRECTORS HAS AUTHORITY AS THE WFUBMC BOARD DELEGATES TO IT, FOR THE REVIEW AND APPROVAL OF SENIOR EXECUTIVE COMPENSATION, INCLUDING SENIOR EXECUTIVE INCENTIVE PLANS. NO MEMBER OF THE COMMITTEE IS AN EMPLOYEE OF WFUBMC. THE COMMITTEE RELIES UPON AN EXTERNAL, INDEPENDENT COMPENSATION CONSULTANT EXPERIENCED IN HEALTHCARE TO PROVIDE THE COMMITTEE WITH COMPENSATION COMPARABILITY DATA FOR NEW EXECUTIVE POSITION APPOINTMENTS AND FOR COMPENSATION REVIEWS FOR EXISTING EXECUTIVES. THE CONSULTANT, WHICH IS RETAINED DIRECTLY BY THE COMMITTEE, PROVIDES THIRD-PARTY INFORMATION AND EVALUATES THE COMPETITIVENESS AND REASONABLENESS OF EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS IN RELATION TO MARKET PRACTICES FOR SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS. THE COMMITTEE MAKES ITS DECISIONS WITH RESPECT TO EXECUTIVE COMPENSATION IN ACCORDANCE WITH WFUBMC POLICIES, IRS REGULATIONS, AND STANDARD CORPORATE GOVERNANCE PRACTICES. SUCH POLICIES INCLUDE ADHERENCE TO EXECUTIVE COMPENSATION PHILOSOPHY AND REVIEW PROCESSES; PROCESSES ENSURING COMMITTEE MEMBER AND COMPENSATION CONSULTANT INDEPENDENCE; USE OF VALID MARKET COMPARISONS OF DATA FROM HEALTHCARE ORGANIZATIONS OF SIMILAR SIZE, STRUCTURE, AND COMPLEXITY AND ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS, PER IRS GUIDELINES. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE MAINTAINED IN THE ADVOCATE HEALTH, INC. LEGAL DEPARTMENT.
PART I, LINES 4A-B	CERTAIN DIRECTORS, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES OF THE FILING ORGANIZATION PARTICIPATED IN AND/OR RECEIVED PAYMENTS FROM A NON-QUALIFIED DEFERRED COMPENSATION PLAN (RESTORATION OR SERP) AND/OR RECEIVED PAYMENTS FOR SEVERANCE. THE DETERMINATION OF THE PAYMENT AMOUNT FROM NON-QUALIFIED DEFERRED COMPENSATION PLANS FOLLOWED THE EMPLOYMENT ORGANIZATION'S COMPENSATION PROCEDURES. THE FOLLOWING DIRECTORS, OFFICERS, AND HIGHLY COMPENSATED EMPLOYEES RECEIVED PAYMENTS FROM THE FILING ORGANIZATION OR A RELATED ORGANIZATION FOR SEVERANCE AND/OR PAYMENTS FROM NON-QUALIFIED DEFERRED COMPENSATION PLANS DURING THE CURRENT TAX YEAR: SEVERANCE PAYMENTS: NONE FOR 2023 NON-QUALIFIED DEFERRED COMPENSATION PAYMENTS: BRADLEY A. CLARK 80,393 CATHLEEN WHEATLEY, DNP 151,939 J. MCLAIN WALLACE, JR. 114,290 J. REID MORGAN 112,500 JULIE A. FREISCHLAG, MD 624,800 KEVIN P. HIGH, MD 1,052,872 LISA MARSHALL 51,857 MICHAEL T. WAID 91,177 TODD BANKHEAD 75,221
PART I, LINE 7	CERTAIN OFFICERS, KEY EMPLOYEES AND FACULTY MEMBERS HAVE INCENTIVE COMPENSATION COMPONENTS CONTAINED IN THEIR EMPLOYMENT AGREEMENTS, AND THROUGH MEDICAL CENTER OR APPLICABLE RELATED ORGANIZATIONS' POLICIES. THESE ARE OFTEN GOAL-BASED AND ARE DETERMINED IN THE COURSE OF EVALUATION OF THE INDIVIDUAL'S PERFORMANCE BY HIS/HER DEPARTMENT CHAIR, SUPERVISOR OR THE COMPENSATION COMMITTEE OF THE BOARD, AS APPLICABLE.
FORM 990, PART VII, LINE 5 - COMPENSATION FROM UNRELATED ORGANIZATION	THE FOLLOWING OFFICERS WERE COMPENSATED BY THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY ("CMHA", DOING BUSINESS AS ATRIUM HEALTH), AN AFFILIATED BUT UNRELATED ORGANIZATION, FOR SERVICES RENDERED TO THE ORGANIZATION. SEE PART VII AND SCHEDULE J, PART II FOR THEIR COMPENSATION. EUGENE A. WOODS BRADLEY A. CLARK TERRY G. WILLIAMS

Additional Data

Return to Form

Software ID:
Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization
WAKE FOREST UNIVERSITY BAPTIST MEDICAL
CENTER

Employer identification number
51-0190238

Part I Bond Issues

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

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	92,834,033							
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	879,186							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	91,954,847							
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2019							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X						
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART I, ROW A, COLUMN E:	THE SERIES 2019 ISSUE WAS ISSUED AS ONE ISSUE FOR FEDERAL TAX PURPOSES IN THE AMOUNT OF \$212,563,386. THE AMOUNT OF \$92,690,857 IS THE PORTION OF THE ISSUE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER IS RESPONSIBLE FOR. THE OTHER PORTIONS OF THE ISSUE ARE REPORTED ON SCHEDULE K OF FORM 990 FOR NORTH CAROLINA BAPTIST HOSPITAL (\$73,819,143) AND WAKE FOREST UNIVERSITY HEALTH SCIENCES (\$46,053,368).
PART I, ROW A, COLUMN F:	THE PURPOSE OF THE ISSUE WAS TO FINANCE VARIOUS CAPITAL PROJECTS.
PART II, ROW 3, COLUMN A:	THE TOTAL PROCEEDS FOR THE ISSUE EXCEED THE ISSUE PRICE BY THE INVESTMENT EARNINGS EARNED AS OF 6/30/2020.

Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Employer identification number 51-0190238
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Part I

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.					
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$. \$					

Part II

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

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

Part III

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES W MORGAN	SEE PART V	55,392	COMPENSATION		No

Part V Supplemental Information

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

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

Additional Data

[Return to Form](#)

Software ID:

Software Version:

