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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013 , 2013, and ending 09-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ 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 AVENUE
Suite

City or town, state or province, country, and ZIP or foreign postal code
RALEIGH, NC 27610

D Employer identification number
90-0893457

E Telephone number
(919) 350-0534

G Gross receipts $ 73,931,117

F Name and address of principal officer
Donald Gintzig
3000 New Bern Ave
Raleigh, NC 27610

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5881

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WAKEMED ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE OUTSTANDING AND COMPASSIONATE CARE TO THE COMMUNITIES WE SERVE

2 Check this box ▶☐ 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	41
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	250
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-5,998
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,998

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	3,593,051	868,339
	9	Program service revenue (Part VIII, line 2g)	62,900,821	46,360,921
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,952,899	2,885,936
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-140,506	-429,598
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,306,265	49,685,598
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	17,500	70,500
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,199,251	1,172,939
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶32,965		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,350,637	21,391,699
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,567,388	22,635,138
	19	Revenue less expenses Subtract line 18 from line 12	48,738,877	27,050,460

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	136,095,506	139,202,407
	21	Total liabilities (Part X, line 26)	17,465,716	16,947,397
	22	Net assets or fund balances Subtract line 21 from line 20	118,629,790	122,255,010

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2015-07-15

▶ Michael DeVaughn Exec VP and CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
WILLIAM RIKER				P01226021

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 55 IVAN ALLEN JR BLVD SUITE 1000
ATLANTA, GA 30308 — Phone no

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

TO MAINTAIN AND OPERATE PROPERTIES, AID AND PROMOTE THE IMPROVEMENT, AND DEVELOPMENT OF WAKEMED'S EDUCATIONAL AND SCIENTIFIC PROGRAMS AND, TO TRANSFORM HEALTHCARE THROUGH PHILANTHROPY BY RAISING FRIENDS, FUNDS, AND FUTURE LEADERS FOR WAKEMED

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 15,827,751 including grants of $ 0) (Revenue $ 13,406,373)

PROPERTY SERVICES - PURCHASES, LEASES AND MAINTAINS PROPERTIES IN WAKE, JOHNSTON AND HARNETT COUNTIES FOR THE PURPOSE OF LEASING, SUBLEASING SPACE TO WAKEMED AND OTHER MEDICAL PROVIDERS TO EXPAND ACCESSIBILITY OF MEDICAL SERVICES IN THE VICINITY WE CURRENTLY OWN AND MAINTAIN TWENTY-ONE PROPERTIES, (INCLUDING LAND FOR FUTURE DEVELOPMENT) MANAGE TWO PROPERTIES OWNED BY WAKEMED AND LEASE THIRTY PROPERTIES MULTIPLE WAKEMED DEPARTMENTS AND PHYSICIAN PRACTICES OCCUPY THE OWNED AND LEASED SPACE INCLUDING FOUR FREE STANDING EMERGENCY DEPARTMENTS IN PREVIOUSLY UNDERSERVED AREAS, THREE MOBILE CRITICAL CARE AMBULANCE DEPARTMENTS, SIX OUTPATIENT IMAGING DEPARTMENTS, TWO OUTPATIENT REHABILITATION DEPARTMENTS AND AN OUTPATIENT PHYSICAL THERAPY DEPARTMENT SPECIALIZING IN ORTHOPEDIC AND SPORTS REHABILITATION CURRENTLY, THERE ARE FIFTY THREE PHYSICIAN PRACTICES LOCATED IN THESE BUILDINGS A WIDE VARIETY OF CARE OPTIONS ARE OFFERED AT EACH OF THESE FACILITIES AND ARE DESIGNED BY LOCATION AND SERVICE TO ENHANCE ACCESS TO CARE FOR ALL THE RESIDENTS OF THE COMMUNITIES SERVED

4b (Code) (Expenses $ 5,781,334 including grants of $ 70,500) (Revenue $ 207,690)

FUNDRAISING - A CHARITABLE RESOURCE FOR WAKEMED, SUPPORTING THE HEALTH SYSTEM IN ITS COMMITMENT TO PROVIDING QUALITY HEALTHCARE TO ALL CITIZENS OF THE COMMUNITY FUNDRAISING ACTIVITIES SUPPORT WAKEMED THROUGH FRIEND RAISING AND EDUCATIONAL AWARENESS OF QUALITY HEALTHCARE PROGRAMS AND SERVICES AVAILABLE AT WAKEMED FOR THE CITIZENS OF THE COMMUNITY WITH THE PURPOSE OF PROVIDING PHILANTHROPIC SUPPORT FOR NUMEROUS PROGRAMS AND SERVICES WE HAVE HELPED FURTHER WAKEMED'S MISSION TO THE COMMUNITY

4c (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 32,590,634)

PATIENT CARE - A MULTI-SPECIALTY PHYSICIAN PRACTICE WITH OFFICES AT SEVERAL LOCATIONS THE PHYSICIANS AND OTHER PROVIDERS IN THOSE PRACTICES ARE DEDICATED TO PROVIDING STATE OF THE ART TECHNOLOGY AND CARE TO PATIENTS IN WAKE COUNTY AND SURROUNDING REGIONS WE ENCOMPASS TWENTY-THREE SPECIALTY AREAS OF CARE AND SERVE OVER 200,000 OUTPATIENTS PER YEAR IN ADDITION, HOSPITALISTS AND INTENSIVISTS PROVIDE INPATIENT BASED SERVICES TO THOUSANDS OF PATIENTS ANNUALLY, MANY OF WHICH DO NOT HAVE A PHYSICIAN HOME OTHER SPECIALISTS SUPPORT THE SIGNATURE PROGRAMS OF THE HEALTH SYSTEM SUCH AS HEART AND VASCULAR SERVICES, TRAUMA, NEONATAL INTENSIVE CARE AND CHILDREN'S SERVICES OUR PHYSICIANS PROVIDE TRAINING FOR RESIDENTS, MEDICAL STUDENTS, PHARMACY STUDENTS, PA STUDENTS AND NP STUDENTS FROM UNC-CHAPEL HILL, CAMPBELL UNIVERSITY, EAST CAROLINA UNIVERSITY AND DUKE UNIVERSITY THEY ALSO ASSIST IN THE NC AREA EDUCATION CENTERS (AHEC) IN ITS STATEWIDE MISSION OF HEALTH PROFESSIONAL EDUCATION AND CARE OF THE UNDERSERVED WE PROVIDE EXPERIENCES TO 604 RESIDENTS A YEAR AS PART OF THE ORGANIZATION'S MISSION TO TRAIN PHYSICIANS AND PROVIDE HEALTHCARE FOR THE SURROUNDING COMMUNITIES

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 21,609,085

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
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 (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds 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		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	41		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	41		
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

▶Michael DeVaughn 3000 New Bern Ave
Raleigh, NC 27610 (919) 350-0522

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee)						**(D)** Reportable compensation from the organization (W-2/1099-MISC)	**(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b	**Sub-Total** . . . . . ▶									
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶									
d	**Total (add lines 1b and 1c)** . . . . . ▶							0	9,889,294	631,900

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cary Cardiology PA, 300 Keisler Dr 204 Cary NC 27518	Health Care Services	9,357,664
Moonlighting Solutions LLC, 1155 Revolution Mill Dr Greensboro NC 27405	Phys Contract labor	913,131
Jani-King, 801 Jonrs Franklin Rd 230 Raleigh NC 27606	Janitorial Services	856,608
Texas Cardiac Arrhythmia PLLC, 3000 N IH 35 Suite 720 Austin TX 78705	Medical Directorship	223,537
Greene Solutions Group, PO Box 21 Sandy Springs SC 29677	Janitorial Services	134,813

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶5

Part VIII **Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	421,639			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	446,700			
	g	Noncash contributions included in lines 1a-1f $		144,605			
	h	**Total.** Add lines 1a-1f ▶			868,339		
Program Service Revenue			Business Code				
	2a	Related rental income	531112		13,768,412	13,768,412	0	0
	b	Outpatient Services	621500		32,590,634	32,590,634	0	0
	c	Registration Revenue	531112		1,875	1,875	0	0
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f ▶			46,360,921			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			828,887		-5,998	834,885
	4	Income from investment of tax-exempt bond proceeds ▶			0			
	5	Royalties ▶			0			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)	0	0				
	d	Net rental income or (loss) ▶			0			
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	25,865,753	0				
	b	Less cost or other basis and sales expenses	23,451,977	356,727				
	c	Gain or (loss)	2,413,776	-356,727				
	d	Net gain or (loss) ▶			2,057,049			2,057,049
	8a	Gross income from fundraising events (not including $ 421,639 of contributions reported on line 1c) See Part IV, line 18	a	163,441				
	b	Less direct expenses	b	436,815				
	c	Net income or (loss) from fundraising events ▶			-273,374			-273,374
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities ▶			0			
	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 ▶			0			
		Miscellaneous Revenue		Business Code				
	11a	QTS Laundry		900003	-156,242	-156,242	0	0
	b	Other		900099	18	18	0	0
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d ▶			-156,224			
	12	**Total revenue.** See Instructions ▶			49,685,598	46,204,697	-5,998	2,618,560

