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| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |

| | | | | | | | | | |
|--|--|--|--|--|--|---------------------------------|--|--|--|
| A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010 | | | | | | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | | C Name of organization WAKEMED Doing Business As See schedule O Number and street (or P O box if mail is not delivered to street address) Room/suite 3000 NEW BERN AVE City or town, state or country, and ZIP + 4 RALEIGH, NC 27610 | | | | | | D Employer identification number 56-6017737 | |
| | | | | | | | | E Telephone number (919) 350-0535 | |
| | | | | | | | | G Gross receipts \$ 1,335,557,233 | |
| | | | | | | | | | |
| | | F Name and address of principal officer dr william atkinson 3000 NEW BERN AVE RALEIGH, NC 27610 | | | | | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | | | | |
| J Website: ▶ WWW.WAKEMED.ORG | | | | | | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | | | L Year of formation 1965 | | M State of legal domicile NC | |






Part I Summary

| | | | |
|------------------------------------|-----------|---|----------------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities <u>WAKEMED IS A MULTI-FACILITY HEALTH SYSTEM, PROVIDING STATE OF THE ART, HIGH QUALITY CARE</u> | |
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| | 2 | Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 <u>14</u> |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 <u>14</u> |
| | 5 | Total number of employees (Part V, line 2a) | 5 <u>8,800</u> |
| | 6 | Total number of volunteers (estimate if necessary) | 6 <u>1,090</u> |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a <u>2,293,490</u> |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b <u>-177,370</u> |

| Revenue | | | Prior Year | Current Year |
|-----------------------------|-----|---|---------------------------|---------------|
| | 8 | Contributions and grants (Part VIII, line 1h) | 7,115,585 | 5,965,412 |
| | 9 | Program service revenue (Part VIII, line 2g) | 869,635,965 | 877,653,989 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,013,068 | 11,942,993 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,007,373 | 1,013,153 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 883,771,991 | 896,575,547 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 1,410,354 | 1,217,664 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 484,677,214 | 475,390,247 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ⁰ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 400,487,762 | 416,779,932 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 886,575,330 | 893,387,843 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -2,803,339 | 3,187,704 |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 1,287,675,913 | 1,335,640,583 |
| | 21 | Total liabilities (Part X, line 26) | 655,573,436 | 663,145,048 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 632,102,477 | 672,495,535 |

Part II Signature Block

| | | |
|-----------------------------------|---|------------|
| <div> <div>Sign Here</div> </div> | 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 | |
| | ***** | 2011-08-11 |
| | 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  | Preparer's identifying number (see instructions) | |
| | Firm's name (or yours if self-employed), address, and ZIP + 4  | LarsonAllen LLP <hr/> 101 N Tryon Street Suite 1000 Charlotte, NC 28246 | | | EIN  <hr/> Phone no  (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

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/out patient, 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

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 501(c)(4) organizations and section 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 \$ 231,633,557 including grants of \$) (Revenue \$ 223,852,915)

SURGICAL SERVICES - WakeMed offers surgical services in 3 locations, WakeMed Raleigh Campus, WakeMed Cary Campus and WakeMed North Healthplex All of them provide surgical services, both in and outpatient to all regardless of their ability to pay By having services in 3 distinct locations throughout the county, WakeMed has improved access to these services Access to specialty care continues to be one of the key concerns facing our community WakeMed has expanded its network of specialists and WakeMed Faculty Physicians is one of the key groups of physicians who provide subspecialty care to the undersnsured and work with the patient to provide discounted fees based on income and need Many physicians on the medical staff continue this practice of provding quality care to patients regardless of ability to pay Last year, surgeries were performed on 28,567 total patients in the WakeMed system

4b

(Code) (Expenses \$ 217,157,931 including grants of \$) (Revenue \$ 239,529,072)

HEART SERVICES - WakeMed's heart and vascular program is one of the largest and most well respected in NC Last year, more than 29,000 cardiovascular procedures were conducted for nearly 14,000 patients in the WakeMed system Procedures included surgery, cardiac catheterizations and electrophysiology and thousands of others were treated medically as in and outpatients throughout the system The 2008 State of the County Health Report indicated heart disease as the second leading cause of death in Wake County Additionally, the county's Health Assessment identified management of chronic disease of paramount importance to Wake County residents' overall health WakeMed's Heart Center has made significant strides in programs and services aiming to reduce heart disease and diabetes and improve patients' understanding of disease management The Wake Heart Center provides a 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 complement our comprehensive care services Our intentions are to teach patients about their risk factors for heart disease and encourage healthy behaviors through lifestyle changes, thus building a foundation for a healthier population WakeMed Mobile Critical Care Services provides critical care transport via ground and air servicing Serving approximately 1,000 critically ill patients each month, it is the busiest inter-facility ground transport service in the state Each year, WakeMed's Heart Center provides free health screenings including cholesterol screenings, blood pressure checks, vascular screenings and stroke assessments throughout the community These screenings are designed to be a secondary prevention activity to detect early onset of disease and illness WakeMed conducts training for the program CPR Anytime at multiple locations in Wake County, and provides CPR Anytime kits throughout the community at more than a 70 percent discounted cost Last fiscal year, WakeMed treated 13,896 patients in our Heart Center, of these, 8,148 were insured under Medicare, 938 were insured under Medicaid and 444 of these patients were uninsured

4c

(Code) (Expenses \$ 72,299,532 including grants of \$) (Revenue \$ 104,290,971)

EMERGENCY SERVICES - Access to affordable health care continues to be a critical challenge facing Wake County's residents One of the many ways WakeMed has improved access for Wake County residents is through our multiple locations and physicians offices throughout the community Over the past couple of years, WakeMed has opened stand alone emergency departments, which are geographically spread throughout the county, increasing convenient access to emergency care for patients WakeMed is among the top three volume providers of emergency care in NC Its four adult emergency departments are located throughout Wake County Our Children's Emergency Department in Raleigh is the only Children's ED in the county WakeMed's Raleigh Campus is also home to Wake County's only Level I 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 medical care, regardless of their ability to pay In FY10, 191,600 patients were treated in WakeMed's Emergency Departments, of these patients 30,965 were insured under Medicare, 50,827 of these patients were insured under Medicaid, and 39,583 of these patients were uninsured Nearly 47 percent of all patients seen in our EDs are either Medicaid or uninsured resulting in WakeMed providing care for more than 80 percent of the county's uninsured and Medicaid patients

4d

Other program services (Describe in Schedule O) See also Additional Data for Description



















(Expenses \$ 274,351,323 including grants of \$ 1,217,664) (Revenue \$ 28,902,589)

4e

Total program service expenses➤\$ 795,442,343

Form 990 (2009)

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | Yes | | | | |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  | 11 | Yes | | | | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | No | | | | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td> 12A</td><td>Yes</td></tr></table> | Yes | No |  12A | Yes | | |
| Yes | No | | | | | | |
|  12A | Yes | | | | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No | | | | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No | | | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I  | 14b | Yes | | | | |
| 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 U S ? 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 U S ? If "Yes," complete Schedule F, Part III  | 16 | No | | | | |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | No | | | | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No | | | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No | | | | |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H  | 20 | Yes | | | | |

Part IV

Checklist of Required Schedules (continued)

| | | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> | 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? <i>If "Yes," complete Schedule L, Part I</i> | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | | No |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | No |
| 32 | 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> | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | 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> | 34 | Yes | |
| 35 | 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> | 35 | Yes | |
| 36 | Section 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> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | | |
|-----|--|---------|-----|----|
| | | | 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 | 1a548 | | |
| 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 | Yes | |
| 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 | 2a8,807 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization, 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 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | No |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | No |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | No |
| 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

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

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 1a | 14 | |
| b | Enter the number of voting members that are independent | 1b | 14 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | 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? | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | 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? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | Yes | |
| b | If "Yes," 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? | 16b | Yes | |

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 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 current or former officer, director, trustee or key employee

Form **990** (2009)

| | | | | |
|-----------|------------------------|-----------|---|---------|
| 1b | Total | 6,891,029 | 0 | 648,399 |
|-----------|------------------------|-----------|---|---------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶408

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| Brasfield & Gorrie LLC 8521 Six Forks Rd 110 Raleigh, NC 27615 | construction | 54,927,515 |
| Owens & Minor 4200 Global St raleigh, NC 27610 | medical supplies | 32,891,858 |
| amensourcebergen po box 530494 atlanta, GA 30384 | pharmaceuticals | 26,173,280 |
| medtronic po box 409201 atlanta, GA 30384 | medical devices | 24,943,468 |
| University of NC Hospitals 211 Friday Center Dr Chapel Hill, NC 27517 | Physician Services | 18,213,280 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶341

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 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 | 4,739,649 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,225,763 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | | |
| | h | Total. Add lines 1a-1f | | | 5,965,412 | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a | patient services | 621,500 | 850,868,534 | 850,374,069 | 494,465 | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f | All other program service revenue | | 26,785,455 | 18,944,425 | 1,799,027 | 6,042,003 | |
| | g | Total. Add lines 2a-2f | | | 877,653,989 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | | 13,658,349 | | 13,658,349 | |
| | 4 | Income from investment of tax-exempt bond proceeds . . . | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6a | (i) Real | | (ii) Personal | | | | 628,114 |
| | | Gross Rents | 713,238 | | | | | |
| | | Less rental expenses | 85,124 | | | | | |
| | | Rental income or (loss) | 628,114 | | | | | |
| | d | Net rental income or (loss) | | | 628,114 | | | 628,114 |
| | 7a | (i) Securities | | (ii) Other | | | | |
| | | Gross amount from sales of assets other than inventory | 436,269,069 | 912,137 | | | | |
| | | Less cost or other basis and sales expenses | 438,267,201 | 629,361 | | | | |
| | | Gain or (loss) | -1,998,132 | 282,776 | | | | |
| | d | Net gain or (loss) | | | -1,715,356 | | | -1,715,356 |
| | 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | | a | | | | | | |
| | | b | Less direct expenses | | | | | |
| | c | Net income or (loss) from fundraising events . . . | | | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | | a | | | | | | |
| | | b | Less direct expenses | | | | | |
| 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 | 385,039 | 385,039 | | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | | 385,039 | | | | |
| 12 | Total revenue. See Instructions | | | 896,575,547 | 869,703,533 | 2,293,492 | 18,613,110 | |

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 | 1,217,664 | 1,217,664 | | |
| 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 | 4,551,496 | | 4,551,496 | |
| 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 | 385,683,188 | 327,830,710 | 57,852,478 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 13,836,978 | 11,761,431 | 2,075,547 | |
| 9 | Other employee benefits | 44,532,648 | 37,852,751 | 6,679,897 | |
| 10 | Payroll taxes | 26,785,937 | 22,768,046 | 4,017,891 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 1,074,198 | 1,009,746 | 64,452 | |
| c | Accounting | 214,890 | 196,732 | 18,158 | |
| d | Lobbying | 226,300 | 212,722 | 13,578 | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 1,071,131 | 1,006,863 | 64,268 | |
| g | Other | 79,173,463 | 74,423,055 | 4,750,408 | |
| 12 | Advertising and promotion | 4,954,166 | 4,656,916 | 297,250 | |
| 13 | Office expenses | 187,887,141 | 176,613,913 | 11,273,228 | |
| 14 | Information technology | 10,051,391 | 9,448,308 | 603,083 | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 17,385,127 | 16,342,019 | 1,043,108 | |
| 17 | Travel | 660,464 | 620,836 | 39,628 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 979,923 | 921,127 | 58,796 | |
| 20 | Interest | 13,893,557 | 13,893,557 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 63,022,153 | 63,022,153 | | |
| 23 | Insurance | 6,691,941 | 6,290,425 | 401,516 | |
| 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 | 16,936,239 | 13,548,991 | 3,387,248 | |
| b | minor equipment | 3,784,557 | 3,557,484 | 227,073 | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 8,773,291 | 8,246,894 | 526,397 | |
| 25 | Total functional expenses. Add lines 1 through 24f | 893,387,843 | 795,442,343 | 97,945,500 | 0 |
| 26 | Joint costs. Check here <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 | 1 | Cash—non-interest-bearing | | | 33,990 | 1 | 47,880 |
| | 2 | Savings and temporary cash investments | | | 434,301,087 | 2 | 526,517,265 |
| | 3 | Pledges and grants receivable, net | | | 1,068,584 | 3 | 668,736 |
| | 4 | Accounts receivable, net | | | 116,134,806 | 4 | 116,153,089 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| | 8 | Inventories for sale or use | | | 18,879,703 | 8 | 19,481,828 |
| | 9 | Prepaid expenses and deferred charges | | | 6,611,930 | 9 | 9,621,002 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 1,168,838,902 | | | |
| | b | Less accumulated depreciation | 10b | 642,523,807 | 509,325,275 | 10c | 526,315,095 |
| | 11 | Investments—publicly traded securities | | | 56,652,762 | 11 | 48,902,633 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 144,667,776 | 15 | 87,933,055 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 1,287,675,913 | 16 | 1,335,640,583 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 117,184,225 | 17 | 128,040,889 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 7,002,196 | 19 | 1,351,501 |
| | 20 | Tax-exempt bond liabilities | | | 465,827,140 | 20 | 463,845,902 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 65,559,875 | 25 | 69,906,756 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 655,573,436 | 26 | 663,145,048 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | | |
| | 27 | Unrestricted net assets | | | 631,688,951 | 27 | 671,933,552 |
| | 28 | Temporarily restricted net assets | | | 413,526 | 28 | 561,983 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 632,102,477 | 33 | 672,495,535 |
| 34 | Total liabilities and net assets/fund balances | | | 1,287,675,913 | 34 | 1,335,640,583 | |

Part XI Financial Statements and Reporting

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

| | |
|-------------------------------------|--|
| Name of the organization WAKEMED | Employer identification number 56-6017737 |
|-------------------------------------|--|

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

☐

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

☐

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

☐

Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above 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.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 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 | | | | | | |

| Section C. Computation of Public Support Percentage | | | | | | |
|--|--|----|--|--|--|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | | 14 | | | | |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | | 15 | | | | |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b 33 1/3% support test—2008. 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 | | | | | | |
| 17a 10%-facts-and-circumstances test—2009. 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 | | | | | | |
| b 10%-facts-and-circumstances test—2008. 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 | | | | | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | | | | | |

Part 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 through 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 \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 June 30, 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 | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. 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 | | |
| b33 1/3% support tests—2008. 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 | | |
| 20Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| | | | | | |
|----------------------------|----------------|-------------|------------------------|-------------------------|--------------|
| 4d. Other program services | | | | | |
| (Code |) (Expenses \$ | 274,351,323 | including grants of \$ | 1,217,664) (Revenue \$ | 28,902,589) |

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

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), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

| | |
|-------------------------------------|--|
| Name of the organization WAKEMED | Employer identification number 56-6017737 |
|-------------------------------------|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

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 | | | | | | | | | | | | | | | |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (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 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| | | (a) | | (b) |
|---|---|-----|----|---------|
| | | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | a Volunteers? | | No | |
| | b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| | c Media advertisements? | | No | |
| | d Mailings to members, legislators, or the public? | | No | |
| | e Publications, or published or broadcast statements? | | No | |
| | f Grants to other organizations for lobbying purposes? | Yes | | 77,327 |
| | g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 148,972 |
| | h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| | i Other activities? If "Yes," describe in Part IV | | No | |
| | j Total lines 1c through 1i | | | 226,299 |
| | 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |

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

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

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

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

Part IV Supplemental Information

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. |

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAKEMED

Employer identification number
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 for any other purpose conferring 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 a 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><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table> | | Held at the End of the Year | 2a | | 2b | | 2c | | 2d | |
| | Held at the End of the Year | | | | | | | | | | | |
| 2a | | | | | | | | | | | | |
| 2b | | | | | | | | | | | | |
| 2c | | | | | | | | | | | | |
| 2d | | | | | | | | | | | | |
| 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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | | | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____ | | | | | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____ | | | | | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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

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 the arrangement 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 | 316,547 | 350,781 | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 7,328 | 9,625 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | 42,650 | | | |
| f Administrative expenses | 1,206 | 1,209 | | | |
| g End of year balance | 322,669 | 316,547 | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

0 %

b

Permanent endowment ▶

100.000 %

c

Term endowment ▶

0 %

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

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) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 3,392,317 | | 3,392,317 |
| b Buildings | | 553,751,337 | 171,132,908 | 382,618,429 |
| c Leasehold improvements | | 8,087,691 | 3,997,896 | 4,089,795 |
| d Equipment | | 565,962,333 | 453,203,156 | 112,759,177 |
| e Other | | 37,645,224 | 14,189,847 | 23,455,377 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 526,315,095 |

Schedule D (Form 990) 2009

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 | 2e | |
| 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 | 4c | |
| 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 | 2e | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 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: | 4c | |
| 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 IV, 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. Also complete this part to provide any additional information.

| 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 homecare setting |

[illegible]**Schedule F (Form 990) 2009**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

Complete this part to provide the information required in Part I, line 2, and any additional information.

Schedule F (Form 990) 2009

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
WAKEMED

Employer identification number
56-6017737

Part I

Charity Care and Certain Other Community Benefits at Cost

| | | | | |
|--|---|-----|-----|----|
| | | Yes | No | |
| 1a | Does the organization have a charity care policy? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 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 checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most 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 checked="" 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 checked="" 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 | Yes | |
| 5a | Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | Yes | |
| 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 | | No |
| 6a | Does the organization prepare an annual community benefit report? | 6a | Yes | |
| 6b | If "Yes," does the organization make it available to the public? | 6b | Yes | |
| 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 Government 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 Worksheets 1 and 2) | | | 65,883,417 | | 65,883,417 | 7 370 % |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | | | 41,056,359 | | 41,056,359 | 4 600 % |
| c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Charity Care and Means-Tested Government Programs | | | 106,939,776 | | 106,939,776 | 11 970 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 3,424,736 | | 3,424,736 | 0 380 % |
| f Health professions education (from Worksheet 5) | | | 16,177,063 | 7,918,304 | 8,258,759 | 0 920 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | 638,802 | | 638,802 | 0 070 % |
| j Total Other Benefits | | | 20,240,601 | 7,918,304 | 12,322,297 | 1 370 % |
| k Total. Add lines 7d and 7j | | | 127,180,377 | 7,918,304 | 119,262,073 | 13 340 % |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

| | (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 | | 84,754 | | 84,754 | 0 010 % |
| 2 | Economic development | | 211,026 | | 211,026 | 0 020 % |
| 3 | Community support | | 231,695 | | 231,695 | 0 030 % |
| 4 | Environmental improvements | | | | | |
| 5 | Leadership development and training for community members | | | | | |
| 6 | Coalition building | | | | | |
| 7 | Community health improvement advocacy | | 19,419 | | 19,419 | 0 % |
| 8 | Workforce development | | 809,575 | | 809,575 | 0 090 % |
| 9 | Other | | | | | |
| 10 | Total | | 1,356,469 | | 1,356,469 | 0 150 % |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|------------|
| 1 | Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15? | 1 | No |
| 2 | Enter the amount of the organization's bad debt expense (at cost) | 2 | 10,666,728 |
| 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 | 0 |
| 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, and 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 | 246,501,712 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 241,929,320 |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall). | 7 | 4,572,392 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" 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 | Yes |
| 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 | Yes |

Part IVManagement Companies and Joint Ventures

| (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 | Mid-Carolina Home Care LLC | Home Infusion/Medical Equipment | 50 000 % | 0 % |
| 2 | Wake PET Services LLC | Equipment Leasing | 50 000 % | 0 % |
| 3 | Cardiac Innovations LLC | Equipment Leasing | 100 000 % | 0 % |
| 4 | Wake Orthopedics LLC | Medical Practice | 100 000 % | 0 % |
| 5 | Wake Specialty Physicians LLC | Medical Practice | 100 000 % | 0 % |
| 6 | Blue Ridge GP LLC | medical Practice | 51 000 % | 0 % |
| 7 | Partners in Practice LLC | Medical Practice | 100 000 % | 0 % |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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)

See additional data

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

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

NC

Additional Data

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

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a wakemed prepares a community benefit report per the guidelines of our state hospital association this report is available on the wakemed and ncha website

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 charity care is reported as the system charity care at cost medicaid costs are derived from our cost accounting system, which addresses all patient segments

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f The amount reported in Part III, line 2 is the system bad debt at cost charity and bad debt accounts are recorded at current account balance levels the balance may be net of contractual allowances and/or payments received for example, bad debt or charity resulting from an unpaid patient liability after insurance is recorded at the amount unpaid by the patient the text of the footnote to wakemed's financial statements regarding bad debt expense is as follows "wakemed has presented its provision for uncollectible accounts as a direct reduction of patient service revenue in accordance with the AICPA audit guide for health care organizations based on the most recent update of the audit guide's interpretations of the requirements of GASB statement no 34, governmental health care organizations are required to present uncollectible accounts as a component of net patient service revenue rather than within operating expenses "

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The amount reported in Part III, line 2 is the system bad debt at cost charity and bad debt accounts are recorded at current account balance levels the balance may be net of contractual allowances and/or payments received for example, bad debt or charity resulting from an unpaid patient liability after insurance is recorded at the amount unpaid by the patient the text of the footnote to wakemed's financial statements regarding bad debt expense is as follows "wakemed has presented its provision for uncollectible accounts as a direct reduction of patient service revenue in accordance with the AICPA audit guide for health care organizations based on the most recent update of the audit guide's interpretations of the requirements of GASB statement no 34, governmental health care organizations are required to present uncollectible accounts as a component of net patient service revenue rather than within operating expenses "

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 there are significant costs involved in the treatment of Medicare patients that are not reportable on the cost report some of these costs are \$1,915,841 for laboratory and therapy services, \$12,534,645 for non-covered and non-compliant costs, \$5,816,206 for physician costs, \$16,032,265 for cost excluded per Medicare cost reporting requirements and \$933,154 for unreimbursed Medicare bad debt The medicare allowable costs were determined from the medicare cost report, as specified in the provider reimbursement manual

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b the wakemed collections policy applies to all patients once an account balance is determined to be patient liability, a letter is sent to the patient requesting payment on the balance of the account if no payment or response is received within 30 days, a second notice is mailed requesting payment at day 60, the patient is sent a third letter instructing them to settle the account within 10 days at day 75, the patient is sent a final notice requesting payment within 10 days or the account will be moved to a collection agency while the letter states 10 days to receive this payment, wakemed allows 30 days for payment to be received and posted to the account before the account is sent to the collection agency on day 105 Note, due to medicare regulations, medicare patient accounts do not move to the collection agency until day 125

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V In addition to the facilities listed in part V, the wakemed system includes six O P rehabilitation facilities, two freestanding 24 hour ED/O R facilities with O P services, and two skilled nursing/O P facilities

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 WakeMed assesses the health needs in the community in multiple ways The organization collects primary data by partnering with Wake County Human Services to conduct a community-wide assessment of perceived health issues facing the community, gaps and needs and the existing assets currently available In addition, WakeMed consistently surveys patients served both formally and informally through discussions, focus groups, etc We also work with partnering organizations to understand the needs of certain segments of the population even further Quantitative secondary data is also collected and analyzed on an on-going basis from a wide variety of sources to help determine the demographics, socioeconomics, health status, chronic illnesses, and barriers to access that exist in all markets that WakeMed serves

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 WakeMed posts the required EMTALA notice at all portals of entry, including Emergency Departments The signage notes that WakeMed participates in the Medicaid program The WakeMed website provides detailed information regarding financial assistance and charity care In addition, the financial assistance form is located on the website for any patient to complete and submit as part of the intake process/registration for all patients, wakemed provides a copy of the financial and billing policy, which refers patients to patient financial services if they have concerns regarding their ability to pay the bill all inpatients and patients scheduled for selected outpatient procedures, and who are designated "uninsured" at the time of admission, are contacted personally by a financial counselor In addition, any patient, regardless of insurance coverage, may request to see a financial counselor The financial counselor will assess possible Medicaid eligilbity and provide an application/financial statement that is submitted to patient financial services to request assistance with medical expenses wakemed also has on-site employees from wake county human services to process medicaid applications for residents of wake county any patient who is uninsured and may be elibible for disability is referred to a wakemed disability specialist who will assist with the application wakemed includes information regarding the financial assistance policy in all patient billing statements

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Although wakemed serves patients from all of north Carolinas 100 counties and beyond, its primary service area can best be described as the contiguous zone including wake county, Durham county, orange county and Johnston county in central north Carolina These counties are growing areas consisting of a central city core in Raleigh-Durham-Chapel Hill, and dozens of smaller communities that view Raleigh-Durham-chapel hill as their primary source for tertiary level care The market itself is fiercely competitive, the only market in the state with 3 major health systems competing against one another Wakemed shoulders the vast majority of the charity care in the market The growth of the population base and the gradual aging of the population are indicating an extensive need for more capacity to serve the community over the few next decades Residents of these 4 counties currently number over 1 5 million in population, and that population has continued to grow even amidst the worst economic recession in many decades The population is fairly diverse Key health indicators for this population are collected and reviewed by wakemed frequently Health facilities investment is lacking in areas with high self-pay & Medicaid rates The western and northern parts of the market are much more prosperous than southern and eastern Not dissimilar from most urban parts of America, the majority of deaths come from cancer, heart, and vascular diseases In addition, the primary service area is growing and aging With health care changes afoot, wakemed will see intense demands on capital and tight reimbursement over the next decade All of these factors are coming together to require that community investments to meet needs be determined with razor-sharp accuracy

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Based on the information gathered from many sources and the needs determined, wakemed develops and implements numerous community-building activities that address the root causes of many health problems. Specifically, we provide financial and in-kind support to community-based organizations whose mission is to address the specific health needs of those populations which are underserved and/or are dealing with critical health issues, we are frequently stationed throughout the community (outside the walls of our organizations) providing health education (stroke, heart disease, diabetes, injury prevention, nutrition), screenings, flu shots, first aid, etc throughout the community, we have built coalitions that focus on improving access for the uninsured, on encouraging healthy eating and physical activity to reduce obesity, and on identifying children at risk for and who have been victims of sexual abuse and domestic violence, we lead collaborative efforts to help the community prepare and respond to disasters both natural and man-made, we are actively involved in economic development efforts that are focused on building the small business community, revitalizing neighborhoods by growing the economic base and reducing crime, we are actively involved in advocacy to advance public policy as it relates to cost, access and quality, and we lead extensive efforts to help prepare the workforce of tomorrow. These are but a few examples of the extensive outreach provided by wakemed that further our value to the communities we serve.

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Beyond the care currently provided within our facilities, wakemed continues to develop programs and services in those areas which are underserved and are growing Access to primary care providers is a critical need As a result, we are expanding our network of primary care providers who serve community residents, regardless of their ability to pay Wakemed helps improve the health of the community by outreach that takes on many forms from the direct provision of care to mentoring at-risk youth The 14-member, volunteer, wakemed board of directors, is a true cross section of the communities we serve They are corporate/business leaders, community and volunteer leaders and community physicians Eight of the 14 members are appointed by the wake county commissioners and there are no employees or vendors Each board member completes a conflict of interest statement to ensure they represent the best interest of the community In addition, the board has appointed a community benefit task force, which also represents the broader community to help determine where the need is the greatest and provide advice and recommendations to the board with regard to wakemed's role and benefit to the community The medical staffs are open to all community physicians and privileges are extended to those who apply and meet the credentials as established by the by-laws There are currently nearly 1,000 physicians on the medical staffs from all specialties and segments of the community As a private, not-for-profit organization, net income is reinvested in the organization for capital equipment, facility improvements or expansion, new services and service locations, the education of health professionals, research as it relates to the improvement of care and outcomes, and efforts to continually improve the quality and safety of patient care

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 United States

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

OMB No 1545-0047

2009

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" to 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 (Form 990) if additional space is needed
- | (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 |
|--|---------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| See Additional Data Table | | | | | | | |
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| | | | | | | | |
- 2

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

3

Enter total number of other organizations
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2009

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

[illegible]

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

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 ministries 101 Donald Ross Dr raleigh, NC 27610 | 56-2168673 | 501(c)(3) | 402,125 | | | | medical care |
| urban ministries of wake county 1390 Capital Boulevard raleigh, NC 27603 | 58-1422700 | 501(c)(3) | 174,486 | | | | medical care |
| raleigh rescue mission inc po box 27391 raleigh, NC 27611 | 56-6024168 | 501(c)(3) | 30,000 | | | | Medical Care |
| American Heart Association 4217 park pl ct glen allen, VA 23060 | 13-5613797 | 501(c)(3) | 5,500 | | | | general support |
| artsplosure po box 391 raleigh, NC 27602 | 58-1387567 | 501(c)(3) | 5,000 | | | | general support |
| Camp Oak Hill 3824 Barrett Dr 107 Raleigh, NC 27609 | 56-1108825 | 501(c)(3) | 16,455 | | | | general support |
| Cary Visual Arts Inc PO Box 4322 Cary, NC 27519 | 56-2023686 | 501(c)(3) | 5,000 | | | | General Support |
| interact 1012 oberlin rd raleigh, NC 27605 | 58-1320613 | 501(c)(3) | 7,500 | 10,900 | FMV | 2 Vehicles | general support |
| interfaith food shuttle po box 14638 raleigh, NC 27620 | 56-1753180 | 501(c)(3) | 6,000 | | | | general support |
| Junior League of Raleigh Inc PO Box 26821 Raleigh, NC 27611 | 56-0562849 | 501(c)(3) | 8,000 | | | | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| marbles kids museum201 east harget st raleigh, NC 27601 | 58-1647538 | 501(c)(3) | 10,000 | | | | general support |
| march of dimes foundation6504 falls of the neuse rd raleigh, NC 27615 | 13-1846366 | 501(c)(3) | 5,000 | | | | general support |
| NC Museum of art foundation inc4630 mail service cntr raleigh, NC 27699 | 23-7071511 | 501(c)(3) | 10,000 | | | | general support |
| nc physicians health program inc200 horizon dr 218 raleigh, NC 27615 | 56-1846599 | 501(c)(3) | 12,000 | | | | general support |
| NC Spinal Cord Injury Association3701 Spring Forest Rd Raleigh, NC 27609 | 51-0491208 | 501(c)(3) | 5,000 | | | | general support |
| ncsu engineering foundation inc911 Oval Dr raleigh, NC 27695 | 56-6046987 | 501(c)(3) | 5,000 | | | | education support |
| SAFE Child864 W Morgan St Raleigh, NC 27603 | 56-1817816 | 501(c)(3) | 5,000 | | | | general support |
| United Way of the Greater TrianglePO Box 110387 RTP, NC 27709 | 56-1949103 | 501(c)(3) | 34,000 | | | | general support |
| wake education partnership706 hillsborough st A raleigh, NC 27603 | 58-1518182 | 501(c)(3) | 5,000 | | | | general support |
| Project Health for Leon3816 Carnegie Ln Raleigh, NC 27612 | 56-1917546 | 501(c)(3) | | 5,450 | FMV | Medical Equipment | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| UNC Center for Public TVPO Box 14900 RTP, NC 27809 | 56-1977593 | Gov't | 40,000 | | | | education support |
| Debnam Clinic524 Blount St Raleigh, NC 27601 | | | 300,000 | | | | medical care |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> | | |
| 1b | If any of the boxes in line 1a are 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"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</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 with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | |
| 4a | | Yes | |
| 4b | | | No |
| 4c | | | No |
| 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III | | |
| 5a | | | No |
| 5b | | | No |
| 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III | | |
| 6a | | | No |
| 6b | | | No |
| 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 |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

[illegible]

Part III

Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | Part I, Line 1a | tax indemnification, gross-up payments are paid to some key employees. gross-up payments are included in taxable compensation. Part I, Line 1B. ceo benefits requiring gross-up are covered by his employment agreement, any additional ones are approved by the board of directors. other staff gross-ups occur for service award gift checks (\$50/5 years of service). ceo travel for spouse is included in his employment contract. |
| | Part I, Line 4a | severance paid to 1 executive - Miles \$41,779. |
| | Part I, Line 7 | The organization has incentive based programs that are driven by accomplishing targets associated with quality of care, workforce excellence, patient satisfaction, and a minimum operating margin. |

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) | 758,693 | 24,707 | 14,122 | 126,239 | 17,037 | 940,798 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| michael devaughn | (i) | 343,472 | 28,375 | 14,543 | 12,250 | 7,729 | 406,369 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| deborah g friberg | (i) | 414,864 | 30,107 | 15,648 | 17,943 | 18,150 | 496,712 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| kathleen k gormley | (i) | 409,578 | 30,130 | 15,667 | 15,925 | 14,297 | 485,597 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| david c coulter | (i) | 344,764 | 7,518 | 20,821 | 14,700 | 18,981 | 406,784 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| mary a wilcox | (i) | 268,576 | 6,373 | 15,731 | 14,700 | 18,554 | 323,934 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| jeanene r martin | (i) | 243,652 | 5,460 | 14,089 | 18,375 | 16,484 | 298,060 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| evin d arledge | (i) | 262,712 | 5,123 | 1,352 | 15,925 | 17,460 | 302,572 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| thomas cavender | (i) | 229,232 | 4,695 | 14,962 | 15,925 | 13,265 | 278,079 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| carolyn knapp | (i) | 188,533 | 3,943 | 13,989 | 14,724 | 16,721 | 237,910 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| BETSY GASKINS-mcclaine | (i) | 198,067 | 3,685 | 825 | 16,399 | 13,766 | 232,742 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Georgia c sumiel | (i) | 169,505 | 3,187 | 355 | 10,502 | 12,272 | 195,821 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| derrick miles | (i) | 144,945 | 0 | 50,693 | 10,599 | 12,497 | 218,734 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| timothy e harris | (i) | 371,288 | 203,877 | 443 | 15,925 | 15,248 | 606,781 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| mark l wood | (i) | 293,280 | 266,090 | 272 | 15,925 | 17,803 | 593,370 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| johnathan d chappell | (i) | 238,106 | 302,295 | 183 | 14,700 | 8,623 | 563,907 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gurvinder S Deol | (i) | 291,619 | 207,405 | 735 | 7,350 | 18,604 | 525,713 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Robert D Matthews | (i) | 383,501 | 8,623 | 619 | 15,925 | 16,877 | 425,545 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | |
|--------------------------|--|---------------------------|
| Schedule K (Form 990) | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div> | OMB No 1545-0047 |
| | | 2009 |
| | | Open to Public Inspection |

| | |
|-------------------------------------|--|
| Name of the organization WAKEMED | Employer identification number 56-6017737 |
|-------------------------------------|--|

Part I

Bond Issues

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased | | (h) On Behalf of Issuer | |
|------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A nc medical care commission | 52-1309402 | 65821dcr0 | 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

| | A | | B | | C | | D | | E | |
|---|------|----|-------------|----|------------|----|------------|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Total proceeds of issue | | | 169,806,880 | | 75,570,285 | | 87,780,000 | | | |
| 2 Gross proceeds in reserve funds | | | 11,946,013 | | | | | | | |
| 3 Proceeds in refunding or defeasance escrows | | | | | | | | | | |
| 4 Other unspent proceeds | | | 568,437 | | 9,384,637 | | | | | |
| 5 Issuance costs from proceeds | | | 6,340,248 | | 873,463 | | 858,472 | | | |
| 6 Working capital expenditures from proceeds | | | | | | | | | | |
| 7 Capital expenditures from proceeds | | | 150,653,193 | | 65,062,519 | | | | | |
| 8 Year of substantial completion | 2010 | | 2010 | | 2010 | | | | | |
| 9 Were the bonds issued as part of a current refunding issue? | | X | | X | X | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | X | | X | | X | | | | |
| 11 Has the final allocation of proceeds been made? | | X | | X | X | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | X | | | | | |

Part III

Private Business Use

| | 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? | | X | | X | | X | | | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | X | | X | X | | | | | |

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? | X | | X | | X | | | | | |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use? | | X | | X | | X | | | | |
| 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? | X | | X | | X | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | 0 % | | 0 % | | 0 44 0 % | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 % | | 0 % | | 0 % | | | | | |
| 6 | Total of lines 4 and 5 | 0 % | | 0 % | | 0 44 0 % | | | | | |
| 7 | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | X | | X | | | | | |

Part IV

Arbitrage

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

SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

WAKEMED

Employer identification number

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 commsioners holds limited approval over some governing body decisions pertaining to ARticles V, VI, VII and ix in the articles of incorporation the transfer agreement with wake county indicates approval/consent for transactions pertaining to substantial disposition of assets and covenants on lens |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 11 | | The entire 990 and associated schedules are reviewed over a period of months by the finance committee of the board of directors to acknowledge they have reviewed forms and schedules and then recommend approval to the board a final copy is provided 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 conflict 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 15a | | review of the compensation for the CEO, officers and key employees is done regularly by the human resource department the facility regularly uses an independent consulting firm as a source of compensation information, benchmarking and review to ensure consistent and fair compensation practices the CEO's compensation is approved by the Board |

| Identifier | Return Reference | Explanation |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section C, line 19 | | the 990 is available by request and is published on guidestar Financial statements are publically available through the medical care commission as it relates to tax exempt debt The annual audited financial statements and transfer agreement are provided each year to wake county commissioners and become public information Articles of incorporation are available on NC secretary of state website |

| Identifier | Return Reference | Explanation |
|----------------------------|------------------|---|
| form 990, part xi, line 2c | | No changes for approving audited financial statements or selection of independent accountants have occurred from the prior year |

| 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 where services are provided the complete listing can be found on wakemed.org |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | Schedule K, Page 1, Part I, Row A, Column F Description of Purpose Financing (a) costs of constructing, expanding, renovating, and equipping certain hospital facilities including WakeMed Care 2-story vertical expansion, 10 bed Labor and Delivery Unit expansion and parking deck, WakeMed Raleigh 4-story patient tower, parking deck for visitors and patients, employee parking deck, portion of Rehabilitation Hospital for inpatient beds, the first floor of main hospital for 25 observation bed unit and related and other equipment (b) a debt service reserve fund, (c) the premium for a financial guaranty insurance policy and (d) issuance fees and expenses On Part II, line 3, the premium for bond insurance was added per IRS instructions |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Schedule K, Page 1, Part I, Row B, Column F Description of Purpose Financing (a) costs of constructing, renovating and equipping certain hospital facilities including WakeMed Cary 2-story vertical expansion 10-bed labor and delivery unit expansion and parking deck, WakeMed Raleigh 4-story patient tower, parking deck for visitors and patients, employee parking deck portions of Rehabilitation Hospital for inpatient beds, the first floor main hospital for 25 observation bed unit and related and other equipment, (b) initial costs for a credit facility for the bonds, and (c) issuance fees and expenses |

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | | Schedule K, Page 1, Part I, Row C, Column F Description of Purpose Financing (a) costs of currently refunding all outstanding Series 1997 bonds issued The 1997 issue was used to refund all of 1993 and 1988 bonds which were issued to finance costs of constructing expanding, renovating, and equipping certain hospital facilities including construction of WakeMed Cary Hospital, 2-story addition to the WakeMed main campus, 45 bed rehabilitation hospital and related and other equipment, and (b) issuance fees and expenses |

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | Schedule K, Part II, 5 Bond Insurance A - Premum for bond insurance added as per instructions |

| 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 wakemed home care 11 wakemed - new bern avenue campus 12 wakemed - western wake med center 13 wakemed - rehab 14 wakemed - fuquay-varina 15 wakemed - zebulon-wendell 16 wakemed raleigh campus 17 wakemed cary hospital 18 wakemed north healthplex 19 wakemed clayton medical park 20 wakemed cary outpatient rehab center 21 wakemed fuquay-varina outpatient & skilled nursing facility 22 wakemed zebulon/wendell outpatient & skilled nursing facility 23 wakemed wake forest road outpatient rehab center 24 wakemed home health 25 wakemed health & hospitals 26 wakemed emergency services institute 27 wakemed center for patient safety 28 wakemed apex healthplex 29 wakemed professional staff 30 wakemed mobile critical care services |

| Identifier | Return Reference | Explanation |
|--------------------------|------------------|--|
| Form 990, Part I, Line 6 | Volunteers | WakeMed has approximately 1,095 volunteers. They are technically classified as volunteers of the organizations, "The Volunteers at WakeMed Raleigh Campus" and "The Volunteers at WakeMed Cary Hospital" but we list them here for informational purposes. |

| Identifier | Return Reference | Explanation |
|--|---------------------------|--|
| Form 990, Page 6, Part VI, Section A, Line 8A and 8B | Documentation of Meetings | WakeMed documents all meetings held by the governing body and each committee meeting 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)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WAKEMED

Employer identification number
56-6017737

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

| (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 | 10,584,927 | 4,423,607 | N/A |
| CARDIAC INNOVATIONS llc 3000 NEW BERN AVENUE RALEIGH, NC 27610 26-0554927 | equipment leasing | NC | 34,048 | 151,351 | N/A |
| wake specialty physicians llc 3009 NEW BERN AVENUE raleigh, NC 27610 26-4169156 | medical office | NC | 6,065,487 | 1,948,125 | N/A |
| Partners in Practice LLC 3000 New BERN AVENUE RALEIGH, NC 27610 27-1164650 | Medical office | NC | 2,262,982 | 2,428,198 | N/A |
| Capital City 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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|--|-------------------------|--|----------------------------|---|----------------------------------|
| wakemed property services 3000 new bern ave raleigh, NC 27610 56-1133894 | leasing | NC | 501(c)(3) | 509(a)(3) | N/A |
| wakemed faculty practice plan 3000 new bern ave raleigh, NC 27610 23-7169178 | promote educational | NC | 501(c)(3) | 509(a)(3) | N/A |
| the volunteers at cary campus 1900 kildaire farm rd cary, NC 27511 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, NC 27610 56-0749114 | assistance to patients | NC | 501(c)(3) | 509(a)(3) | N/A |
| wakemed foundation 3000 new bern ave raleigh, NC 27610 56-1916549 | fundraising | NC | 501(c)(3) | 509(a)(3) | N/A |
| | | | | | |
| | | | | | |

Part III

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (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 | 30,719 | 593,867 | | No | | | No |
| Blue Ridge GP LLC 27-2241593 | medical | NC | N/A | related | 781,759 | 6,886,925 | | No | | Yes | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Part IV

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Part V

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

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

Yes

No

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 | (b) Transaction type(a-r) | (c) Amount involved |
|-----------------------------------|---------------------------------|------------------------|
| (1) wakemed faculty practice plan | R | 30,304,516 |
| (2) wakemed property services | Q | 2,257,886 |
| (3) Wakemed property services | I | 6,275,788 |
| (4) wakemed foundation | R | 9,213,310 |
| (5) wakemed foundation | Q | 3,551,300 |
| (6) | | |

Schedule R (Form 990) 2009

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]

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| thomas cavender vp facilities & construction | 40 00 | | | | X | | | 248,889 | 0 | 29,190 |
| carolyn knapp vp - ambulatory services | 40 00 | | | | X | | | 206,465 | 0 | 31,445 |
| BETSY GASKINS-mcclaine vp heart & vascular services | 40 00 | | | | X | | | 202,577 | 0 | 30,165 |
| Georgia c sumiel vp - operations & logistics | 40 00 | | | | X | | | 173,047 | 0 | 22,774 |
| derrick miles vp | 40 00 | | | | X | | | 195,638 | 0 | 23,096 |
| timothy e harris md | 40 00 | | | | | X | | 575,608 | 0 | 31,173 |
| mark l wood md | 40 00 | | | | | X | | 559,642 | 0 | 33,728 |
| johnathan d chappell md | 40 00 | | | | | X | | 540,584 | 0 | 23,323 |
| Gurvinder S Deol MD | 40 00 | | | | | X | | 499,759 | 0 | 25,954 |
| Robert D Matthews MD | 40 00 | | | | | X | | 392,743 | 0 | 32,802 |

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

| (A) Name and Title | (B) Average hours per week | (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 | | | |
| billie j redmond chair - board of directors | 5 00 | X | | | | | | 0 | 0 | 0 |
| larry d barbour vice chair - board of directors | 5 00 | X | | | | | | 0 | 0 | 0 |
| thomas b oxholm secretary - board of directors | 5 00 | X | | | | | | 0 | 0 | 0 |
| Richard F Baker Board member | 4 00 | X | | | | | | 0 | 0 | 0 |
| jerry bernstein md board member (6/09) | 4 00 | X | | | | | | 0 | 0 | 0 |
| dana d copeland md board member | 3 50 | X | | | | | | 0 | 0 | 0 |
| ron e doggett board member | 6 00 | X | | | | | | 0 | 0 | 0 |
| brenda c gibson board member | 4 00 | X | | | | | | 0 | 0 | 0 |
| david w jessen board member | 3 00 | X | | | | | | 0 | 0 | 0 |
| william h mcbride board member | 5 00 | X | | | | | | 0 | 0 | 0 |
| m jackson nichols board member | 4 00 | X | | | | | | 0 | 0 | 0 |
| lorraine m wright phd board member | 4 50 | X | | | | | | 0 | 0 | 0 |
| Lloyd M Yates Board member | 2 00 | X | | | | | | 0 | 0 | 0 |
| Robert A Cerwin Board member | 2 00 | X | | | | | | 0 | 0 | 0 |
| paul coble board member | 3 00 | X | | | | | | 0 | 0 | 0 |
| jack o clayton board member | 4 00 | X | | | | | | 0 | 0 | 0 |
| william p pinna board member | 2 00 | X | | | | | | 0 | 0 | 0 |
| william k atkinson ii ceo | 40 00 | | | X | | | | 797,522 | 0 | 143,276 |
| michael devaughn cfo | 40 00 | | | X | | | | 386,390 | 0 | 19,979 |
| deborah g friberg exec vp & coo | 40 00 | | | X | | | | 460,619 | 0 | 36,093 |
| kathleen k gormley executive VP - ambulatory | 40 00 | | | | X | | | 455,375 | 0 | 30,222 |
| david c coulter senior vp & administrator Cary Hosp | 40 00 | | | | X | | | 373,103 | 0 | 33,681 |
| mary a wilcox Senior VP - Op & CNO | 40 00 | | | | X | | | 290,680 | 0 | 33,254 |
| jeanene r martin senior vp - human resources | 40 00 | | | | X | | | 263,201 | 0 | 34,859 |
| evin d arledge vp & cio | 40 00 | | | | X | | | 269,187 | 0 | 33,385 |