<div>SCHEDULE O (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Information to Form 990 or 990-EZ</div> <div>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.</div>		<div>OMB No. 1545-0047</div> <div>2023</div> <div>Open to Public Inspection</div>	
Name of the organization WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER				Employer identification number 51-0190238	
Return Reference		Explanation			
PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS		<p>WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER (WFUBMC) IS AN INTEGRAL PART OF ATRIUM HEALTH WAKE FOREST BAPTIST (AHWFB), A PREEMINENT ACADEMIC LEARNING HEALTH SYSTEM OF THE HIGHEST QUALITY WITH BALANCED EXCELLENCE IN PATIENT CARE, RESEARCH, AND EDUCATION THAT PROMOTES BETTER HEALTH FOR ALL THROUGH COLLABORATION AND INNOVATION. THE FOLLOWING PARAGRAPHS ARE PROVIDED TO EXPLAIN THE RELATIONSHIP OF THE FILING ORGANIZATION WITH OTHER ORGANIZATIONS WHICH TOGETHER COMPRISE "ATRIUM HEALTH WAKE FOREST BAPTIST," THE NAME NOT OF ANY ONE CORPORATE ENTITY, BUT USED GENERICALLY TO DESCRIBE A LARGE GROUP OF MOSTLY 501(C)(3) ORGANIZATIONS PERFORMING VARIOUS ACADEMIC LEARNING HEALTH SYSTEM ACTIVITIES IN NORTHWEST NORTH CAROLINA, INCLUDING PATIENT CARE, MEDICAL RESEARCH, TECHNOLOGY TRANSFER, AND MEDICAL EDUCATION. WFUBMC IS A NORTH CAROLINA NONPROFIT CORPORATION WHOSE THREE MEMBERS ARE WAKE FOREST UNIVERSITY, NORTH CAROLINA BAPTIST HOSPITAL (NCBH), AND ATRIUM HEALTH, INC. (EACH OF WHICH IS A NORTH CAROLINA NONPROFIT CORPORATION EXEMPT FROM TAX UNDER IRC SECTION 501(C)(3)). PURSUANT TO AN AGREEMENT, INITIALLY ENTERED INTO ON JULY 1, 2010, AND SUBSEQUENTLY AMENDED AND RESTATED MULTIPLE TIMES INCLUDING, EFFECTIVE OCTOBER 9, 2020, AND AS AMENDED FEBRUARY 24, 2021 TO ADD ATRIUM HEALTH, INC. AS A PARTY THERETO (INITIALLY KNOWN AS THE MEDICAL CENTER INTEGRATION AGREEMENT AND NOW AS THE AMENDED AND RESTATED MEDICAL CENTER INTEGRATION AGREEMENT OR THE MCIA), WFUBMC IS THE OVERALL UMBRELLA OPERATING ENTITY OF THE ATRIUM HEALTH SYSTEM'S NORTHWEST NORTH CAROLINA COMPONENT ENTITIES. NORTH CAROLINA BAPTIST HOSPITAL AND WAKE FOREST UNIVERSITY HEALTH SCIENCES AND THEIR RESPECTIVE SUBSIDIARIES ARE OPERATED, PURSUANT TO DELEGATIONS IN THE MCIA, BY WFUBMC AS "ATRIUM HEALTH WAKE FOREST BAPTIST." WFUHS, IN TURN, OPERATES THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE. ON OCTOBER 9, 2020, THE CHARLOTTE MECKLENBURG HOSPITAL AUTHORITY (CMHA), WAKE FOREST UNIVERSITY, NCBH, WFUHS, AND THE FILING ORGANIZATION FORMED A SINGLE, INTEGRATED HEALTH CARE DELIVERY SYSTEM THROUGH A JOINT OPERATING COMPANY, ATRIUM HEALTH, INC. (A NORTH CAROLINA NONPROFIT CORPORATION PREVIOUSLY ORGANIZED BY CMHA AND WFUBMC). THROUGH THIS HEALTH CARE SYSTEM INTEGRATION AND PURSUANT TO AN AGREEMENT KNOWN AS THE "ENTERPRISE AGREEMENT," ATRIUM HEALTH, INC. MANAGES AND OVERSEES THE BUSINESS, FACILITIES, SERVICES, PERSONNEL, AND ACTIVITIES OF CMHA AND WFUBMC (COLLECTIVELY THE "ATRIUM ENTERPRISE"). THE ATRIUM ENTERPRISE ENCOMPASSES 42 HOSPITALS AND MORE THAN 1,500 CARE LOCATIONS, AND IT SERVES MORE THAN 7 MILLION PEOPLE ACROSS NORTH CAROLINA, SOUTH CAROLINA, GEORGIA, AND VIRGINIA. NOTE THAT THE FOLLOWING NARRATIVE INCLUDES IN SOME OF ITS DESCRIPTIONS THE ADDITIONAL OPERATIONS OF THE ATRIUM ENTERPRISE THROUGH DAVIE MEDICAL CENTER (TRADING AS ATRIUM HEALTH WAKE FOREST BAPTIST DAVIE MEDICAL CENTER), HIGH POINT REGIONAL HEALTH (TRADING AS ATRIUM HEALTH WAKE FOREST BAPTIST HIGH POINT MEDICAL CENTER), LEXINGTON MEDICAL CENTER (TRADING AS ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER), WRMC HOSPITAL OPERATING CORPORATION (TRADING AS ATRIUM HEALTH WAKE FOREST BAPTIST WILKES MEDICAL CENTER), AND WAKE FOREST HEALTH NETWORK LLC, THE SOLE MEMBER OF EACH OF WHICH IS WFUBMC, AS WELL AS ORGANIZATIONS RELATED TO (OR UNRELATED BUT AFFILIATED WITH) WFUBMC, IN ORDER TO PROVIDE A MORE COMPLETE PICTURE OF THE FILING ORGANIZATION'S ROLE IN THE INTEGRATED HEALTH SYSTEM'S COMPREHENSIVE ACTIVITIES. ATRIUM HEALTH WAKE FOREST BAPTIST IS NORTHWEST NORTH CAROLINA'S SOLE ACADEMIC LEARNING HEALTH SYSTEM, BRINGING TO THE REGION THE RESOURCES OF ONE OF AMERICA'S TOP HOSPITALS AND INNOVATIVE RESEARCH CENTERS AND A PREMIER MEDICAL SCHOOL. IT OPERATES THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE, WHICH HAS A FACULTY OF 3,078, INCLUDING PHYSICIANS AND BASIC SCIENTISTS WITH FULL OR ADJUNCT APPOINTMENTS. IN ADDITION TO THIS FACULTY, THE WAKE FOREST HEALTH NETWORK HAS MORE THAN 160 CLINICAL PRACTICES THROUGHOUT CENTRAL AND WESTERN NORTH CAROLINA. ATRIUM HEALTH WAKE FOREST BAPTIST HAS 1,541 LICENSED ACUTE CARE AND REHABILITATION BEDS ACROSS THE SYSTEM, WHICH ENCOMPASSES ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER ON ITS MAIN WINSTON-SALEM CAMPUS (885 BEDS), ATRIUM HEALTH WAKE FOREST BAPTIST HIGH POINT MEDICAL CENTER (351 BEDS), ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER (94 BEDS), ATRIUM HEALTH WAKE FOREST BAPTIST DAVIE MEDICAL CENTER (50 BEDS), ATRIUM HEALTH WAKE FOREST BAPTIST WILKES MEDICAL CENTER (120 BEDS), AND ALLEGHANY HEALTH (41 BEDS). ATRIUM HEALTH WAKE FOREST BAPTIST ALSO INCLUDES THE COMPREHENSIVE CANCER CENTER, WHICH IS DESIGNATED AS SUCH BY THE NATIONAL CANCER INSTITUTE, AND BRENNER CHILDREN'S HOSPITAL. OVERALL, ATRIUM HEALTH WAKE FOREST BAPTIST SERVES A 24-COUNTY REGION IN NORTHWESTERN NORTH CAROLINA AND SOUTHWESTERN VIRGINIA AND DRAWS PATIENTS FROM ACROSS THE NATION FOR SELECT SERVICES. ATRIUM HEALTH WAKE FOREST BAPTIST IS THE DRIVING FORCE BEHIND THE ESTABLISHMENT OF INNOVATION QUARTER, A GROWING URBAN-BASED DISTRICT FOR RESEARCH, BUSINESS, AND EDUCATION IN BIOMEDICAL SCIENCE, INFORMATION TECHNOLOGY, CLINICAL SERVICES, AND ADVANCED MATERIALS. LOCATED IN DOWNTOWN WINSTON-SALEM, IT IS HOME TO MORE THAN 90 COMPANIES, FIVE LEADING ACADEMIC INSTITUTIONS, 3,600 WORKERS, AND 1,800 STUDENTS. GROUNDBREAKING RESEARCH AT THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE ALSO INCLUDES WAKE FOREST INNOVATIONS, A COMMERCIALIZATION ENTERPRISE FOCUSED ON ADVANCING HEALTH CARE THROUGH NEW MEDICAL TECHNOLOGIES AND BIOMEDICAL DISCOVERY. ADVOCATE AURORA HEALTH AND ATRIUM HEALTH FORMALLY COMBINED IN DECEMBER 2022 TO CREATE ADVOCATE HEALTH. IN ADDITION TO DELIVERING THE BEST HEALTH OUTCOMES AND MAKING CARE MORE ACCESSIBLE AND AFFORDABLE, ADVOCATE HEALTH IS COMMITTED TO BRINGING MEDICAL INNOVATIONS TO PATIENTS MORE QUICKLY, ADDRESSING THE ROOT CAUSES OF HEALTH INEQUITIES, ADVANCING POPULATION HEALTH, ENABLING CAREER ADVANCEMENT, AND ACHIEVING CARBON NEUTRALITY BY 2030. ADVOCATE HEALTH IS HEADQUARTERED IN CHARLOTTE, NC, WHILE MAINTAINING A STRONG PRESENCE IN THE CHICAGO, IL AND MILWAUKEE, WI AREAS, INCLUDING A PLANNED, NEW, MILWAUKEE-BASED INSTITUTE FOR HEALTH EQUITY. THE ADVOCATE HEALTH CARE, ATRIUM HEALTH, AND AURORA HEALTH CARE BRANDS WILL CONTINUE TO BE USED IN THEIR RESPECTIVE LOCAL COMMUNITIES, WITH WFUBMC, PRINCIPALLY THROUGH THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE, SERVING AS THE ACADEMIC CORE OF THE</p>			

Return Reference	Explanation
	COMBINED ENTITY. ADVOCATE HEALTH HAS 155,000 TEAMMATES AND SERVES NEARLY 6 MILLION PATIENTS ANNUALLY AS THE THIRD-LARGEST NONPROFIT INTEGRATED HEALTH SYSTEM IN THE NATION. WITH REVENUES OF MORE THAN \$27 BILLION, THE NEWLY COMBINED ORGANIZATION COMPRISES MORE THAN 1,000 SITES OF CARE AND 67 HOSPITALS WITH MORE THAN 21,000 PHYSICIANS AND NEARLY 42,000 NURSES. THE HEALTH SYSTEM DELIVERED \$6.05 BILLION OF TOTAL COMMUNITY BENEFIT IN 2023.
FORM 990, PART III, LINE 4A	<p>IN JANUARY 2023, A GROUNDBREAKING CEREMONY WAS HELD AT THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE'S SECOND CAMPUS, LOCATED IN THE PEARL INNOVATION DISTRICT IN UPTOWN CHARLOTTE. THE SCHOOL WILL ANCHOR THE HOWARD R. LEVINE CENTER FOR EDUCATION, WHERE CAROLINAS COLLEGE OF HEALTH SCIENCES WILL JOIN IT, ALONG WITH CONNECTIONS TO WAKE FOREST UNIVERSITY'S SCHOOL OF PROFESSIONAL STUDIES, SCHOOL OF BUSINESS, AND OTHER EDUCATIONAL OPPORTUNITIES. THE MEDICAL SCHOOL'S SECOND CAMPUS EXPECTS TO SEAT ITS FIRST CHARLOTTE CLASS IN 2024 AND OPEN IN 2025. IN MAY 2023, A YEARLONG CENTENNIAL CELEBRATION BEGAN AT NORTH CAROLINA BAPTIST HOSPITAL, PART OF ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER, WHICH OFFICIALLY MARKED 100 YEARS OF SERVICE ON MAY 28, 2023. THE HOSPITAL OPENED ITS DOORS ON MAY 28, 1923, WITH A COMMITMENT TO BE A PLACE OF HEALING AND TEACHING. ATRIUM HEALTH WAKE FOREST BAPTIST HIGH POINT MEDICAL CENTER EXPANDED ITS CARE FOR PATIENTS RECEIVING RADIATION OR CHEMOTHERAPY FOR CANCER IN MAY 2023 WITH A NEW PROGRAM THAT OFFERS ORAL MEDICINE (MOUTH, JAW, SALIVARY GLAND DISORDER) TREATMENTS. THE PROGRAM IS A COLLABORATIVE EFFORT BETWEEN ATRIUM HEALTH WAKE FOREST BAPTIST HIGH POINT MEDICAL CENTER'S HAYWORTH CANCER CENTER, HIGH POINT UNIVERSITY'S WORKMAN SCHOOL OF DENTAL MEDICINE, AND HPU HEALTH, LLC. IN JUNE 2023, A \$7.5 MILLION GIFT WAS ANNOUNCED TO ADVANCE RESEARCH AND BRING THE LATEST CANCER INNOVATIONS IN PRECISION MEDICINE TO THE CAROLINAS. THE DONATION TO ATRIUM HEALTH FOUNDATION'S GIVING HOPE CAMPAIGN CAME FROM SANDRA AND THE LATE LEON LEVINE THROUGH THE LEON LEVINE FOUNDATION, BENEFITING ATRIUM HEALTH LEVINE CANCER INSTITUTE. ALL ATRIUM HEALTH CANCER SERVICES IN THE CAROLINAS, INCLUDING THE NATIONAL CANCER INSTITUTE-DESIGNATED ATRIUM HEALTH WAKE FOREST BAPTIST COMPREHENSIVE CANCER CENTER, ARE NOW ALIGNED UNDER THE NAME ATRIUM HEALTH LEVINE CANCER. THE COMPREHENSIVE CANCER CENTER IS ONE OF 54 IN THE COUNTRY WITH SUCH DESIGNATION AND IS RANKED IN THE TOP 5% NATIONWIDE. DAVID ZAAS, MD, WAS NAMED PRESIDENT OF ATRIUM HEALTH WAKE FOREST BAPTIST IN AUGUST 2023. HE ALSO HOLDS A FACULTY APPOINTMENT AS PROFESSOR OF INTERNAL MEDICINE AT THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE. DR. ZAAS SUCCEEDED KEVIN HIGH, MD, WHO TRANSITIONED TO A NEW ROLE AS VICE CHIEF ACADEMIC OFFICER OF THE ACADEMIC LEARNING HEALTH SYSTEM FOR ADVOCATE HEALTH, OF WHICH AHWFB AND THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE ARE THE ACADEMIC CORE. DR. ZAAS PREVIOUSLY SERVED AS CEO FOR THE MEDICAL UNIVERSITY OF SOUTH CAROLINA (MUSC) HEALTH CHARLESTON DIVISION AND THE MUSC SHAWN JENKINS CHILDREN'S HOSPITAL, AS THE CHIEF CLINICAL OFFICER FOR MUSC HEALTH, AND AS A FACULTY-APPOINTED PROFESSOR OF MEDICINE AT THE MUSC COLLEGE OF MEDICINE. A SITE FOR THE NEW ATRIUM HEALTH WAKE FOREST BAPTIST EYE INSTITUTE WAS ANNOUNCED IN SEPTEMBER 2023. THE FACILITY WILL BE LOCATED AT 635 VINE ST. IN WINSTON-SALEM'S INNOVATION QUARTER, IN THE BUILDING THAT FORMERLY HOUSED INMAR INTELLIGENCE. WHILE A SITE IN INNOVATION QUARTER'S PLANNED PHASE II DEVELOPMENT WAS ORIGINALLY CONSIDERED, THE EXISTING FOUR-STORY 635 VINE ST. LOCATION WILL ALLOW FOR A SHORTER CONSTRUCTION TIME AND A LARGER FOOTPRINT. MOST OF THE BUILDING WILL BE DEDICATED TO PATIENT CARE WITH ADDITIONAL SPACE DESIGNED FOR RESEARCH AND MEDICAL EDUCATION, AND CONVENIENT PARKING WILL PROVIDE EASY ACCESS FOR PATIENTS. IN NOVEMBER 2023, ATRIUM HEALTH WAKE FOREST BAPTIST ANNOUNCED A STREAMLINED LEADERSHIP MODEL ACROSS SOME OF ITS COMMUNITY HOSPITALS. EFFECTIVE JANUARY 1, 2024, CHAD BROWN, PRESIDENT OF ATRIUM HEALTH WAKE FOREST BAPTIST DAVIE MEDICAL CENTER AND ATRIUM HEALTH WAKE FOREST BAPTIST WILKES MEDICAL CENTER, ASSUMED A NEW ROLE AS PRESIDENT OF ATRIUM HEALTH WAKE FOREST BAPTIST'S SOUTH AND WEST AREAS, WITH EXECUTIVE OVERSIGHT OF BOTH LEXINGTON AND WILKES MEDICAL CENTERS. CATHLEEN WHEATLEY, PRESIDENT OF ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER, BEGAN EXECUTIVE OVERSIGHT OVER DAVIE MEDICAL CENTER AS PART OF ITS TRANSITION TO BECOME A CAMPUS OF NORTH CAROLINA BAPTIST HOSPITAL (ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER). AS PART OF THE RESTRUCTURING, BILL JAMES STEPPED DOWN AS PRESIDENT OF ATRIUM HEALTH WAKE FOREST BAPTIST LEXINGTON MEDICAL CENTER, WHICH HE HAD LED AS PRESIDENT SINCE 2014. THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE AND ATRIUM HEALTH WAKE FOREST BAPTIST LAUNCHED THE LARGEST FUNDRAISING CAMPAIGN FOR RESEARCH IN THEIR HISTORY IN NOVEMBER 2023. THE ENVISION CAMPAIGN WILL TAKE PLACE OVER TWO YEARS WITH THE GOAL OF RAISING AT LEAST \$100 MILLION TO SUPPORT RESEARCH AND ACCELERATE DISCOVERIES THAT PROVIDE HOPE AND IMPROVE CARE. FUNDS RAISED WILL SUPPORT KEY FOCUS AREAS IN HEALTH EQUITY, ALZHEIMER'S DISEASE, CANCER, CARDIOVASCULAR DISEASE, DIABETES, OBESITY AND METABOLISM, HEALTHY AGING AND MOBILITY, NEUROSCIENCES, AND REGENERATIVE MEDICINE. RESEARCH AWARDS RECEIVED BY WFUHS (PRINCIPALLY AS WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE) DURING 2023 TOTALLED JUST OVER \$436.5 MILLION, INCLUDING \$253.1 MILLION FROM FEDERAL SOURCES (INCLUDING THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE U.S. DEPARTMENT OF DEFENSE), \$140.9 MILLION FROM NONPROFIT AND STATE SOURCES, AND \$42.5 MILLION FROM INDUSTRY SOURCES. SIGNIFICANT RESEARCH GRANTS ANNOUNCED DURING THE PERIOD INCLUDED: – A \$10.2 MILLION AWARD FROM THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) TO STUDY THE EFFECTIVENESS OF AN INDIVIDUALIZED MODEL OF HEMODIALYSIS, A PROCEDURE IN WHICH THE BLOOD IS CLEANED BY A DIALYSIS MACHINE. THIS IS PART OF A COLLABORATION BETWEEN THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE, THE RENAL RESEARCH INSTITUTE, AND OTHER HEALTH CARE SYSTEMS ACROSS THE COUNTRY. – A FIVE-YEAR \$10 MILLION GRANT FROM THE NATIONAL INSTITUTE ON DRUG ABUSE TO CREATE A BROAD RESEARCH PROGRAM THAT WILL WORK TO REDUCE OPIOID-RELATED HARMS AND IMPROVE QUALITY OF LIFE IN PATIENTS ON LONG-TERM OPIOID THERAPY – A \$9.9 MILLION AWARD FROM PCORI FOR A FIVE-YEAR STUDY CALLED REMOTE HYPERTENSION TRACKING HELP AND MANAGEMENT TO REDUCE DISPARITIES IN BLACK PATIENTS – A FIVE-YEAR, \$9 MILLION GRANT FROM THE NATIONAL INSTITUTE ON AGING TO CREATE A NATIONAL CONSORTIUM THAT WILL STUDY THE USE, INTERPRETATION, AND IMPLEMENTATION OF BIOMARKERS TO DIAGNOSE ALZHEIMER'S DISEASE – A RENEWAL GRANT OF \$8 MILLION OVER FIVE YEARS FROM THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM FOR RESEARCH ON ALCOHOL USE DISORDER, ALLOWING THE WAKE FOREST TRANSLATIONAL ALCOHOL RESEARCH CENTER TO BUILD UPON A HIGHLY PRODUCTIVE TRANSLATIONAL ALCOHOL RESEARCH PROGRAM THAT WAS ESTABLISHED WITH PRIOR SUPPORT FROM THE NIH – A FIVE-YEAR, \$7.5 MILLION GRANT FROM THE NIH'S HELPING END ADDICTION LONG-TERM INITIATIVE, WHICH WAS LAUNCHED IN 2018 TO FIND SCIENTIFIC SOLUTIONS TO STEM THE NATIONAL OPIOID AND PAIN PUBLIC HEALTH CRISES – TWO GRANTS TOTALING NEARLY \$5 MILLION FROM THE DEPARTMENT OF DEFENSE TO</p>

Return Reference	Explanation
	STUDY THE MOST EFFECTIVE TREATMENTS FOR FEMUR AND HEEL FRACTURES.
FORM 990, PART III, LINE 4A	<p>OTHER NOTABLE AWARDS DURING THE PERIOD INCLUDED: – A \$4.4 MILLION FUNDING AWARD FROM PCORI TO ASSESS THE BENEFITS OF EXPANDING TELEHEALTH BY PRIMARY CARE PHYSICIANS TO CHILDREN WITH COMPLEX CHRONIC CONDITIONS AND THEIR CAREGIVERS AS PART OF A COLLABORATIVE PROJECT BETWEEN ATRIUM HEALTH WAKE FOREST BAPTIST BRENNER CHILDREN'S HOSPITAL IN WINSTON-SALEM AND ATRIUM HEALTH LEVINE CHILDREN'S HOSPITAL IN CHARLOTTE – A \$3.2 MILLION NIH GRANT FOR COLLABORATIVE RESEARCH BETWEEN THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE AND VANDERBILT UNIVERSITY MEDICAL CENTER TO DEVELOP COMPUTER-ASSISTED APPROACHES TO DIAGNOSING EAR DISEASE – \$3 MILLION OVER FIVE YEARS FROM THE NIH TO HELP RESEARCHERS TAKE THE NEXT STEPS IN NEARLY A DECADE OF RESEARCH THAT INDICATES DANCE CAN PROMOTE COGNITIVE HEALTH. FUNDING FOR A NEW STUDY CALLED IGROOVE THAT WILL HELP RESEARCHERS DETERMINE WHAT KINDS OF DANCE AFFECT FITNESS, MEMORY, AND BRAIN HEALTH. – A FIVE-YEAR, \$2.7 MILLION GRANT FROM THE NATIONAL CANCER INSTITUTE TO INVESTIGATE LUNG CANCER HEALTH DISPARITIES – A \$2.1 MILLION NIH GRANT TO EVALUATE THE POTENTIAL BENEFITS OF DIET INTERVENTIONS SUCH AS TIME-RESTRICTED EATING AND CALORIC RESTRICTION – \$1.9 MILLION IN FUNDING FROM THE NATIONAL INSTITUTE ON DRUG ABUSE TO CONTINUE RESEARCH WITH THE ACUTE TO CHRONIC PAIN SIGNATURES CONSORTIUM, AN NIH PROJECT ESTABLISHED IN 2019 AND COMPOSED OF 18 HOSPITALS AND ACADEMIC RESEARCH CENTERS ACROSS THE COUNTRY TO IDENTIFY NOVEL BIOMARKERS THAT CAN BETTER IDENTIFY INDIVIDUALS WHO ARE AT RISK OF DEVELOPING CHRONIC PAIN – FOUR GRANTS TOTALING MORE THAN \$1.1 MILLION FROM THE DUKE ENDOWMENT TO HELP IMPROVE HEALTH IN COMMUNITIES ACROSS NORTH CAROLINA, INCLUDING \$450,000 TO BROADEN ACCESS TO HEALTH CARE AMONG LOW-INCOME AND UNINSURED RESIDENTS OF WILKES COUNTY, \$321,000 FOR A THREE-YEAR PROJECT TO USE IMPLEMENTATION SCIENCE (THE STUDY OF METHODS TO INCORPORATE EVIDENCE-BASED RESEARCH FINDINGS INTO CLINICAL USE) TO HELP REDUCE CARDIAC EMERGENCY DISPARITIES IN RURAL AREAS SUCH AS WILKES COUNTY, \$100,000 TO ESTABLISH A NEW HEALTHY PEOPLE, HEALTHY CAROLINAS COALITION, BRINGING TOGETHER ATRIUM HEALTH WAKE FOREST BAPTIST HIGH POINT MEDICAL CENTER AND CONE HEALTH, COMMUNITY-BASED NONPROFITS, AND THE GUILFORD COUNTY HEALTH DEPARTMENT TO CREATE POSITIVE LASTING CHANGES IN SOCIAL DETERMINANTS OF HEALTH AND CONTRIBUTE TO OVERALL HEALTHY LIFESTYLES IN GUILFORD COUNTY, AND \$296,000 FOR A THREE-YEAR PROJECT TO ENHANCE WELL-BEING AND DECREASE BURNOUT AMONG MEDICAL SCHOOL FACULTY. 1. CLINICAL SERVICES ATRIUM HEALTH WAKE FOREST BAPTIST IS NATIONALLY RECOGNIZED FOR CLINICAL EXCELLENCE AND INTERNATIONALLY KNOWN FOR PIONEERING RESEARCH AND CLINICAL INNOVATION. IT OFFERS EXPERTISE IN MORE THAN 100 AREAS OF MEDICINE, ENCOMPASSING COMPREHENSIVE PREVENTIVE AND HIGHLY SPECIALIZED CARE FOR ALL AGES. ATRIUM HEALTH WAKE FOREST BAPTIST'S NETWORK INCLUDES THE 167-BED COMPREHENSIVE CANCER CENTER AND THE 144-BED BRENNER CHILDREN'S HOSPITAL, BOTH OF WHICH ARE ON THE ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER CAMPUS IN WINSTON-SALEM, AS WELL AS COMMUNITY HOSPITALS IN DAVIDSON, DAVIE, GUILFORD, AND WILKES COUNTIES. BRENNER CHILDREN'S HOSPITAL ALSO INCLUDES THE DALE AND KAREN SISEL NEONATAL INTENSIVE CARE UNIT, WITH 51 ALL-PRIVATE ROOMS. ACROSS ITS SERVICE AREA OF NORTHWEST NORTH CAROLINA AND SOUTHWEST VIRGINIA, ATRIUM HEALTH WAKE FOREST BAPTIST HAS SEVEN EMERGENCY DEPARTMENTS; 11 URGENT CARE LOCATIONS; 458 PHYSICIAN PRACTICES, INCLUDING PRIMARY CARE AND SPECIALTY CLINICS; 28 CANCER CARE LOCATIONS; AND THREE AMBULATORY SURGERY CENTERS. AS OF DECEMBER 31, 2023, ATRIUM HEALTH WAKE FOREST BAPTIST EMPLOYED 22,478 PEOPLE, INCLUDING 2,023 PHYSICIANS, 2,779 ACTIVE MEDICAL STAFF; 3,294 PROVIDERS ALIGNED THROUGH ITS ACCOUNTABLE CARE ORGANIZATION AND CLINICALLY INTEGRATED NETWORK; 1,206 ADVANCED PRACTICE PROVIDERS; AND 4,590 NURSES. FOR THE 2023 CALENDAR YEAR, THE ATRIUM HEALTH WAKE FOREST BAPTIST SYSTEM HAD 84,486 ACUTE CARE BEDDED DISCHARGES; 249,142 EMERGENCY DEPARTMENT VISITS; 2,459,171 PHYSICIAN OFFICE VISITS; 141,610 URGENT CARE VISITS; AND 105,986 VIRTUAL CARE AND EVISITS. ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER AND ATRIUM HEALTH CAROLINAS MEDICAL CENTER BECAME THE FIRST AND ONLY HOSPITALS IN NORTH CAROLINA AND AMONG ONLY 28 IN THE WORLD TO RECEIVE INTERNATIONAL RECOGNITION BY THE AMERICAN COLLEGE OF SURGEONS QUALITY VERIFICATION PROGRAM. THE INAUGURAL GROUP INCLUDED 25 U.S. HOSPITALS AND THREE INTERNATIONAL HOSPITALS; TWO IN JAPAN AND ONE IN AUSTRALIA. A MUSIC THERAPY SPACE OPENED FOR PATIENTS OF ATRIUM HEALTH WAKE FOREST BAPTIST BRENNER CHILDREN'S HOSPITAL. SOPHIE'S PLACE IS A DEDICATED ROOM THAT OFFERS HEALING MUSIC THERAPY FOR CHILDREN BEING TREATED FOR SERIOUS ILLNESSES OR INJURIES AT THE AREA'S ONLY CHILDREN'S HOSPITAL. BRENNER CHILDREN'S HOSPITAL IS THE FIFTH SOPHIE'S PLACE LOCATION IN THE COUNTRY AND THE ONLY ONE IN THE SOUTHEAST. ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER WAS AMONG 11 ATRIUM HEALTH FACILITIES ACROSS NORTH CAROLINA AND GEORGIA TO RECEIVE THE AMERICAN HEART ASSOCIATION'S "GET WITH THE GUIDELINES-STROKE" GOLD PLUS QUALITY ACHIEVEMENT AWARD. THE DESIGNATION HONORED ATRIUM HEALTH FOR ITS COMMITMENT TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT, ACCORDING TO NATIONALLY RECOGNIZED, RESEARCH-BASED GUIDELINES. ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER WAS NAMED TO NEWSWEEK'S 2023 LIST OF AMERICA'S BEST CANCER HOSPITALS. HOME TO THE REGION'S ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER AND PART OF ATRIUM HEALTH LEVINE CANCER, WFUBMC WAS THE ONLY HOSPITAL IN THE REGION INCLUDED IN THE LIST AND THE ONLY HOSPITAL IN NORTH CAROLINA TO BE RECOGNIZED FOR NOTABLE TREATMENT (BREAST CANCER). ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER BECAME THE FIRST AND ONLY MEDICAL CENTER IN THE TRIAD REGION TO OFFER FOCUSED ULTRASOUND TREATMENT FOR PATIENTS SUFFERING FROM DISABLING ESSENTIAL TREMOR AND TREMOR DOMINANT PARKINSON'S DISEASE NOT ADEQUATELY CONTROLLED WITH MEDICATIONS. HIGHLIGHTING ITS NATIONALLY RECOGNIZED ACHIEVEMENTS IN PATIENT SAFETY AND QUALITY, ATRIUM HEALTH WAKE FOREST BAPTIST DAVIE MEDICAL CENTER RECEIVED ITS FIFTH CONSECUTIVE A GRADE FROM THE LEAPFROG GROUP. 2. OUTREACH ATRIUM HEALTH WAKE FOREST BAPTIST CONTINUES A BROAD-BASED EFFORT TO REACH UNDERSERVED POPULATIONS ACROSS ITS SERVICE AREA, WHICH IS REFLECTED IN ITS ANNUAL COMMUNITY BENEFITS REPORT. FOR TAX YEAR ENDED DECEMBER 31, 2023, ATRIUM HEALTH WAKE FOREST BAPTIST REPORTED IT PROVIDED COMMUNITY BENEFITS VALUED AT \$1.2 BILLION., AS REPORTED TO THE STATE OF NORTH CAROLINA AND THE FEDERAL GOVERNMENT. THOSE BENEFITS SUPPORTED THESE AREAS: - FINANCIAL ASSISTANCE (FKA CHARITY CARE) - COMMUNITY HEALTH IMPROVEMENT AND OUTREACH PROGRAMS - EDUCATION AND TRAINING OF MEDICAL AND HEALTH PROFESSIONS AND CLINICAL RESEARCH - SUBSIDIZED HEALTH SERVICES AT THE DOWNTOWN HEALTH PLAZA, BETHESDA, AND SOUTHSIDE HEALTH CLINICS IN WINSTON SALEM, NC - UNREIMBURSED COSTS OF GOVERNMENT-FUNDED PROGRAMS, PRIMARILY MEDICARE AND MEDICAID ONE ANCHOR OF OUTREACH FOR THE ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER IS ITS DOWNTOWN HEALTH PLAZA, A FULL-SERVICE, OUTPATIENT MEDICAL</p>

Return Reference	Explanation
	CLINIC THAT SERVES MANY OF FORSYTH COUNTY'S UNINSURED AND UNDERINSURED RESIDENTS WITH A STATE-OF-THE-ART MEDICAL HOME. IN ADDITION TO CLINICAL CARE, THE DOWNTOWN HEALTH PLAZA OFFERS COMMUNITY HEALTH FAIRS, DIABETES EDUCATION, AND A CENTERING PREGNANCY PROGRAM THAT IS REDUCING THE INCIDENCE OF LOW BIRTH-WEIGHT BABIES. DURING THE 2023 CALENDAR YEAR, 54,739 PATIENT VISITS (18,512 WITH DISTINCT MEDICAL RECORD NUMBERS) WERE RECORDED AT THE DOWNTOWN HEALTH PLAZA, AND ANOTHER 9,899 VISITS (3,805 WITH DISTINCT MEDICAL RECORD NUMBERS) WERE RECORDED AT WINSTON EAST PEDIATRICS, A NEARBY ATRIUM HEALTH WAKE FOREST BAPTIST CARE FACILITY SERVING THE UNINSURED AND UNDERINSURED. ON-GOING WORK OF ATRIUM HEALTH WAKE FOREST BAPTIST INCLUDES: - REGULAR COMMUNITY-BASED HEALTH CLINICS, INCLUDING THE WEEKLY DELIVERING EQUAL ACCESS TO CARE (DEAC) CLINIC FOR UNINSURED RESIDENTS OF FORSYTH, DAVIDSON, DAVIE, STOKES, AND YADKIN COUNTIES; THE MONTHLY TRIAD FREE HEALTH CLINIC AT COMMUNITY MOSQUE IN WINSTON-SALEM; THE MONTHLY GRACE CLINIC AT NEW LIGHT MISSIONARY BAPTIST CHURCH IN WINSTON SALEM; AND THE ANNUAL SHARE THE HEALTH FAIR AT THE DOWNTOWN HEALTH PLAZA IN WINSTON SALEM. THESE CLINICS, SPONSORED BY PRIVATE ORGANIZATIONS AND CHURCHES WITH VOLUNTEER ASSISTANCE FROM ATRIUM HEALTH WAKE FOREST BAPTIST PHYSICIANS, NURSES, MEDICAL STUDENTS, AND OTHERS, ATTRACT THOUSANDS OF PEOPLE TO SCREENINGS FOR ACUTE AND CHRONIC CONDITIONS. - FAITHHEALTHNC, AN INITIATIVE THAT CONNECTS THE CARING STRENGTHS OF CONGREGATIONS, THE CLINICAL EXPERTISE OF PROVIDERS, AND A NETWORK OF COMMUNITY RESOURCES TO EASE THOSE ON THE JOURNEY TO HEALTH AND HEALING, STRENGTHENING COMMUNITIES IN THE PROCESS.
FORM 990, PART III, LINE 4A	3. EDUCATIONAL MISSION AND ACCOMPLISHMENTS THE CONSTITUENT ORGANIZATIONS OF ATRIUM HEALTH WAKE FOREST BAPTIST OPERATE A BROAD RANGE OF EDUCATIONAL PROGRAMS, GRADUATING SKILLED PRACTITIONERS. ATRIUM HEALTH WAKE FOREST BAPTIST AND THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE ATTRACT SOME OF THE WORLD'S MOST COMPETITIVE MEDICAL STUDENTS, RESIDENTS, AND FELLOWS, AS WELL AS STUDENTS IN CLINICAL PASTORAL CARE, NURSE ANESTHESIA, AND OTHER AREAS. IN AUGUST 2023, THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE WELCOMED 145 MD STUDENTS CHOSEN FROM AMONG 12,066 APPLICANTS FOR THE CLASS OF 2027. THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE WAS RECOGNIZED AGAIN BY U.S. NEWS & WORLD REPORT FOR ITS MEDICAL RESEARCH, AGAIN RANKING 47TH NATIONALLY, IN THE 2024 EDITION OF BEST GRADUATE SCHOOLS. THE SCHOOL'S NURSE ANESTHESIA PROGRAM MOVED UP TO NO. 7 AND THE PA PROGRAM RANKED NO. 16 IN NATIONAL RANKINGS ISSUED BY U.S. NEWS & WORLD REPORT. FOR CALENDAR YEAR 2023, ATRIUM HEALTH WAKE FOREST BAPTIST PROVIDED \$148.9 MILLION IN EDUCATION FUNDING FOR MEDICAL STUDENTS AND OTHER HEALTH CARE PROFESSIONALS AND IN RESEARCH FUNDING NOT COVERED BY OUTSIDE SOURCES. SUCH INVESTMENTS SUPPORT THE TRAINING OF HUNDREDS OF STUDENTS. AS OF DECEMBER 31, 2023, THOSE INCLUDED 576 MD STUDENTS, 780 PHYSICIAN RESIDENTS AND FELLOWS, 397 GRADUATE STUDENTS, 167 PHYSICIAN ASSISTANT STUDENTS, 93 STUDENTS PURSUING THE DOCTOR OF NURSING PRACTICE DEGREE (28 IN THE ONLINE PROGRAM AND 65 PURSUING THE DUAL DNP AND NURSE ANESTHESIA DEGREE), AND 19 PASTORAL CARE CHAPLAIN RESIDENTS (6), FELLOWS (2), AND INTERNS (11). THE TRADITIONAL NURSE ANESTHESIA MASTER'S DEGREE PROGRAM GRADUATED ITS FINAL CLASS OF STUDENTS IN AUGUST 2023, AND ALL COHORTS MOVING FORWARD ARE PURSUING THE DUAL DNP-NURSE ANESTHESIA DEGREE. IN ADDITION, 142 STUDENTS WERE ENROLLED IN THE VIRGINIA TECH-WAKE FOREST UNIVERSITY SCHOOL OF BIOMEDICAL ENGINEERING AND SCIENCES, WITH 70 OF THOSE ON THE WAKE FOREST UNIVERSITY CAMPUS. DURING THE 2022-23 ACADEMIC YEAR, THE NORTHWEST AREA HEALTH EDUCATION CENTER, PART OF THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE, OFFERED 2,415 CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITIES FOR PRACTICING HEALTH CARE PROFESSIONALS THAT DREW 50,781 TOTAL PARTICIPANTS FROM THROUGHOUT THE REGION.
PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	WAKE FOREST HEALTH NETWORK, LLC (WFHN) IS A MULTI-DISCIPLINARY MEDICAL PRACTICE WITH MORE THAN 160 LOCATIONS IN COMMUNITIES THROUGHOUT CENTRAL NORTH CAROLINA. WFHN PROVIDED MEDICAL OUTPATIENT CARE SERVICES INCLUDING PRIMARY CARE, PEDIATRICS, WOMEN'S HEALTH, SPORTS MEDICINE, HEART HEALTH, CANCER CARE, AND NEUROLOGY. DURING THE YEAR ENDED DECEMBER 31, 2023, WFHN HAD APPROXIMATELY 1,032,936 CLINIC VISITS. WFHN HAS TRANSITIONED FROM THE TRADITIONAL "FEE-FOR-SERVICE" MODEL TO A PATIENT-CENTERED MEDICAL HOME SYSTEM PROVIDING EXPANDED ACCESS, INCREASED COORDINATION OF CARE, ENHANCED PATIENT EDUCATION FOR PREVENTION AND TREATMENT OF CHRONIC DISEASE, AND SOPHISTICATED TECHNOLOGICAL SUPPORT. WFHN PARTICIPATES IN THE MEDICARE SHARED SAVINGS PROGRAM ACCOUNTABLE CARE ORGANIZATIONS (ACO) SPONSORED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS). THROUGH THE SHARED SAVINGS PROGRAM, WFHN WORKS WITH CMS TO PROVIDE MEDICARE FEE-FOR-SERVICE BENEFICIARIES WITH HIGH QUALITY SERVICE AND CARE, WHILE REDUCING THE GROWTH IN MEDICARE EXPENDITURES THROUGH ENHANCED CARE COORDINATION.
PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS	WAKE AIR CARE, LLC (AIRCARE) IS PART OF AN EMS NETWORK SERVING PATIENTS IN NORTH CAROLINA, VIRGINIA, WEST VIRGINIA, TENNESSEE, AND SOUTH CAROLINA. DURING THE YEAR ENDED DECEMBER 31, 2023, AIRCARE CONTINUED PROVIDING MEDICAL SERVICES UTILIZING AIR AND MOBILE AMBULANCES STATIONED IN STRATEGIC LOCATIONS TO PROVIDE FAST, SAFE TRANSPORTATION FOR CRITICALLY ILL AND INJURED PATIENTS. AIRCARE TREATS ADULTS AND PEDIATRIC PATIENTS WITH A VARIETY OF CONDITIONS, INCLUDING TRAUMA, CARDIAC, STROKE, AND BURNS. AIRCARE RESPONDS TO CALLS FROM FIRST RESPONDERS AND HOSPITALS 24 HOURS A DAY, 7 DAYS A WEEK, AND TREATS PATIENTS AT THE SCENE. THE CREW IS CERTIFIED IN SEVERAL AREAS OF EMERGENCY CARE AND HAVE UNDERGONE EXTENSIVE TRAINING IN ADVANCED AIRWAY MANAGEMENT, TRANSPORT PHYSIOLOGY, BURN AND TRAUMA CARE, PEDIATRICS, AND CARDIOLOGY. THE AIRCRAFT ARE EQUIPPED WITH SOPHISTICATED LIFE SUPPORT AND PATIENT CARE EQUIPMENT.
FORM 990, PART VI, SECTION A, LINE 2	BRADLEY CLARK AND TERRY WILLIAMS, BOTH OFFICERS OF THE FILING ORGANIZATION, HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 3	EFFECTIVE JULY 1, 2010, THE GOVERNING BOARDS OF THE FILING ORGANIZATION (WFUBMC), WAKE FOREST UNIVERSITY (WFU), WAKE FOREST UNIVERSITY HEALTH SCIENCES (WFUHS, A WHOLLY OWNED SUBSIDIARY OF WFU), AND NORTH CAROLINA BAPTIST HOSPITAL (NCBH, AN UNRELATED ENTITY TO WFU AND WFUHS) APPROVED A MEDICAL CENTER INTEGRATION AGREEMENT (MCIA) WHEREBY AN INTEGRATED ACADEMIC MEDICAL CENTER (COLLECTIVELY, "THE MEDICAL CENTER") WAS CREATED THAT COMBINED CLINICAL CARE, MEDICAL EDUCATION, AND RESEARCH ACTIVITIES CONDUCTED BY THOSE PARTIES AND THEIR RESPECTIVE SUBSIDIARY ENTITIES, UNDER THE DELEGATED OPERATIONAL MANAGEMENT AND OVERSIGHT OF THE FILING ORGANIZATION, ITSELF A NORTH CAROLINA NONPROFIT CORPORATION WHOSE TWO EQUAL MEMBERS WERE WFU AND NCBH. EFFECTIVE OCTOBER 9, 2020, AND PURSUANT TO A HEALTH SYSTEM INTEGRATION AGREEMENT AMONG WFUBMC, WFU, WFUHS, NCBH,

Return Reference	Explanation
	<p>AND THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (CMHA, A NORTH CAROLINA HOSPITAL AUTHORITY THAT OPERATES A MULTI-STATE INTEGRATED HEALTHCARE SYSTEM IN THE SOUTHEASTERN UNITED STATES), THE MEDICAL CENTER AND CMHA BECAME PARTICIPANTS IN A SINGLE, INTEGRATED HEALTHCARE DELIVERY AND ACADEMIC SYSTEM (THE "ATRIUM ENTERPRISE") MANAGED AND OVERSEEN BY ATRIUM HEALTH, INC. (ATRIUM), A NEW JOINT OPERATING COMPANY WITHOUT MEMBERS WHOSE 16-PERSON BOARD OF DIRECTORS (THE "ATRIUM BOARD") IS COMPRISED INITIALLY OF 13 CMHA DESIGNEES AND THREE WFUBMC DESIGNEES; THE MCIA WAS AMENDED TO INCLUDE ATRIUM AS A THIRD MEMBER OF WFUBMC AND TO RECONSTITUTE THE WFUBMC BOARD TO INCLUDE 17 VOTING DIRECTORS OF WHOM WFU DESIGNATES SIX, NCBH DESIGNATES SIX, ATRIUM DESIGNATES THREE, AND THE WFUBMC BOARD ELECTS TWO; AND WFUBMC (INCLUDING WFUHS AND THE WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE) WAS ESTABLISHED AS THE ACADEMIC CORE OF THE ATRIUM ENTERPRISE RESPONSIBLE FOR ENTERPRISE ACADEMIC AND RESEARCH ACTIVITIES. UNDER THIS ARRANGEMENT, EACH ENTERPRISE PARTICIPANT (AND ITS AFFILIATES) MAINTAINS ITS SEPARATE LEGAL EXISTENCE AND CONTINUES TO OWN ITS ASSETS AND RETAIN ALL POWER, AUTHORITIES, RIGHTS, AND REMEDIES NECESSARY AND APPROPRIATE TO ALLOW IT TO COMPLY WITH ITS PRE-EXISTING DEBT INSTRUMENTS. WFUBMC AND CMHA DELEGATED AUTHORITY TO ATRIUM TO MANAGE AND OVERSEE THEIR ACTIVITIES AND OPERATIONS, SUBJECT TO THE AUTHORITY OF WFU, WFUHS, AND WFUBMC OVER ACADEMIC AND RESEARCH MATTERS, THE EXERCISE OF CERTAIN RESERVED POWERS, AND THE CARRYING OUT OF CERTAIN RESPONSIBILITIES BY THE WFUBMC BOARD OF DIRECTORS AND THE CMHA BOARD OF COMMISSIONERS. THE RESERVED POWERS OF EACH ATRIUM ENTERPRISE PARTICIPANT INCLUDE THE POWER TO APPROVE A CHANGE IN ITS GOVERNING DOCUMENTS AND FUNDAMENTAL BUSINESS OR MISSION, TO DEVELOP ITS STRATEGIC PLANS (WHICH WILL BE GENERALLY CONSISTENT WITH THOSE OF THE ENTIRE ENTERPRISE) AND ITS CAPITAL AND OPERATING BUDGETS WHICH STRATEGIC PLANS AND BUDGETS MUST BE APPROVED BY ATRIUM. EFFECTIVE MAY 9, 2022, ATRIUM, ADVOCATE AURORA HEALTH, INC. (AAH), AND ADVOCATE HEALTH, INC. (ADVOCATE HEALTH) ENTERED INTO A MASTER AGREEMENT PURSUANT TO WHICH THOSE PARTIES AGREED THAT ATRIUM AND ITS AFFILIATES, INCLUDING WFUBMC AND ITS AFFILIATES, AND AAH AND ITS AFFILIATES WOULD BECOME FULLY FUNCTIONING PARTS OF A NEW INTEGRATED HEALTHCARE DELIVERY AND ACADEMIC SYSTEM (THE "ADVOCATE ENTERPRISE") TO BE MANAGED AND OVERSEEN BY ADVOCATE HEALTH THROUGH A JOINT OPERATING AGREEMENT AMONG ATRIUM, AAH, AND ADVOCATE HEALTH DATED AND EFFECTIVE DECEMBER 2, 2022. IN ADDITION, ON MAY 9, 2022, WFUBMC, ATRIUM, ADVOCATE HEALTH, AND CMHA ENTERED INTO THE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER COMMITMENT AGREEMENT (THE "COMMITMENT AGREEMENT"), UNDER WHICH THE PARTIES ENSURED ALL RIGHTS AND BENEFITS TO THE WAKE FOREST BAPTIST ENTITIES AND, AS APPLICABLE, WFU UNDER THE OCTOBER 9, 2020 INTEGRATION AGREEMENTS (BUT NOT INCLUDING THE GOVERNING DOCUMENTS OF ATRIUM, CMHA, AND WFBMC) RELATED TO THE ATRIUM ENTERPRISE WERE PRESERVED IN THE ADVOCATE ENTERPRISE, EXCEPT THOSE RIGHTS AND BENEFITS THAT WERE ELEVATED TO ADVOCATE HEALTH AND WERE MODIFIED IN THE ADVOCATE ENTERPRISE AS SPECIFICALLY SET OUT IN THE COMMITMENT AGREEMENT. THE COMMITMENT AGREEMENT FURTHER CONFIRMED THE COMMITMENT OF (I) ADVOCATE HEALTH TO SUPPORT AND ENHANCE THE EDUCATIONAL AND RESEARCH MISSIONS OF WFBMC AND WFUHS; (II) WFBMC, WFU, AND WFUHS TO SUPPORT AND ENHANCE THE EDUCATIONAL AND RESEARCH ACTIVITIES OF ADVOCATE HEALTH, THE AAH ENTITIES AND THEIR AFFILIATES; AND (III) ADVOCATE HEALTH TO SUPPORT AND ENHANCE THE EDUCATIONAL AND RESEARCH MISSIONS OF THE ADVOCATE ENTERPRISE AS A WHOLE.</p>
FORM 990, PART VI, SECTION A, LINE 4	<p>EFFECTIVE ON OCTOBER 9, 2020 AND PURSUANT TO A HEALTH SYSTEM INTEGRATION TRANSACTION AMONG WAKE FOREST UNIVERSITY, THE FILING ORGANIZATION (WFUBMC), WAKE FOREST UNIVERSITY HEALTH SCIENCES, NORTH CAROLINA BAPTIST HOSPITAL, AND THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY (CMHA, A NORTH CAROLINA HOSPITAL AUTHORITY THAT OPERATES A MULTI-STATE INTEGRATED HEALTHCARE SYSTEM IN THE SOUTHEASTERN UNITED STATES), THE FILING ORGANIZATION AND CMHA BECAME PARTICIPANTS IN A SINGLE, INTEGRATED HEALTHCARE DELIVERY AND ACADEMIC SYSTEM (THE "ATRIUM ENTERPRISE") MANAGED AND OVERSEEN BY ATRIUM HEALTH, INC. (ATRIUM), A NEW JOINT OPERATING COMPANY WITHOUT MEMBERS WHOSE 16-PERSON BOARD OF DIRECTORS (THE "ATRIUM BOARD") IS COMPRISED INITIALLY OF 13 CMHA DESIGNEES AND THREE DESIGNEES DESIGNATED BY THE FILING ORGANIZATION. IN CONNECTION WITH THIS TRANSACTION, SEVERAL SIGNIFICANT CHANGES WERE MADE TO THE FILING ORGANIZATION'S GOVERNING DOCUMENTS. EFFECTIVE ON MAY 9, 2022, ATRIUM, ADVOCATE AURORA HEALTH, INC. (AAH) AND ADVOCATE HEALTH, INC. (ADVOCATE HEALTH) ENTERED INTO A MASTER AGREEMENT PURSUANT TO WHICH THOSE PARTIES AGREED THAT ATRIUM AND ITS AFFILIATES, INCLUDING WFBMC AND THE WAKE FOREST BAPTIST ENTITIES, AND AAH AND ITS AFFILIATES WOULD BECOME FULLY FUNCTIONING PARTS OF A NEW INTEGRATED HEALTHCARE DELIVERY AND ACADEMIC SYSTEM (THE "ADVOCATE ENTERPRISE") TO BE MANAGED AND OVERSEEN BY ADVOCATE HEALTH THROUGH A JOINT OPERATING AGREEMENT AMONG ATRIUM, AAH, AND ADVOCATE HEALTH DATED AND EFFECTIVE DECEMBER 2, 2022. IN ADDITION, ON MAY 9, 2022, WFUBMC, ATRIUM, ADVOCATE HEALTH, AND CMHA ENTERED INTO THE WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER COMMITMENT AGREEMENT (THE "COMMITMENT AGREEMENT"), UNDER WHICH THE PARTIES THERETO, AMONG OTHER TERMS, ENSURED THAT ALL OF THE RIGHTS AND BENEFITS TO WFUBMC AND ITS AFFILIATES AND, AS APPLICABLE, WFU UNDER THE OCTOBER 9, 2020 INTEGRATION AGREEMENTS (BUT NOT INCLUDING THE GOVERNING DOCUMENTS OF ATRIUM, CMHA AND WFUBMC) RELATED TO THE ATRIUM ENTERPRISE WERE PRESERVED IN THE ADVOCATE ENTERPRISE, EXCEPT THOSE RIGHTS AND BENEFITS THAT WERE ELEVATED TO ADVOCATE HEALTH AND WERE MODIFIED IN THE ADVOCATE ENTERPRISE AS SPECIFICALLY SET OUT IN THE COMMITMENT AGREEMENT. THE COMMITMENT AGREEMENT FURTHER CONFIRMED THE COMMITMENT OF (I) ADVOCATE HEALTH TO SUPPORT AND ENHANCE THE EDUCATIONAL AND RESEARCH MISSIONS OF WFBMC AND WFUHS; (II) WFUBMC, WFU, AND WFUHS TO SUPPORT AND ENHANCE THE EDUCATIONAL AND RESEARCH ACTIVITIES OF ADVOCATE HEALTH, THE AAH ENTITIES AND THEIR AFFILIATES; AND (III) ADVOCATE HEALTH TO SUPPORT AND ENHANCE THE EDUCATIONAL AND RESEARCH MISSIONS OF THE ADVOCATE ENTERPRISE AS A WHOLE. AMENDED AND RESTATED BYLAWS OF THE FILING ORGANIZATION WERE ALSO APPROVED EFFECTIVE JUNE 19, 2023, TO INCORPORATE THE PROVISIONS REFLECTED IN THE DOCUMENTS COMPRISING THE ADVOCATE ENTERPRISE INTEGRATION TRANSACTION. THE FOLLOWING ARE THE SIGNIFICANT CHANGES REFLECTED IN THE MODIFIED BYLAWS: REFINEMENT OF THE STATED PURPOSES OF THE FILING ORGANIZATION, TO INCLUDE ITS AND ITS SUPPORTED ORGANIZATION'S ROLES WITHIN A LARGER, UNIFIED, INTEGRATED, HEALTHCARE DELIVERY AND ACADEMIC SYSTEM WITH ANCILLARY ACTIVITIES (THE "ADVOCATE ENTERPRISE") MANAGED AND OVERSEEN BY ADVOCATE HEALTH, INC. IN ACCORDANCE WITH SPECIFIED AGREEMENTS EXECUTED BY THE SEVERAL PARTIES TO THE TRANSACTION (WITH WFUBMC AND ITS AFFILIATES AND, AS APPLICABLE, WFUBMC MAINTAINING ALL RIGHTS AND BENEFITS UNDER THE OCTOBER 9, 2020 ATRIUM INTEGRATION AGREEMENTS RELATED TO THE ATRIUM ENTERPRISE WERE PRESERVED IN THE ADVOCATE ENTERPRISE, EXCEPT THOSE RIGHTS AND BENEFITS ELEVATED TO</p>

Return Reference	Explanation
	ADVOCATE HEALTH AND MODIFIED IN THE ADVOCATE ENTERPRISE); THE ADDITION OF A STATEMENT REFLECTING WFUBMC'S RIGHT TO DESIGNATE TWO MEMBERS (INCLUDING AMONG THEM THE PRESIDENT OF WAKE FOREST UNIVERSITY) OF THE ADVOCATE HEALTH BOARD.
FORM 990, PART VI, SECTION A, LINE 6	PURSUANT TO THE ORGANIZATION'S AMENDED AND RESTATED ARTICLES OF INCORPORATION AND BYLAWS AND EFFECTIVE OCTOBER 9, 2020, THE ORGANIZATION'S THREE MEMBERS ARE ATRIUM HEALTH, INC., NORTH CAROLINA BAPTIST HOSPITAL, AND WAKE FOREST UNIVERSITY.
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE ORGANIZATION'S AMENDED AND RESTATED BYLAWS EFFECTIVE OCTOBER 9, 2020, THE FILING ORGANIZATION ELECTS 2 INDEPENDENT VOTING MEMBERS OF THE BOARD. MEMBERS OF THE FILING ORGANIZATION ELECT THE REMAINING 15 VOTING MEMBERS OF THE BOARD AS FOLLOWS: NORTH CAROLINA BAPTIST HOSPITAL ELECTS 6 VOTING MEMBERS, WAKE FOREST UNIVERSITY ELECTS 6 VOTING MEMBERS, AND ATRIUM HEALTH, INC. ELECTS 3 VOTING MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B	THE AMENDMENT OF THE ORGANIZATION'S ARTICLES OF INCORPORATION AND BYLAWS MUST BE APPROVED BY THE MEMBERS. ADDITIONAL RESERVED POWERS ARE DESCRIBED IN THE EXPLANATION FOR PART VI, SECTION A, LINE 3 ON SCHEDULE O.
FORM 990, PART VI, SECTION B, LINE 11B	THE FILING ORGANIZATION'S BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 WITH SUFFICIENT TIME TO PERMIT REVIEW AND COMMENT PRIOR TO ITS FILING. IF MODIFICATIONS ARE REQUIRED FOLLOWING SUCH REVIEW AND COMMENT, THE REVISED FORM 990 IS REDISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO ITS FILING WITH THE IRS, ALONG WITH A REPORT NOTING THE MODIFICATIONS.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ITS OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DETERMINE ANY POTENTIAL CONFLICTS OF INTEREST. ANY POTENTIAL CONFLICTS NOTED IN THE QUESTIONNAIRE ARE REVIEWED BY A STANDING COMMITTEE FOR APPROPRIATE RESOLUTION. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DETERMINE AND REPORT ANNUALLY, AND AS THEY ARISE, ANY POTENTIAL CONFLICTS OF INTEREST TO THE SECRETARY OF THE BOARD OF DIRECTORS. THE RESOLUTION OF POTENTIAL AND ACTUAL CONFLICTS IS SUBJECT TO THE APPROVAL OF THE CHAIR OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 15	THE ADVOCATE HEALTH COMPENSATION AND BENEFITS COMMITTEE ("THE COMMITTEE") OF THE ADVOCATE HEALTH, INC. BOARD OF DIRECTORS ("THE BOARD") HAS AUTHORITY AS THE BOARD DELEGATES TO IT, FOR THE REVIEW AND APPROVAL OF EXECUTIVE COMPENSATION. THE COMMITTEE RELIES UPON AN EXTERNAL, INDEPENDENT COMPENSATION CONSULTANT RETAINED DIRECTLY BY THE COMMITTEE TO PROVIDE THIRD-PARTY COMPENSATION COMPARABILITY DATA FOR EVALUATING THE COMPETITIVENESS AND REASONABLENESS OF EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS RELATIVE TO MARKET PRACTICES FOR SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS. IN EVALUATING COMPENSATION, THE COMMITTEE FOLLOWS CORPORATE GOVERNANCE BEST PRACTICE SUCH AS ADHERENCE TO THE COMPANY'S EXECUTIVE COMPENSATION PHILOSOPHY AND REVIEW PROCESSES; PROCESSES TO ENSURE COMMITTEE MEMBER AND COMPENSATION CONSULTANT INDEPENDENCE; DATA FROM HEALTHCARE ORGANIZATIONS OF COMPARABLE SIZE, STRUCTURE, AND COMPLEXITY; AND ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS, PER IRS GUIDELINES. MINUTES OF THE DELIBERATIONS OF THE COMMITTEE ARE MAINTAINED IN THE ADVOCATE HEALTH, INC. LEGAL DEPARTMENT.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE TO THE PUBLIC ON REQUEST AND ARE AVAILABLE ON THE WEBSITE OF THE NORTH CAROLINA SECRETARY OF STATE. THE ORGANIZATION'S BYLAWS ARE NOT PUBLISHED, BUT PROVISIONS FROM THE BYLAWS ARE INCLUDED AS NECESSARY IN THE ORGANIZATION'S POLICIES, AND ARE ATTACHED TO THE FORM 1023 FILED FOR THE ORGANIZATION WITH THE IRS, WHICH IS PUBLICLY AVAILABLE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST.
FORM 990, PART XI, LINE 9:	EQUITY METHOD - AFFILIATES 44,567.

Additional Data

[Return to Form](#)

<div>Software ID:</div> <div>Software Version:</div>	
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Name of the organization

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Employer identification number

51-0190238

Part I

Identification of Disregarded Entities.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WAKE FOREST HEALTH NETWORK LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157 56-1935767	HEALTHCARE	NC	135,327,424	96,740,880	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
(2) HPCA LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157 88-0610769	REAL ESTATE	NC	0	12,578,601	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
(3) WAKE AIR CARE LLC MEDICAL CENTER BOULEVARD WINSTON SALEM, NC 27157 82-3341863	HEALTHCARE	NC	16,399,136	8,272,526	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER

Part II

Identification of Related Tax-Exempt Organizations.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NORTH CAROLINA BAPTIST HOSPITAL MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157 56-0552787	HEALTHCARE	NC	501(C)(3)	LINE 3	N/A		No
(2) WAKE FOREST UNIVERSITY HEALTH SCIENCES MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157 22-3849199	HEALTHCARE, EDUCATION & RESEARCH	NC	501(C)(3)	LINE 2	WAKE FOREST UNIVERSITY		No
(3) WAKE FOREST UNIVERSITY PO BOX 7201 WINSTONSALEM, NC 27109 56-0532138	EDUCATION	NC	501(C)(3)	LINE 2	N/A		No
(4) LEXINGTON MEDICAL CENTER 250 HOSPITAL DRIVE LEXINGTON, NC 27293 56-0543238	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(5) LEXINGTON MEDICAL CENTER FOUNDATION 250 HOSPITAL DRIVE LEXINGTON, NC 27293 58-1876553	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	LEXINGTON MEDICAL CENTER		No
(6) NORTHWEST COMMUNITY CARE NETWORK 2000 WEST 1ST STREET WINSTONSALEM, NC 27104 02-0774853	HEALTHCARE	NC	501(C)(3)	LINE 7	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(7) FAITHHEALTH INNOVATIONS INC MEDICAL CENTER BOULEVARD WINSTONSALEM, NC 27157 23-7426944	HEALTHCARE	NC	501(C)(3)	LINE 10	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(8) DAVIE MEDICAL CENTER 329 NC HWY 801N BERMUDA RUN, NC 27006 56-2276994	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(9) WRMC HOSPITAL OPERATING CORPORATION PO BOX 609 NORTH WILKESBORO, NC 28659 83-0343789	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(10) HIGH POINT REGIONAL HEALTH PO BOX HP-5 HIGH POINT, NC 27261 56-0532309	HEALTHCARE	NC	501(C)(3)	LINE 3	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	Yes	
(11) HIGH POINT REGIONAL HEALTH FOUNDATION 601 N ELM STREET HIGH POINT, NC 27261 27-2854711	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	HIGH POINT REGIONAL HEALTH		No
(12) WILKES MEDICAL CENTER FOUNDATION 1370 WEST D STREET NORTH WILKESBORO, NC 28659 82-2345613	SUPPORTING ORGANIZATION	NC	501(C)(3)	LINE 12A, I	WRMC HOSPITAL OPERATING CORP		No
(13) ATRIUM HEALTH INC PO BOX 32861 CHARLOTTE, NC 28232 84-3647453	HEALTHCARE	NC	501(C)(3)	LINE 7	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MS LAND HOLDING CO LLC 1901 MOONEY STREET WINSTONSALEM, NC 27103 82-4005370	REAL ESTATE	NC	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	DEBT FINANCED 514	725	4,835,150		No		Yes		55.510 %
(2) HHI-WS LLC 1201 EDWARDS MILL RD ST 300 RALEIGH, NC 27607 87-4035164	INVESTMENT	NC	WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER	INVESTMENT		10,000,000		No			No	95.240 %

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s) :

9 Sale of assets to related organization(s)

[illegible]

i Exchange of assets with related organization(s)

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)

m Performance of services or membership or fundraising solicitations by related organization(s)	
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n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

- ☐ Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

S Other transfer of cash or property from related organization(s)

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DAVIE MEDICAL CENTER	Q	51,100,327	COST
(2) DAVIE MEDICAL CENTER	S	122,081,764	COST
(3) FAITH HEALTH INNOVATIONS INC	Q	196,545	COST
(4) HHI-WS LLC	B	10,000,000	COST
(5) HIGH POINT HEALTH CARE VENTURES INC	Q	1,294,143	COST
(6) HIGH POINT REGIONAL HEALTH	Q	186,061,176	COST
(7) HIGH POINT REGIONAL HEALTH	S	414,762,025	COST
(8) HIGH POINT REGIONAL HEALTH FOUNDATION	Q	279,046	COST
(9) LEXINGTON MEDICAL CENTER	Q	233,712	COST
(10) LEXINGTON MEDICAL CENTER	S	121,820,395	COST
(11) LEXINGTON MEDICAL CENTER FOUNDATION	Q	133,978	COST
(12) WRMC FOUNDATION	Q	503,729	COST
(13) WRMC HOSPITAL OPERATING CORPORATION	Q	37,646,135	COST
(14) WRMC HOSPITAL OPERATING CORPORATION	S	116,933,116	COST

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

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID:

Software Version: