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<b>Form 990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2008</div> <div>Open to Public Inspection</div> </div>

<b>A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009</b>		<b>C Name of organization</b> WakeMed		<b>D Employer identification number</b>  56-6017737	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	Doing Business As See schedule O		<b>E Telephone number</b>  (919) 350-0535	
		Number and street (or P O box if mail is not delivered to street address) 3000 New Bern Ave		Room/suite	
		City or town, state or country, and ZIP + 4 Raleigh, NC 27610		<b>G Gross receipts</b> \$ 1,248,584,262	
<b>F Name and address of Principal Officer</b> dr william atkinson 3000 New Bern Ave Raleigh, NC 27610		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) <input type="checkbox"/> (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )			
<b>J Web site:</b> WWW.WAKEMED.ORG		<b>H(c)</b> Group Exemption Number			
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other			<b>L Year of Formation</b> 1965		<b>M State of legal domicile</b> NC

## Part I Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities  WAKEMED IS A MULTI-FACILITY HEALTH SYSTEM, PROVIDING STATE OF THE ART, HIGH QUALITY CARE		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	14
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	8,776
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1,200
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	1,756,018
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	7,719,421	7,115,585
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	811,156,292	869,635,965
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,575,351	6,013,068
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	587,707	1,007,373
			837,038,771	883,771,991
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,472,587	1,410,354
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	433,572,085	484,677,214
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	389,175,949	400,487,762
	<b>18</b>	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	824,220,621	886,575,330
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12	12,818,150	-2,803,339
Net Assets or Fund Balances			Beginning of Year	End of Year
	<b>20</b>	Total assets (Part X, line 16)	1,002,099,535	1,287,675,913
	<b>21</b>	Total liabilities (Part X, line 26)	402,092,078	655,573,436
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	600,007,457	632,102,477

## Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	*****		2010-05-11		
	Signature of officer		Date		
	Michael DeVaughn cfo Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4  LarsonAllen LLP 101 N Tryon Street Suite 1000  Charlotte, NC 28246		EIN <input type="checkbox"/>		
			Phone no <input type="checkbox"/> (704) 998-5200		

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

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission

See Additional Data Table

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 exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 106,524,425 including grants of \$ ) (Revenue \$ 485,968,655 )

surgical services - wakemed offers surgical services in 3 locations, wakemed raleigh campus, wakemed cary hospital and wakemed north healthplex all of which provide surgical services, but in and outpatient to all who seek care regardless of their ability to pay by having services in 3 distinct locations within the country, wakemed has improved access to these needed services the most recent wake county health assessment, conducted in 2006, identified access to subspecialist care as a critical issue in health care access for wake county residents the report specifically identified wakemed faculty physicians as a group of physicians who provide subspecialty care to the underinsured and work with the patients to provide discounted fees based on income and need the provision of care from many physicians on the medical staff has continued the practice of providing quality care to patients, regardless of ability to pay last year, surgeries were performed on 37,209 total patients in the wakemed system of these surgeries, 10,181 surgical patients were insured under medicare, 4,853 of these patients were insured under medicaid and 2,088 of these patients were uninsured (or "self pay" or "charity care")

4b

(Code ) (Expenses \$ 68,652,753 including grants of \$ ) (Revenue \$ 510,895,013 )

Heart - wakemed's heart and vascular program is one of the largest and most well respected in nc last year we performed more than 28,000 cardiovascular procedures we provide comprehensive continuum of care for the cardiac patient from education and prevention to diagnosis, intervention, surgery, cardiac rehabilitation and on-going disease management for heart failure free education programs are offered regularly for our patients, their family members and the community to compliment our comprehensive care services our intentions are to teach our patients, their family members and the community to compliment our comprehensive care services our intentions are to teach our patients about their risk factors for heart disease and encourage healthy behaviors through lifestyle changes, thus building a foundation for a healthier population wakemed's mobile critical care services has 20 vehicles and one air ambulance that serve approximately 1,000 critically ill patients each month and is the busiest inter-facility group transport in the state last fiscal year, we treated 13,130 patients in our heart center, 7,505 of these patients were insured under medicare, 835 of these patients under medicaid and 445 of these patients were uninsured we provide free health screening to the community and are designed to detect early onset of disease or illness

4c

(Code ) (Expenses \$ 33,649,117 including grants of \$ ) (Revenue \$ 389,745,008 )

emergency services - wakemed has improved access for wake county residents through our multiple locations throughout the community in fy09, wakemed received 217,050 visits to our four adult emergency departments and our children's emergency department in raleigh - the only children's ed in the county wakemed's raleigh campus is also the home to wake county's only level 1 trauma center, the highest designation awarded to trauma centers in nc our trauma service includes five adult intensive care units and a pediatric intensive care unit as well as a comprehensive acute, inpatient and outpatient physical rehabilitation program wakemed's emergency and trauma services treat all patients who present seeking care, regardless of their ability to pay last year, 205,009 patients were treated in wakemed's emergency departments, of these patients 30,718 were insured under medicare, 52,025 of these patients insured under medicaid, and 40,315 of these patients were uninsured as a result, wakemed provided care for more than 80% of the county's uninsured and medicaid emergency department visits in fy 2009

(Code ) (Expenses \$ 578,288,376 including grants of \$ 1,410,354 ) (Revenue \$ 516,972,711 )

4d

Other program services (Describe in Schedule O )















(Expenses \$ including grants of \$ ) (Revenue \$ )

4e






Total program service expenses \$ 787,114,671 Must equal Part IX, Line 25, column (B).

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? 	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? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where 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, 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school as 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 U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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 questions 24b–24d and complete Schedule K. If "No," go to question 25 	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) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No

**Part IV Checklist of Required Schedules** *(Continued)*

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . . 	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	Yes	
<b>36</b>	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b>	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . . 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a562		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a8,776		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .		
1b	Enter the number of voting members that are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
6	Does the organization have members or stockholders? . . . . .		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	the governing body? . . . . .	Yes	
8b	each committee with authority to act on behalf of the governing body? . . . . .	Yes	
9a	Does the organization have local chapters, branches, or affiliates? . . . . .		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision . . . . .		
15a	The organization's CEO, Executive Director, or top management official? . . . . .	Yes	
15b	Other officers or key employees of the organization? . . . . .	Yes	
	Describe the process in Schedule O . . . . .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	Yes	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed . . . . . NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. michael devaugh cfo 3000 NEW BERN AVE RALEIGH, NC 27610 (919) 350-0535

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
<b>1b Total . . . . .</b>									8,424,105	0	656,169

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

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield & Gorrie LLC 8521 Six Forks Rd 110 Raleigh, NC 27615	construction	43,335,323
owens & minor 4200 global st raleigh, NC 27610	surgical products	30,405,654
amersourcebergen po box 530494 atlanta, GA 30384	pharmaceuticals	23,557,314
medtronic po box 409201 atlanta, GA 30384	medical devices	20,737,396
boston scientific po box 8500-6205 philadelphia, PA 19178	medical devices	17,193,934
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		331

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .1a				
	b	Membership dues . . . . .				
		1b				
	c	Fundraising events . . . . .				
		1c				
	d	Related organizations . . . . .1d				
	e	Government grants (contributions) 1e	5,848,829			
	f	All other contributions, gifts, grants, and similar amounts not included above	1,266,756			
		1f				
g	Noncash contributions included in lines 1a-1f \$					
h	Total (Add lines 1a-1f) . . . . .	7,115,585				
Program Service Revenue			Business Code			
	2a	patient services	621,500	839,670,033	839,206,676	463,357
	b	patient services - ort	621,500	6,566,368	6,566,368	
	c	cafeteria	900,099	4,064,384		4,064,384
	d	patient services - wsp	621,500	3,918,890	3,918,890	
	e	other operating income	621,500	3,297,300	3,282,947	14,353
	f	All other program service revenue		12,118,990	9,122,806	1,278,308
	g	Total. Add lines 2a-2f . . . . . \$ 869,635,965				
Other Revenue	3	Investment income (including dividends, interest other similar amounts) . . . . .		13,093,790		13,093,790
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
		(i) Real	(ii) Personal			
	6a	Gross Rents	703,297			
	b	Less rental expenses	84,660			
	c	Rental income or (loss)	618,637			
	d	Net rental income or (loss) . . . . .		618,637		618,637
		(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	357,045,071	601,818		
	b	Less cost or other basis and sales expenses	364,288,981	438,630		
	c	Gain or (loss)	-7,243,910	163,188		
	d	Net gain or (loss) . . . . .		-7,080,722		-7,080,722
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .a				
	b	Less direct expenses . . . . .b				
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 . . . . .a				
	b	Less direct expenses . . . . .b				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .a				
b	Less cost of goods sold . . . . .b					
c	Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code				
11a	investment in subsidia	621,610	388,736	388,736		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d . . . . . \$ 388,736					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		883,771,991	862,486,423	1,756,018	12,413,965

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) but are not required to complete columns (B), (C), and (D).					
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 governments and organizations in the U S See Part IV, line 21	1,410,354	1,410,354		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,834,468		5,834,468	
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	393,991,527	334,892,798		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	15,656,090	13,307,677	2,348,413	
9	Other employee benefits . . . . .	41,659,067	35,410,207	6,248,860	
10	Payroll taxes . . . . .	27,536,062	23,405,653	4,130,409	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	1,180,992	1,110,132	70,860	
c	Accounting . . . . .	184,849	169,229	15,620	
d	Lobbying . . . . .	107,400	100,956	6,444	
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	646,854	608,043	38,811	
g	Other . . . . .	65,277,149	61,360,520	3,916,629	
12	Advertising and promotion . . . . .	4,900,052	4,606,049	294,003	
13	Office expenses . . . . .	186,224,328	175,050,868	11,173,460	
14	Information technology . . . . .	9,268,287	8,712,190	556,097	
15	Royalties . . . . .				
16	Occupancy . . . . .	16,438,371	15,452,069	986,302	
17	Travel . . . . .	867,117	815,090	52,027	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
19	Conferences, conventions and meetings . . . . .	1,027,273	965,637	61,636	
20	Interest . . . . .	14,343,881	14,343,881		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	61,759,037	61,759,037		
23	Insurance . . . . .	11,259,581	10,584,006	675,575	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	repairs/maint	16,658,289	13,326,631	3,331,658	
b	misc expense	6,945,967	6,529,209	416,758	
c	minor equipment	3,398,335	3,194,435	203,900	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	886,575,330	787,114,671	99,460,659	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X**    **Balance Sheet**

		(A)		(B)		
		Beginning of year		End of year		
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	250,134,625	<b>1</b>	33,990		
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	434,301,087		
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	1,068,584		
	<b>4</b> Accounts receivable, net . . . . .	110,717,824	<b>4</b>	116,134,806		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>			
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>			
	<b>8</b> Inventories for sale or use . . . . .	18,593,779	<b>8</b>	18,879,703		
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,715,941	<b>9</b>	6,611,930		
	<b>10a</b> Land, buildings, and equipment cost basis	<table><tr><td><b>10a</b></td><td>1,095,283,425</td></tr></table>	<b>10a</b>	1,095,283,425		
	<b>10a</b>	1,095,283,425				
	<b>b</b> Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	<table><tr><td><b>10b</b></td><td>585,958,150</td></tr></table>	<b>10b</b>	585,958,150	483,583,106	<b>10c</b> 509,325,275
	<b>10b</b>	585,958,150				
	<b>11</b> Investments—publicly traded securities . . . . .	83,541,665	<b>11</b>	56,652,762		
	<b>12</b> Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .		<b>12</b>			
	<b>13</b> Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>			
<b>14</b> Intangible assets . . . . .		<b>14</b>				
<b>15</b> Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	49,812,595	<b>15</b>	144,667,776			
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,002,099,535	<b>16</b>	1,287,675,913			
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	115,333,908	<b>17</b>	117,184,225		
	<b>18</b> Grants payable . . . . .		<b>18</b>			
	<b>19</b> Deferred revenue . . . . .	2,565,290	<b>19</b>	7,002,196		
	<b>20</b> Tax-exempt bond liabilities . . . . .	229,457,673	<b>20</b>	465,827,140		
	<b>21</b> Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>			
	<b>22</b> Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable . . . . .		<b>24</b>			
	<b>25</b> Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	54,735,207	<b>25</b>	65,559,875		
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	402,092,078	<b>26</b>	655,573,436		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets . . . . .	598,348,901	<b>27</b>	631,688,951		
	<b>28</b> Temporarily restricted net assets . . . . .	1,658,556	<b>28</b>	413,526		
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>			
	<b>33</b> Total net assets or fund balances . . . . .	600,007,457	<b>33</b>	632,102,477		
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,002,099,535	<b>34</b>	1,287,675,913		

**Part XI**    **Financial Statements and Reporting**

			Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>		No
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b>		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization WakeMed	Employer identification number 56-6017737
-------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>Section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )
11	<input type="checkbox"/>	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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV )						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the 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 - 2008. 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 IV 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 - 2007. 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 IV 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 the 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 IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:  
Software Version:  
EIN: 56-6017737  
Name: WakeMed

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
billie j redmond , chair - board of directo	5 00	X						0	0	0
larry d barbour , vice chair - board of di	5 00	X						0	0	0
thomas b oxholm , secretary - board of dir	5 00	X						0	0	0
m jackson nichols , board member (may 2009)	5 00	X						0	0	0
jack o clayton , board member	4 50	X						0	0	0
ron e doggett , board member	6 00	X						0	0	0
paul y coble , board member	3 50	X						0	0	0
david w jessen , board member	6 00	X						0	0	0
william h mcbride , board member	5 00	X						0	0	0
brenda gibson , board member (may 2009)	3 50	X						0	0	0
william p pinna , board member	4 00	X						0	0	0
dana d copeland , md - board member	5 00	X						0	0	0
lorraine m wright , phd - board member	4 50	X						0	0	0
jerry bernstein , md - board member (6/09)	4 00	X						0	0	0
jill s gammon , former board member thru	2 00	X						0	0	0
thomas h fetzer , former board member thru	2 00	X						0	0	0
vernon malone , former board member thru	2 00	X						0	0	0
william k atkinson ii , ceo	40 00			X				1,120,638	0	142,147
michael devaughn , cfo	40 00			X				476,026	0	19,519
deborah g friberg , exec vp & chief operatin	40 00			X				575,184	0	34,974
kathleen k gormley , executive VP ambulatory	40 00				X			572,951	0	30,688
david c coulter , senior vp & administrato	40 00				X			414,996	0	30,710
mary a wilcox , Senior VP - Op & Chief N	40 00				X			338,478	0	33,419
jeanene r martin , senior vp - human resour	40 00				X			312,987	0	33,438
e denton arledge , vp & cheif information o	40 00				X			291,326	0	31,897
rebecca e andrews , vp finance	40 00				X			275,646	0	28,262
thomas g cavender , vp facilities & construc	40 00				X			267,280	0	31,109
carolyn knaup , vp - ambulatory services	40 00				X			228,122	0	32,209
BETSY GASKINS-mcclaine , vp heart & vascular	40 00				X			207,589	0	23,598
Georgia c sumiel , vp - operations	40 00				X			178,528	0	17,457

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
derrick miles , vp	40 00				X			229,536	0	25,697
mark l wood , md	40 00					X		670,401	0	31,260
timothy e harris , md	40 00					X		580,190	0	22,344
curtis hanson , md	40 00					X		527,586	0	21,293
karl l pete , md	40 00					X		451,458	0	25,709
johnathan d chappell , md	40 00					X		432,851	0	20,899
lisbeth g gierman , former vp	40 00						X	272,332	0	19,540

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a patient services	621,500	839,670,033	839,206,676	463,357	
b patient services - ort	621,500	6,566,368	6,566,368		
c cafeteria	900,099	4,064,384			4,064,384
d patient services - wsp	621,500	3,918,890	3,918,890		
e other operating income	621,500	3,297,300	3,282,947	14,353	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

wakemed provides outstanding and compassionate care to all who seek our services. we are committed to the health & wellness of the communities we serve by providing preventive, diagnostic, in/outpatient, rehabilitative and skilled nursing care to all regardless of ability to pay. based on community need a diverse array of educational and outreach programs are offered. we also collaborate with other community organizations to improve health status & access.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h))    complete Part II-A    Do not complete Part II-B
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))    Complete Part II-B    Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations    complete Part III

Name of the organization WakeMed	Employer identification number 56-6017737
-------------------------------------	----------------------------------------------

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures    Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made    Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC)    If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		54,679
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		129,460
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			184,139
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.  
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	WakeMed and its office of government affairs work to maintain and strengthen effective relationships with legislators and policy makers at the State, Local and National levels. The Objective is to ensure that WakeMed's point of view is consistently and continually heard so that legislation, regulations and the setting of health policy support the organization's ability to fulfill its mission of care for all regardless of the ability to pay.

## Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

<b>Name of the organization</b> WakeMed	<b>Employer identification number</b>  56-6017737
--------------------------------------------	---------------------------------------------------------

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>											
9	In Part XIV, 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" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in 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 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 XIV

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

Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV 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?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	350,781				
b Contributions . . . . .					
c Investment earnings or losses . . . . .	9,625				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	42,650				
f Administrative expenses . . . . .	1,209				
g End of year balance . . . . .	316,547				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶ 100 000 %

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 . . . . .

3a(i)

No

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		3,392,317		3,392,317
b Buildings . . . . .		475,794,481	152,315,667	323,478,814
c Leasehold improvements . . . . .		6,750,475	2,734,731	4,015,744
d Equipment . . . . .		527,845,860	418,060,935	109,784,925
e Other . . . . .		81,500,292	12,846,817	68,653,475
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				509,325,275

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) 		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13 ) 		

(a) Description	(b) Book value
PREPAID PENSION OBLIGATION	2,201,737
DEFERRED BOND FINANCING COSTS	11,809,804
assets whose life is limited	2,731,879
other equity investments	1,166,870
restricted funds	30,974,888
designated funds	95,782,598
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	144,667,776

(a) Description of Liability	(b) Amount
Federal Income Taxes	
capital leases	128,662
capital leases-It	133,994
due to 3rd party payer	44,295,798
ESTIMATED MALPRACTICE	21,001,421
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	65,559,875

**Schedule D (Form 990) 2008**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
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 on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .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 XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
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	Losses reported on Form 990, Part IX, line 25 . . . . .2c	
d	Other (Describe in Part XIV) . . . . .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 XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The allen trust endowment funds are used to provide poor and indigent patients with private duty nursing care wakemed defines poor and indigent patients as those with a financial class of self-pay or medicaid a sitter can be in either the hospital or home care setting

SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Name of the organization  
WakeMed

Employer identification number  
56-6017737

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	
b	If "Yes," is it a written policy? . . . . .	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals  <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients  a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____ %</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____ %</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care  4 Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c	
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i> ) . . . .						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i> ) . . . .						
c Unreimbursed costs—other means-tested government programs (from <i>worksheet 3, column b</i> ) . . . . .						
d Total Charity Care and Means-Tested Programs . . . . .						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i> ) . . . . .						
f Health professions education (from <i>worksheet 5</i> ) . . . . .						
g Subsidized health services (from <i>worksheet 6</i> ) . . . . .						
h Research (from <i>worksheet 7</i> ) . . . . .						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i> ) . . . . .						
j Total Other Benefits . . . . .						
k Total (line 7d and 7j) . . . . .						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total					

Part III

Bad Debt, Medicare, & Collection Practices (Optional for 2008)

Section A. Bad Debt Expense

1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	No
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6—surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

[illegible]

**2 Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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**3 Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

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**4 Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

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**5 Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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**6** Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

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**7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
WakeMed

Grants and Other Assistance to Organizations,  
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Employer identification number  
56-6017737

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

- 2

Enter total number of section 501(c)(3) and government organizations . . . . .

28
- 3

Enter total number of other organizations . . . . .

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e) Method of valuation (book, FMV , appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.  
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 all requests must be in writing they are reviewed according to our donations/sponsorship quidelines as it relates to community need, tie to wakemed's mission and designation as a 501(c)(3) organization all donations are logged on a spreadsheet with the reason for the gift we also keep a file on each organization and all associated paperwork in many cases we also track how the gift is used and the benefits in the case of a large grant, the organization is also asked for a report on results

**Software ID:**  
**Software Version:**  
**EIN:** 56-6017737  
**Name:** WakeMed

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
alliance medical ministry 2610 New Bern Ave raleigh, NC 27610	56-2168673	501(c)(3)	497,125				medical care
wake county human services 10 sunnybrook rd raleigh, NC 27610	58-1422700		271,250				medical care
urban ministries of wake county1390 Capital Boulevard raleigh, NC 27603		501(c)(3)	217,225	700	fmv	linens	medical care
wake county medical society community health foundation 2500 Blue Ridge Rd Ste 330 raleigh, NC 27607	56-2205175	501(c)(3)	135,000				medical care
ncsu engineering foundation PO Box 7901 raleigh, NC 27695	56-6046987	501(c)(3)	5,000				education
American Heart Association Inc4217 park pl glen allen, VA 23060	13-5613797	501(c)(3)	32,500				general support
raleigh rescue missionpo box 27391 raleigh, NC 27611	56-6024168	501(c)(3)	30,000	1,000	fmv	linens	general support
marbles kids museum201 east harget st raleigh, NC 27601	56-1891533	501(c)(3)	20,000				general support
reality check projectpo box 80756 raleigh, NC 27623	16-1654648	501(c)(3)	12,500				teen education
multiple sclerosis society 3101 industrial dr 210 raleigh, NC 27609	13-5661935	501(c)(3)	12,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
nc physicians health program220 horizon dr 218 raleigh, NC 27615	56-1846599	501(c)(3)	12,000				general support
project health for leonpo box 30953 raleigh, NC 27622	56-1917546	501(c)(3)		15,000	fmv	medical equipment	general support
house of joy2856 greenbrook dr wendell, NC 27591	38-3654386	501(c)(3)		38,250	fmv	office furniture/bed	general support
wake educational partnership706 hillsborough st raleigh, NC 27603	58-1518182	501(c)(3)	10,047				education
ncma foundation4630 mail service cntr raleigh, NC 27699	23-7071511	501(c)(3)	10,000				general support
united arts council101 s blout st raleigh, NC 27601	56-0770175	501(c)(3)	9,500				general support
occuneechee councilpo box 3008 raleigh, NC 27602	56-0529984	501(c)(3)	7,500				general support
interact1012 oberlin rd raleigh, NC 27605	58-1320613	501(c)(3)	5,416				general support
wake county early college of health & science2901 Holston Ln raleigh, NC 27610	56-0547501	501(c)(3)	5,362				educational support
american red cross101 n peartree ln raleigh, NC 27610		501(c)(3)	5,000				general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
artsplosurepo box 391 raleigh, NC 27602	58-1387567	501(c)(3)	5,000				general support
capital area soccer league3300 womens club dr raleigh, NC 27612	23-7441292	501(c)(3)	5,000				general support
community in schools222 n pearson st raleigh, NC 27601	56-1677831	501(c)(3)	5,000				general support
hospice of wake county 1300 st marys st raleigh, NC 27605	56-1228779	501(c)(3)	5,000				indigent support
inter faith food shuttlepo box 14638 raleigh, NC 27620	56-1753180	501(c)(3)	5,000	7,357	fmv	food donation	general support
juvenile diabetes foundation7721 six forks rd raleigh, NC 27620	23-1907729	501(c)(3)	5,000				general support
leadership trianglepo box 611 durham, NC 27702	56-1852726	501(c)(3)	5,000				general support
march of dimes6504 falls of the neuse rd raleigh, NC 27615	13-1846366	501(c)(3)	5,000				general support

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
WakeMed

Employer identification number  
56-6017737

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a		
a	Receive a severance payment or change of control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						



Software ID:  
Software Version:  
EIN: 56-6017737  
Name: WakeMed

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
william k atkinson ii	(i) (ii)	767,477	324,986	28,175	125,264	16,883	1,262,785	324,986
michael devaughn	(i) (ii)	345,615	115,870	14,541	11,500	8,019	495,545	95,870
deborah g friberg	(i) (ii)	417,832	137,058	20,294	17,250	17,724	610,158	117,058
kathleen k gormley	(i) (ii)	411,034	135,249	26,668	14,950	15,738	603,639	115,249
david c coulter	(i) (ii)	337,897	60,098	17,001	13,800	16,910	445,706	60,098
mary a wilcox	(i) (ii)	259,361	63,372	15,745	13,800	19,619	371,897	45,372
jeanene r martin	(i) (ii)	245,485	44,892	22,610	17,250	16,188	346,425	44,829
e denton arledge	(i) (ii)	266,869	21,083	3,374	14,950	16,947	323,223	21,083
rebecca e andrews	(i) (ii)	228,035	27,518	20,093	16,454	11,808	303,908	17,518
thomas g cavender	(i) (ii)	229,478	18,600	19,202	14,950	16,159	298,389	21,083
carolyn knaup	(i) (ii)	188,627	25,515	13,980	16,100	16,109	260,331	15,515
BETSY GASKINS-mcclaine	(i) (ii)	192,406	14,798	385	16,223	7,375	231,187	14,798
Georgia c sumiel	(i) (ii)	164,293	12,663	1,572	5,448	12,009	195,985	12,663
derrick miles	(i) (ii)	188,939	22,837	17,760	11,766	13,931	255,233	15,184
mark l wood	(i) (ii)	300,742	369,385	274	14,950	16,310	701,661	
timothy e harris	(i) (ii)	385,450	194,378	362	14,950	7,394	602,534	
curtis hanson	(i) (ii)	253,396	273,968	222	13,800	7,493	548,879	
karl l pete	(i) (ii)	347,790	103,312	356	13,800	11,909	477,167	12,312
johnathan d chappell	(i) (ii)	225,203	207,485	163	13,800	7,099	453,750	
lisbeth g gierman	(i) (ii)	90,108	8,304	173,920	18,400	1,140	291,872	8,304

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds	OMB No 1545-0047
		2008
		Open to Public Inspection

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Department of the Treasury Internal Revenue Service	
Name of the organization WakeMed	Employer identification number 56-6017737

Part I

Bond Issues (Required for 2008)

(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	
						Yes	No	Yes	No
A nc medical care commission	52-1309402	65821dcd1	02-10-2009	169,225,082	See Schedule O		X		X
B nc medical care commission	52-1309402	65821dcs8	02-26-2009	75,000,000	see Schedule O		X		X
C nc medical care commission	52-1309402	65821dcw9	07-16-2009	81,780,000	See schedule O		X		X

Part II

Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total Proceeds of Issue										
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III

Private Business Use (Optional for 2008)

	A		B		C		D		E	
	Yes	No	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?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV

Arbitrage (Optional for 2008)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

<b>Name of the organization</b> WakeMed	<b>Employer identification number</b> 56-6017737
--------------------------------------------	-----------------------------------------------------

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		8 members of the board are appointed to the board of directors by wake county

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		the wake county board of commissioners holds limited veto and approval over some governing body decisions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		review ed in finance commttee of the board of directors and a final copy w as emailed to the board before filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		the organization monitors and enforces the conflict of interest policy in various ways each year, members of the board, committees with board delegated powers, ceo, corporate staff, executive staff, directors, managers are required to complete and submit a conflicts of interest questionnaire those individuals are required to provide written documentation of any potential conflict of interest, identifying material financial interest/personal conflicts of interest remedial measures implemented to address conflicts of interest include abstention from voting on certain issues as well as recusal from the decision-making process and participation involving the identified issue/area the code of conduct provides guidance on gifts and travel gifts should not be accepted and prior to any travel/lodging paid for by a third party, written approval must be obtained from an executive vice president also, employees who own or work in a private business outside of wakemed are not allowed to recruit or promote their products and services during work hours or through wakemed printed materials

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		compensation for officers and key employees is done regularly by the human resource department the facility regularly use an independent consulting firm as a source of compensation information, benchmarking and review to ensure consistent and fair compensation practices

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		w e don't make available our governing documents or financial statemtents to the public, how ever the organization's 990 is available upon request

Identifier	Return Reference	Explanation
Form 990, Page 11, Part XI, question 2a-c	Financial Statements	The financial statements are included in the consolidated audited financial statements of WakeMed

Identifier	Return Reference	Explanation
Form 990, Page 1, Box C	Doing Business As	Legal entity name WakeMed Legal entiy EIN 56-6017737 dba name(s) 1 wake medical center 2 western wake hospital 3 northern wake hospital 4 wake heart center 5 western wake medical center 6 wake rehabilitation hospital 7 wake area health education center 8 wake ahec 9 eastern wake day hospital and skilled nursing facility 10 southern wake day hospital and skilled nursing facility 11 northern wake day hospital 12 wakemed home care 13 wakemed - new bern avenue campus 14 wakemed - western wake med center 15 wakemed - rehab 16 wakemed - fuquay-varina 17 wakemed - zebulon-wendell 18 wakemed raleigh campus 19 wakemed cary hospital 20 wakemed north healthplex 21 wakemed clayton medical park 22 wakemed cary outpatient rehab center 23 wakemed fuquay-varina outpatient & skilled nursing facility 24 wakemed zebulon/wendell outpatient & skilled nursing facility 25 wakemed wake forest road outpatient rehab center 26 wakemed home health 27 wakemed health & hospitals 28 wakemed emergency services institute 29 wakemed center for patient safety 30 wakemed apex healthplex

Identifier	Return Reference	Explanation
Form 990, Page 1, Question 6	Volunteers	WakeMed has 1,200 volunteers who have worked approximately 112,978 hours during the year They are technically classified as volunteers of the organizations, "The Volunteers at WakeMed Raleigh Campus" and "The Volunteers at WakeMed Cary Hospital"

Identifier	Return Reference	Explanation
Schedule H, Page 3, Part V	Facility Information	Part V lists those facilities separately licensed and/or registered under state law It is not a complete listing of all sites w here services are provided the complete listing can be found on wakemed org

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section B , Question 16b	Joint Ventures	Although wakemed did not have a formal w ritten policy w ith respect to joint ventures as of 9/30/09, the only joint venture of the organization as of that date and as described in 16a included a provision to protect the exempt status of the organization Specifically, its articles of organization states, in pertinent part, "The purposes of the company shall be to further exempt purposes of wakemed, w hich purpose shall take precedence over purely profit-related motivations " A w ritten policy w hose terms satisfy the requirements of this question is under review by committees of the board of directors and w ill be presented to the board for final approval on may 4, 2010

Identifier	Return Reference	Explanation
Schedule K, Page 1, Part I, Row A, column f	Description of Purpose	(a) pay the costs of expanding and renovating hospital facilities, expanding and replacing the hospital's parking decks and financing various hospital equipment to be utilized by the corporation (b) fund a debt service reserve fund for the bonds (C) pay the premium for a financial guaranty insurance policy (d) pay certain other fees and expenses in connection w ith the issuance

Identifier	Return Reference	Explanation
Schedule K, Page 1, Part I, Row B, column f	Description of Purpose	(a) pay the costs of expanding and renovating hospital facilities, expanding and replacing the hospital's parking decks and financing various hospital equipment to be utilized by the corporation (b) pay certain initial fees and expenses relating to the credit facility (c) pay certain other fees and expenses in connection w ith the issuance

Identifier	Return Reference	Explanation
Schedule K, Page 1, Part I, Row c, column f	description of Purpose	(a) currently refund all of the outstanding series 1997 bonds (b) pay certain other fees and expenses in connection w ith the issuance

Identifier	Return Reference	Explanation
Form 990, Page 6, Part VI, Section A , Question 8a and 8b		w akemed documents all meetings held by the governing body and each committee meetings in the form of "minutes of the meetings " these minutes are kept in 2 formats, paper and disks w hich are stored at separate locations

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

Name of the organization  
WakeMed

Employer identification number  
56-6017737

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN 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
WAKE ORTHOPEDICS llc 3009 NEW BERN AVENUE RALEIGH, NC 27610 04-3750760	medical office	NC	6,777,861	2,749,606	N/A
CARDIAC INNOVATIONS llc 3000 NEW BERN AVENUE RALEIGH, NC 27610 26-0554927	equipment leasing	NC	100,059	117,231	N/A
wake specialty physicians llc 3009 NEW BERN AVENUE raleigh, NC 27610 26-4169156	medical office	NC	3,920,562	2,748,086	N/A
wakemed surgery center llc 3000 NEW BERN AVENUE raleigh, NC 27610 26-0804803	medical office	NC	0	0	N/A

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
wakemed property services  3000 new bern ave raleigh, NC27610 56-1133894	leasing properties	NC	501(c)(3)	509(a)(3)	N/A
wakemed faculty practice plan  3000 new bern ave raleigh, NC27610 23-7169178	promote educational	NC	501(c)(3)	509(a)(3)	N/A
the volunteers at cary campus  1900 kildaire farm rd cary, NC27511 56-1798031	assistance to patients	NC	501(c)(3)	509(a)(3)	N/A
the volunteers at wakemed raleigh campus  3000 new bern ave raleigh, NC27610 56-0749114	assistance to patients	NC	501(c)(3)	509(a)(3)	N/A
wakemed foundation  3000 new bern ave raleigh, NC27610 56-1916549	fundraising	NC	501(c)(3)	7	N/A

Part III

Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
wake pet services llc  3000 new bern ave raleigh, NC27607 26-3108205	eq leasing	NC	N/A	related	950	867,233		No			No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(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

Part V

Transactions with Related Organizations

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

Yes

Yes

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) wake faculty practice plan	R	28,818,193
(2) wake property services	R	1,191,696
(3) wake property services	J	1,923,024
(4) wakemed foundation	Q	481,384
(5) wakemed foundation	R	1,476,600
(6)		

Schedule R (Form 990) 2008

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]