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	50,000	50,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	20,500	20,500		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	1,062,910	1,062,910	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,962	22,962	0	0
9 Other employee benefits	50,804	50,804	0	0
10 Payroll taxes	36,263	36,263	0	0
11 Fees for services (non-employees)				
a Management	445	0	445	0
b Legal	1,024	0	1,024	0
c Accounting	17,594	0	17,594	0
d Lobbying	0	0	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	121,235	0	121,235	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	231,808	0	225,790	6,018
12 Advertising and promotion	9,653	0	0	9,653
13 Office expenses	163,905	163,905	0	0
14 Information technology	217	217	0	0
15 Royalties . .	0	0	0	0
16 Occupancy	9,051,588	9,051,588	0	0
17 Travel	6,773	0	916	5,857
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	11,492	0	55	11,437
20 Interest	626,029	0	626,029	0
21 Payments to affiliates	4,301,264	4,301,264	0	0
22 Depreciation, depletion, and amortization	4,128,850	4,128,850	0	0
23 Insurance	249,455	249,455	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a REPAIRS & MAINTENANCE	2,303,962	2,303,962	0	0
b ALL OTHER EXPENSES	166,405	166,405	0	0
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	22,635,138	21,609,085	993,088	32,965
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		-129,099	1	-34,593
	2	Savings and temporary cash investments		4,519,485	2	5,575,079
	3	Pledges and grants receivable, net		6,552,601	3	5,623,663
	4	Accounts receivable, net		5,033,775	4	-4,011,121
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		3,085,540	7	2,760,023
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		906,554	9	229,813
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 125,748,468			
	b	Less accumulated depreciation	10b 23,307,382	87,948,466	10c	102,441,086
	11	Investments—publicly traded securities		25,597,956	11	24,216,807
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		2,291,129	13	2,135,187
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		289,099	15	266,463
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		136,095,506	16	139,202,407
Liabilities	17	Accounts payable and accrued expenses		480,850	17	557,207
	18	Grants payable		0	18	0
	19	Deferred revenue		66,823	19	168,098
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		16,051,471	23	15,171,420
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		866,572	25	1,050,672
	26	**Total liabilities.** Add lines 17 through 25		17,465,716	26	16,947,397
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		83,499,898	27	92,408,900
	28	Temporarily restricted net assets		33,342,185	28	27,800,601
	29	Permanently restricted net assets		1,787,707	29	2,045,509
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		118,629,790	33	122,255,010
	34	Total liabilities and net assets/fund balances		136,095,506	34	139,202,407

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,685,598
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,635,138
3	Revenue less expenses Subtract line 2 from line 1	3	27,050,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	118,629,790
5	Net unrealized gains (losses) on investments	5	-340,640
6	Donated services and use of facilities	6	
7	Investment expenses	7	121,235
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-23,205,835
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,255,010

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 90-0893457
Name: WakeMed

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
LESLIE MERRITT JR WakeMed - Board of Directors	60 00	X						0	0	0
R DONAVON MUNFORD JR WakeMed - Board of Directors	50 00	X						0	0	0
CHRISTINA ALVARADO SHANAHAN WakeMed - Board of Directors	60 00	X						0	0	0
J BLOUNT WILLIAMS Chair Brd of Dir, WakeMed Fdn	50 00	X						0	0	0
VIRGINIA ANTHONY Secretary Brd Dir, WakeMed Fdn	50 00	X						0	0	0
PETER SCOTT III Treasurer Brd Dir, WakeMed Fdn	50 00	X						0	0	0
AUDIE BAREFOOT JR Board of Dir, WakeMed Fdn	50 00	X						0	0	0
GREG CARR Board of Dir, WakeMed Fdn	50 00	X						0	0	0
TIMOTHY E CARROLL Board of Dir, WakeMed Fdn	40 00	X						0	0	0
R MICHAEL CONDREY Board of Dir, WakeMed Fdn	50 00	X						0	0	0
HENRY DARNELL Board of Dir, WakeMed Fdn	40 00	X						0	0	0
BILL DAWKINS Board of Dir, WakeMed Fdn	50 00	X						0	0	0
SHARON FOSTER MD Board of Dir, WakeMed Fdn	50 00	X						0	0	0
R MICHAEL GRAY Board of Dir, WakeMed Fdn	50 00	X						0	0	0
LAURA KALORIN HELTON MD Board of Dir, WakeMed Fdn	50 00	X						0	0	0
EILEEN M HENDREN Board of Dir, WakeMed Fdn	50 00	X						0	0	0
HOWIE JUNG Board of Dir, WakeMed Fdn	50 00	X						0	0	0
MICHAEL PAINTER Board of Dir, WakeMed Fdn	50 00	X						0	0	0
KRISTIN REPLOGLE Board of Dir, WakeMed Fdn	50 00	X						0	0	0
MARY NASH RUSHER Board of Dir, WakeMed Fdn	50 00	X						0	0	0
H DON STEPHENSON JR Board of Dir, WakeMed Fdn	50 00	X						0	0	0
KARI STOLZ Board of Dir, WakeMed Fdn	50 00	X						0	0	0
G EDWARD STORY Board of Dir, WakeMed Fdn	50 00	X						0	0	0
TISH TURNER Board of Dir, WakeMed Fdn	50 00	X						0	0	0
BRENDA C GIBSON Vice Chair WakeMed - Board Dir	70 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
JERRY C BERNSTEIN MD SECRETARY - WakeMed-Brd of Dir	7 0 0 0	X		X				0	0	0
A BLANTON GODFREY PHD WakeMed - Board of Directors	6 0 0 0	X						0	0	0
STEPHEN M SMITH WakeMed - Board of Directors	4 0 0 0	X						0	0	0
MARGARET DOUGLAS MD Board of Dir, WakeMed Fdn	5 0 0 0	X						0	0	0
MICHAEL FERGUSON MD Board of Dir, WakeMed Fdn	5 0 0 0	X						0	0	0
DENNY FINGERS Board of Dir, WakeMed Fdn	2 0 0 0	X						0	0	0
SUNNY JOHNSON LEWIS Board of Dir, WakeMed Fdn	5 0 0 0	X						0	0	0
DEBORAH JONES KING Board of Dir, WakeMed Fdn	5 0 0 0	X						0	0	0
EASTER MAYNARD Board of Dir, WakeMed Fdn	5 0 0 0	X						0	0	0
WALTER ROGERS Board of Dir, WakeMed Fdn	5 0 0 0	X						0	0	0
WILLIAM MCBRIDE Chair WakeMed - Board of Dir	8 0 0 0	X						0	0	0
RICHARD BAKER WakeMed - Board of Directors	10 0 0 0	X						0	0	0
LARRY D BARBOUR WakeMed - Board of Directors	7 0 0 0	X						0	0	0
ROBERT CERWIN MD WakeMed - Board of Directors	5 0 0 0	X						0	0	0
DAN R HUGHES WakeMed - Board of Directors	7 0 0 0	X						0	0	0
WILLIAM R MCNEAL WakeMed - Board of Directors	6 0 0 0	X						0	0	0
JACK NICHOLS WkMd-Brd of Dir (UNTIL 5/2014)	3 0 0 0	X						0	0	0
LORRAINE M WRIGHT PHD WkMd-Brd of Dir (UNTIL 5/2014)	3 0 0 0	X						0	0	0
WILLIAM K ATKINSON PhD CEO (until 10/1/2013)	70 0 0 0			X				0	1,454,198	34,730
MICHAEL D DEVAUGHN CFO, EXECUTIVE VP	65 0 0 0			X				0	470,801	17,585
THOMAS GETTINGER COO, EXECUTIVE VP	70 0 0 0			X				0	480,246	39,222
ROYLYN JOHNSON SECRETARY	50 0 0 0			X				0	102,470	16,414
DONALD R GINTZIG CEO (STARTING 10/25/2013)	60 0 0 0			X				0	132,342	9,786
KATHLEEN K GORMLEY EXEC VP-OPER & AMBULATORY	65 0 0 0				X			0	497,240	29,723
DAVID C COULTER SENIOR VP & ADMINISTRATOR CARY	57 0 0 0				X			0	382,663	35,227

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	65 0 0 0				X			0	291,063	31,410
E DENTON ARLEDGE VP & CIO	60 0 0 0				X			0	294,476	40,068
THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	50 0 0 0				X			0	264,383	39,344
CAROLYN KNAUP SENIOR VP-AMBULATORY SVCS	63 0 0 0				X			0	271,854	38,148
BETSY GASKINS-MCCLAINE VP HEART & VASCULAR	70 0 0 0				X			0	243,282	31,218
CYNTHIA ALNESS-BOILY SR VP-OPERATIONS & CNO	60 0 0 0				X			0	327,765	35,684
VICKI BLOCK SR VP & ADMINISTRATOR RALEIGH	60 0 0 0				X			0	289,930	30,577
DUDLEY HARRINGTON VP REVENUE CYCLE	65 0 0 0				X			0	275,687	41,080
GEORGIA C HARRINGTON VP OPERATIONS	48 0 0 0				X			0	210,718	25,872
GURVINDER S DEOL PHYSICIAN	65 0 0 0					X		0	944,295	32,301
JONATHAN D CHAPPELL PHYSICIAN	65 0 0 0					X		0	796,851	23,667
MARK L WOOD PHYSICIAN	65 0 0 0					X		0	674,980	30,507
OKECHUKWU E NWOKO PHYSICIAN	65 0 0 0					X		0	795,131	16,069
MARC T SILVER PHYSICIAN	65 0 0 0					X		0	688,919	33,268

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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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

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 described in **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 - Non-functionally integrated

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?

		Yes	No
(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 supported organization?	**11g(i)**		No
(ii) A family member of a person described in (i) above?	**11g(ii)**		No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		No

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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
(A) WAKEMED	566017737	03	Yes		Yes		Yes		0
Total									0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4 Number of states where property subject to conservation easement is located ▶_____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,787,707	1,552,877	881,962	58,979	55,615
b Contributions	86,555	121,826	566,974	757,594	
c Net investment earnings, gains, and losses	213,428	155,712	124,217	65,389	3,364
d Grants or scholarships					
e Other expenditures for facilities and programs	42,180	35,354	20,237		
f Administrative expenses		7,354	39		
g End of year balance	2,045,510	1,787,707	1,552,877	881,962	58,979

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

a Board designated or quasi-endowment ▶ 4 000 %

b Permanent endowment ▶ 96 000 %

c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	27,603,146		27,603,146
b Buildings		74,137,405	17,235,321	56,902,084
c Leasehold improvements		1,505,262	680,212	825,050
d Equipment		1,601,799	972,854	628,945
e Other		20,900,856	4,418,995	16,481,861
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				102,441,086

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
CHARITABLE GIFT ANNUITY	11,845
DEFERRED RENT EXPENSE	1,012,414
DEFERRED LANDLORD INCENTIVES	26,413
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,050,672

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII **Supplemental Information**

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

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE FIRST FUND IS INTENDED TO BENEFIT THE PEDIATRICS & CHILDREN OF THE TRIANGLE COMMUNITY AND THE REGION SERVED BY WAKEMED THE ENDOWMENT ENCOURAGES AND FOSTERS DIALOGUE BETWEEN PHYSICIANS AND EXPERTS IN THE FIELD OF INFECTIOUS DISEASES OF CHILDREN THE ENDOWMENT WILL SUPPORT EDUCATIONAL SEMINARS WITH NATIONALLY RECOGNIZED SPEAKERS DISCUSSING CURRENT ISSUES OF CLINICAL IMPORTANCE TO THE PRACTITIONER THE SECOND FUNDS EARNINGS WILL BE USED TO SUPPORT THE ADVANCEMENT OF KNOWLEDGE AND CLINICAL SKILLS BY NURSES AND OTHER CERTIFIED HEALTHCARE WORKERS AT WAKEMED THROUGH ENROLLMENT IN UNDERGRADUATE OR GRADUATE DEGREE PROGRAMS OR QUALIFIED CEU SEMINARS AND TRAINING EVENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

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

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

		(a) Event #1 GALA 2014 (event type)	(b) Event #2 GALA 2013 (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	413,590	97,540	73,950	585,080
	2 Less Contributions	312,678	75,861	33,100	421,639
	3 Gross income (line 1 minus line 2)	100,912	21,679	40,850	163,441
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,528		25,191	38,719
	7 Food and beverages	125,829		8,657	134,486
	8 Entertainment	150,174			150,174
	9 Other direct expenses	82,426	24,955	6,055	113,436
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(436,815)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-273,374

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

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. Part II can be duplicated 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
(1) SAFECHILD 864 WEST MORGAN ST RALEIGH, NC 27603	56-1817816	501(c)(3)	50,000				SUPPORT OF CENTER

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

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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	14	20,500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	SCHEDULE I, PART I, LINE 2 GRANTS ARE MADE ONLY TO ELIGIBLE 501(C) ORGANIZATIONS AND DUE TO THE SMALL NUMBER AND AMOUNT OF GRANTS, NO FOLLOW UP IS NECESSARY
EDUCATIONAL SCHOLARSHIPS	SCHEDULE I, PART III THE EDUCATION SCHOLARSHIPS ARE ADMINISTERED DIRECTLY TO THE UNIVERSITY OR COLLEGE IN THE RECIPIENT'S NAME THE RECIPIENT MUST SUBMIT A COMPLETED APPLICATION, TWO PAGE LETTER TO WAKEMED FOUNDATION, TRANSCRIPT(S), AND THREE LETTERS OF REFERENCE THE RECIPIENT MUST ALSO BE AVAILABLE FOR AN INTERVIEW WITH THE HELTON ENDOWMENT SCHOLARSHIP COMMITTEE ALL UNSPENT FUNDS WILL BE RETURNED TO THE HELTON FUND AT THE WAKEMED FOUNDATION THE RECIPIENT MUST REMAIN EMPLOYED AT WAKEMED FOR ONE YEAR AFTER THE AWARD OR ELSE RETURN FUNDS RECEIVED TO THE HELTON FUND AT THE WAKEMED FOUNDATION THE STUDENT MUST MAINTAIN 2 5 GPA THE RECIPIENT MUST SUBMIT PROOF OF STUDY COMPLETION (TRANSCRIPTS, FINAL GRADE DOCUMENTATION, ETC) TO THE HELTON ENDOWMENT SCHOLARSHIP COMMITTEE WITHIN 90 DAYS OF COMPLETION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	ALL COMPENSATION PAID TO INDIVIDUALS REPORTED IN SCHEDULE J, PART II IS PAID BY THE COMMON PAYMASTER, WAKEMED HOSPITAL TAX INDEMNIFICATION, GROSS-UP, TRAVEL FOR COMPANIONS AND HOUSING ALLOWANCE ARE PAID TO SOME KEY EMPLOYEES GROSS-UP AND HOUSING ALLOWANCE ARE INCLUDED IN TAXABLE COMPENSATION CEO BENEFITS REQUIRING GROSS-UP ARE COVERED BY HIS EMPLOYMENT AGREEMENT, ANY ADDITIONAL ONES ARE APPROVED BY THE BOARD OF DIRECTORS CEO TRAVEL FOR SPOUSE IS INCLUDED IN HIS EMPLOYMENT CONTRACT
SCHEDULE J, PART I, LINE 4A	WILLIAM K ATKINSON RECEIVED $336,801 IN SEVERANCE PAYMENTS
SCHEDULE J, PART I, LINE 4B	WAKEMED MAINTAINED A 457F PLAN FOR CERTAIN INDIVIDUALS, HOWEVER NO 457F CONTRIBUTION WAS MADE DURING THE FISCAL YEAR ENDING 9/30/2014 THE FOLLOWING INDIVIDUALS PARTICIPATED IN WAKEMED'S 457F PLAN DURING THE FISCAL YEAR ENDING 9/30/2014 WILLIAM K ATKINSON $0, MICHAEL D DEVAUGHN $0, THOMAS GETTINGER $0, ROYLYN JOHNSON $0, DONALD R GINTZIG $0, KATHLEEN K GORMLEY $0, DAVID C COULTER $0, JEANENE R MARTIN $0, E DENTON ARLEDGE $0, THOMAS G CAVENDER $0, CAROLYN KNAUP $0, BETSY GASKINS-MCCLAINE $0, CYNTHIA ALNESS-BOILY $0, VICKI BLOCK $0, DUDLEY HARRINGTON $0, GEORGIA C HARRINGTON $0, GURVINDER S DEOL $0, JONATHAN D CHAPPELL $0, MARK L WOOD $0, OKECHUKWU E NWOKO $0, MARC T SILVER $0

Additional Data

Software ID:
Software Version:
EIN: 90-0893457
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 PhD CEO (until 10/1/2013)	(i)	0	0	0	0	0	0	0
	(ii)	770,010	240,783	443,405	15,863	18,867	1,488,928	336,566
MICHAEL D DEVAUGHN CFO, EXECUTIVE VP	(i)	0	0	0	0	0	0	0
	(ii)	431,308	20,000	19,493	8,058	9,527	488,386	0
THOMAS GETTINGER COO, EXECUTIVE VP	(i)	0	0	0	0	0	0	0
	(ii)	442,545	20,000	17,701	15,709	23,513	519,468	0
KATHLEEN K GORMLEY EXEC VP-OPER & AMBULATORY	(i)	0	0	0	0	0	0	0
	(ii)	458,595	20,000	18,645	15,734	13,989	526,963	0
DAVID C COULTER SENIOR VP & ADMINISTRATOR CARY	(i)	0	0	0	0	0	0	0
	(ii)	364,752	0	17,911	19,998	15,229	417,890	0
JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	274,813	0	16,250	15,539	15,871	322,473	0
E DENTON ARLEDGE VP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	288,609	0	5,867	15,535	24,533	334,544	0
THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	(i)	0	0	0	0	0	0	0
	(ii)	246,169	0	18,214	15,512	23,832	303,727	0
CAROLYN KNAUP SENIOR VP-AMBULATORY SVCS	(i)	0	0	0	0	0	0	0
	(ii)	256,103	0	15,751	15,507	22,641	310,002	0
BETSY GASKINS-MCCLAINE VP HEART & VASCULAR	(i)	0	0	0	0	0	0	0
	(ii)	242,272	0	1,010	15,128	16,090	274,500	0
CYNTHIA ALNESS-BOILY SR VP-OPERATIONS & CNO	(i)	0	0	0	0	0	0	0
	(ii)	306,787	0	20,978	15,586	20,098	363,449	0
VICKI BLOCK SR VP & ADMINISTRATOR RALEIGH	(i)	0	0	0	0	0	0	0
	(ii)	273,938	0	15,992	15,533	15,044	320,507	0
DUDLEY HARRINGTON VP REVENUE CYCLE	(i)	0	0	0	0	0	0	0
	(ii)	272,330	0	3,357	15,531	25,549	316,767	0
GEORGIA C HARRINGTON VP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	209,956	0	762	13,027	12,845	236,590	0
GURVINDER S DEOL PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	559,372	382,250	2,673	8,312	23,989	976,596	0
JONATHAN D CHAPPELL PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	553,217	243,030	604	8,184	15,483	820,518	0
MARK L WOOD PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	593,485	79,694	1,801	8,139	22,368	705,487	0
OKECHUKWU E NWOKO PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	231,902	562,780	449	7,880	8,189	811,200	0
MARC T SILVER PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	382,290	306,018	611	8,128	25,140	722,187	0

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	144,605	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

Return Reference	Explanation
DOING BUSINESS AS	FORM 990, BOX C CARELINA MEDICAL ASSOCIATES MOSELEY MEDICAL GROUP WAKE COUNTY HOSPITAL SYSTEM MEDICAL EDUCATION FOUNDATION WAKEMED FACULTY PHYSICIANS WAKEMED FACULTY PHYSICIANS - RALEIGH CARDIOLOGY WAKEMED FACULTY PHYSICIANS - CAROLINA CARDIOLOGY WAKEMED FACULTY PHYSICIANS HOSPITALISTS - CARY WAKEMED FACULTY PHYSICIANS - HOSPITALISTS - RALEIGH WAKEMED FACULTY PHYSICIANS - INTENSIVISTS - RALEIGH WAKEMED FACULTY PHYSICIANS - PEDIATRIC HOSPITALISTS/INTENSIVISTS WAKEMED FACULTY PHYSICIANS INTENSIVISTS - CARY WAKE PROFESSIONAL ASSOCIATES EAST SQUARE MEDICAL PLAZA WAKE MEDICAL CENTER FOUNDATION

Return Reference	Explanation
MEMBERS, STOCKHOLDERS, OR OTHER PERSONS W/ POWER TO APPOINT GOVERNING	BODY FORM 990, PART VI, SECTION A, LINE 7A EIGHT MEMBERS OF THE BOARD ARE APPOINTED TO THE BOARD OF DIRECTORS BY WAKE COUNTY

Return Reference	Explanation
GOVERNANCE DECISIONS RESERVED TO MEMBERS, STOCKHOLDERS, OR PERSONS OTHER	THAN THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE 7B THE WAKE COUNTY BOARD OF COMMISSIONERS HOLDS LIMITED APPROVAL OVER SOME GOVERNING BODY DECISIONS PERTAINING TO ARTICLES OF INCORPORATION THE TRANSFER AGREEMENT WITH WAKE COUNTY INDICATES APPROVAL/CONSENT FOR TRANSACTIONS PERTAINING TO SUBSTANTIAL DISPOSITION OF ASSETS AND COVENANTS ON LIENS

Return Reference	Explanation
DISSEMINATION OF FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY	FORM 990, PART VI, SECTION B, LINE 11B THE 990 AND SCHEDULES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE WAKEMED BOARD OF DIRECTORS AND THEN THEY RECOMMEND APPROVAL TO THE WAKEMED BOARD A FINAL COPY IS PROVIDED TO THE WAKEMED BOARD OF DIRECTORS BEFORE FILING

Return Reference	Explanation
MONITORING WRITTEN CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION ENFORCES THE CONFLICT OF INTEREST POLICY IN VARIOUS WAYS EACH YEAR MEMBERS OF THE WAKEMED BOARD, COMMITTEES WITH BOARD DELEGATED POWER, THE CEO, CORPORATE STAFF, EXECUTIVE STAFF, DIRECTORS AND MANAGERS ARE REQUIRED TO COMPLETE AND SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE THESE INDIVIDUALS ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION OF ANY POTENTIAL CONFLICT OF INTEREST, IDENTIFYING MATERIAL FINANCIAL INTEREST AND/OR PERSONAL CONFLICTS OF INTEREST REMEDIAL MEASURES IMPLEMENTED TO ADDRESS CONFLICTS 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 AND LODGING PAID 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

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF CEO, EXEC DIR , OR TOP MGMT	OFFICIAL FORM 990, PART VI, SECTION B, LINE 15A & 15B ALL COMPENSATION REPORTED ON PART VII OF THE 990 IS PAID BY WAKEMED HOSPITAL, A COMMON PAYMASTER WAKEMED HOSPITAL'S HUMAN RESOURCE DEPARTMENT REGULARLY REVIEWS THE COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES THE FACILITY REGULARLY USES AN INDEPENDENT CONSULTING FIRM AS A SOURCE OF COMPENSATION INFORMATION, BENCHMARKING, AND REVIEW TO ENSURE CONSISTENT AND FAIR COMPENSATIONS PRACTICES THE CEO'S COMPENSATION IS APPROVED BY THE WAKEMED HOSPITAL BOARD

Return Reference	Explanation
AVAILABILITY OF FINANCIAL STMTS, CONFLICT OF INTEREST, ORGANIZING DOCS	FORM 990, PART VI, SECTION C, LINE 19 THE 990 IS AVAILABLE BY REQUEST AND IS PUBLISHED ON GUIDESTAR FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE THROUGH THE MEDICAL CARE COMMISSIONERS' 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

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 THE CHANGE IS DUE TO INTERCOMPANY CASH TRANSFERS TO WAKEMED IN THE AMOUNT OF ($23,205,835)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
90-0893457

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) WAKEMED 3000 NEW BERN AVE RALEIGH, NC 27610 56-6017737	HOSPITAL	NC	501(c)(3)	3	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) QUALITY TEXTILE SERVICES INC 313 S ROGERS LANE RALEIGH, NC 27610 56-1943802	TEXTILE SERVICES	NC	NA	C Corp	-156,242	2,117,449	50 000 %		No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation