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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 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016			
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WakeMed		D Employer identification number 56-6017737
	% Rick Carrico CFO WakeMed		E Telephone number (919) 350-0522
	Doing business as see Schedule O		
	Number and street (or P O box if mail is not delivered to street address) 3000 NEW BERN AVE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code RALEIGH, NC 276101215		G Gross receipts \$ 1,411,535,365
F Name and address of principal officer Donald Gintzig 3000 New Bern Avenue Raleigh, NC 27610		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: ▶ WWW.WAKEMED.ORG		H(c) Group exemption number ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1965	M State of legal domicile NC

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities WAKEMED IS A MULTI-FACILITY HEALTHCARE SYSTEM PROVIDING STATE OF THE ART HIGH QUALITY CARE
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 14
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 9,137
	6 Total number of volunteers (estimate if necessary) 6 1,511
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7,935,868
b Net unrelated business taxable income from Form 990-T, line 34 7b -900,209	
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,801,839 4,670,452
	9 Program service revenue (Part VIII, line 2g) 1,037,538,167 1,113,786,538
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,642,937 6,450,727
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 8,246,695 1,749,243
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,065,229,638 1,126,656,960
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 1,951,501 2,105,373
	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) 616,878,025 667,452,853
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰ 0 0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 479,394,201 446,261,012
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,098,223,727 1,115,819,238
19 Revenue less expenses Subtract line 18 from line 12 -32,994,089 10,837,722	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,424,443,922 1,416,072,147
	21 Total liabilities (Part X, line 26) 714,913,794 682,525,328
	22 Net assets or fund balances Subtract line 21 from line 20 709,530,128 733,546,819

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				2017-08-14
	Rick Camco CFO Type or print name and title				Date
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER B BOGGS		Preparer's signature CHRISTOPHER B BOGGS		Date
	Check <input type="checkbox"/> if self-employed				PTIN P00032493
	Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 100 NORTH TRYON STREET SUITE 3800 CHARLOTTE, NC 29202					Phone no (704) 372-6300

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

The mission of WakeMed is to improve the health and well-being of our community with outstanding and compassionate care to all

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 \$ 269,423,406 including grants of \$) (Revenue \$ 308,459,006)
See Additional Data	



4b	(Code) (Expenses \$ 134,574,072 including grants of \$) (Revenue \$ 170,842,899)
See Additional Data	

4c	(Code) (Expenses \$ 125,249,930 including grants of \$) (Revenue \$ 120,898,181)
See Additional Data	

4d	Other program services (Describe in Schedule O)
(Expenses \$ 470,691,187 including grants of \$ 2,105,373) (Revenue \$ 515,043,794)	

4e	Total program service expenses ▶ 999,938,595
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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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	4 Yes	
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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	14b Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

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 domestic 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 or for domestic individuals 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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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	25a		No
		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 "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations 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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	14	
	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	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its 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	Yes	
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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records Rick Carrico CFO WakeMed 3000 New Bern Ave Raleigh, NC 27610 (919) 350-0522	

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

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 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

[illegible]

[illegible]

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 ► 6,960

Section B. Independent Contractors

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 ► 92

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	0			
	d	Related organizations	1d	34,761			
	e	Government grants (contributions)	1e	4,083,801			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	551,890			
	g	Noncash contributions included in lines 1a-1f \$		0			
	h	Total. Add lines 1a-1f ▶		4,670,452			
Program Service Revenue	2a	Patient Services	Business Code 621500	1,080,354,363	1,080,354,363	0	0
	b	Non-patient Services	621500	6,929,983	0	6,929,983	0
	c	Cafetena	722210	5,054,658	0	0	5,054,658
	d	Purch Discnts/Rebates/VHA	900099	3,376,755	3,376,755	0	0
	e	Other Operating Revenue	900099	13,437,697	5,465,500	1,129,759	6,842,438
	f	All other program service revenue		4,633,082	4,633,082		
	g	Total. Add lines 2a-2f ▶		1,113,786,538			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		9,077,267		
4		Income from investment of tax-exempt bond proceeds . . ▶		0			
5		Royalties ▶		0			
6a		(i) Real					
		Gross rents					
		528,367					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) ▶		415,775			415,775
7a		(i) Securities					
		Gross amount from sales of assets other than inventory					
		281,946,382					
		(ii) Other					
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) ▶		-2,626,540			-2,626,540
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		0			
a							
b		Less direct expenses					
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19		0				
a							
b	Less direct expenses						
c	Net income or (loss) from gaming activities . . . ▶						
10a	Gross sales of inventory, less returns and allowances		0				
a							
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a	REVENUE FROM JOINT VENTURE		900099	1,333,468	1,457,342	-123,874	0
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,333,468				
12	Total revenue. See Instructions ▶		1,126,656,960	1,095,287,042	7,935,868	18,763,598	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,957,405	1,957,405		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	147,968	147,968		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	7,944,824	6,375,481	1,569,343	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	540,756,071	459,642,660	81,113,411	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,851,700	23,673,945	4,177,755	0
9	Other employee benefits	54,313,159	46,166,185	8,146,974	0
10	Payroll taxes	36,587,099	31,099,034	5,488,065	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	2,353,794	2,212,566	141,228	0
c	Accounting	443,676	406,185	37,491	0
d	Lobbying	431,288	431,288		0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	1,001,598	941,502	60,096	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,777,071	56,190,447	3,586,624	0
12	Advertising and promotion	4,942,829	4,646,259	296,570	0
13	Office expenses	34,736,366	32,652,184	2,084,182	0
14	Information technology	15,968,348	15,010,247	958,101	0
15	Royalties	0	0	0	0
16	Occupancy	20,808,011	19,559,530	1,248,481	0
17	Travel	798,571	750,657	47,914	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	1,061,891	998,178	63,713	0
20	Interest	14,141,404	14,141,404	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	71,150,601	71,150,601	0	0
23	Insurance	-2,131,046	-2,003,183	-127,863	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	Medical Supplies	155,235,239	155,235,239	0	0
b	GAP Assessment	25,366,654	23,844,655	1,521,999	0
c	Repairs/Maintenance	21,829,111	17,463,289	4,365,822	0
d	UBI TAXES	10,180	0	10,180	0
e	All other expenses	18,335,426	17,244,869	1,090,557	
25	Total functional expenses. Add lines 1 through 24e	1,115,819,238	999,938,595	115,880,643	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck 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	54,196	1	56,120
	2 Savings and temporary cash investments	467,794,154	2	489,472,711
	3 Pledges and grants receivable, net	195,092	3	147,828
	4 Accounts receivable, net	182,674,048	4	169,635,294
	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	7,460,672	7	5,926,487
	8 Inventories for sale or use	19,488,355	8	19,535,643
	9 Prepaid expenses and deferred charges	11,090,921	9	10,539,870
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,467,775,201		
	b Less: accumulated depreciation	10b 946,903,657	550,875,839	10c 520,871,544
	11 Investments—publicly traded securities	68,611,521	11	83,219,393
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	547,174	14	367,584
	15 Other assets. See Part IV, line 11	115,651,950	15	116,299,673
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,424,443,922	16	1,416,072,147	
Liabilities	17 Accounts payable and accrued expenses	138,795,661	17	133,276,929
	18 Grants payable	0	18	0
	19 Deferred revenue	787,099	19	398,335
	20 Tax-exempt bond liabilities	433,192,380	20	421,832,721
	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	100,000,000	23	100,000,000
	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	42,138,654	25	27,017,343
	26 Total liabilities. Add lines 17 through 25	714,913,794	26	682,525,328
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	708,942,590	27	732,884,268
	28 Temporarily restricted net assets	252,020	28	325,198
	29 Permanently restricted net assets	335,518	29	337,353
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	709,530,128	33	733,546,819
34 Total liabilities and net assets/fund balances	1,424,443,922	34	1,416,072,147	

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	1,126,656,960
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,115,819,238
3	Revenue less expenses Subtract line 2 from line 1	3	10,837,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	709,530,128
5	Net unrealized gains (losses) on investments	5	14,614,493
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,435,524
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	733,546,819

Part XII

Financial Statements and Reporting

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

☒

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

Additional Data

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

Name: WakeMed

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	269,423,406	including grants of \$) (Revenue \$	308,459,006)
	<p>SURGICAL SERVICES - WakeMed provides surgical services in four locations throughout the county WakeMed Raleigh Campus, WakeMed Cary Hospital, WakeMed North and Capital City Surgery Center, of which WakeMed is a majority investor By delivering surgical services to all who seek care regardless of their ability to pay and by having in- and outpatient services in three distinct locations throughout the county, WakeMed has improved access to these needed services WakeMeds wide range of surgical specialties include banatnc, cardiovascular and thoracic, ENT, head and neck, adult and pediatic gastrointestinal, general, neurosurgery, obstetrics and gynecology, orthopedics, pediatic, urology, and vascular As Wake Countys only state designated level 1 trauma center, WakeMed provides comprehensive trauma surgery for general, orthopedic, neurosurgery, and vascular trauma patients Because access to specialty care continues to be a key health concern facing our community, WakeMed has expanded its network of specialists through WakeMed Physician Practices, one of the key groups of physicians who provide subspecialty care to the uninsured and underinsured in our community Our staff works with the patient to discount their fees based on individual income and need Many physicians on the medical staff continue this practice of providing quality care to patients regardless of their ability to pay Last year, our surgical patients included 32 8% who were insured under Medicare, 13 4% who were insured under Medicaid and 5 9% who were uninsured (or "self-pay or chanty care")</p>					

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 134,574,072 including grants of \$) (Revenue \$ 170,842,899)

HEART CENTER - WakeMeds heart and vascular program is one of the largest and most comprehensive cardiovascular programs in the state of North Carolina. Last year, more than 19,000 cardiovascular procedures were performed including surgery, diagnostic and interventional cardiac catheterizations and electrophysiology studies. Thousands more patients were treated medically as in- and outpatients throughout the system. WakeMed Health & Hospitals has consistently been nationally recognized for excellence in both stroke and heart care. WakeMed Raleigh Campus and WakeMed Cary Hospital received recognition from the American Heart Association and the American Stroke Association through their Get With The Guidelines (GWTG) awards, each earning Gold Plus Achievement Awards for both Stroke Care and for Heart Failure care. These recognitions signify that WakeMed has reached an aggressive goal of treating both stroke and heart failure patients according to the guidelines of care recommended by the American Stroke Association, American Heart Association, and American College of Cardiology. Both WakeMed Cary Hospital and WakeMed Raleigh Campus received Chest Pain Center accreditation by the Society of Cardiovascular Patient Care, and both received the Joint Commission Advanced Certification for Primary Stroke Centers, and WakeMed Raleigh Campus received the Silver Level Award as a referring hospital from the American Heart Association's Mission Lifeline. WakeMed Health & Hospitals was also designated a Blue Distinction Center+ for Cardiac Care by BlueCross BlueShield of NC. A key support service for our community, WakeMed Mobile Critical Care Services is a comprehensive medical transport program that improves access to acute care and facilitates transport into, out of and across the health care system. WakeMed Mobile Critical Care Services transports patients throughout the region and state. In 2016 the team transported more than 18,000 patients. WakeMeds Heart Center has made significant strides in programs and services aiming to reduce heart disease and diabetes, improve stroke outcomes and improve patients understanding of disease management. We know that teaching patients about their risk factors for heart disease and encouraging healthy behaviors through lifestyle changes builds a foundation for a healthier population. Thus, the WakeMed Heart Center provides a comprehensive continuum of care for the cardiac patient from outreach education and prevention to diagnosis, intervention, surgery, cardiac rehabilitation and ongoing disease management for heart failure and diabetes. Free education programs are offered regularly for our patients, their family members and the community to complement our comprehensive care services. And because the fastest intervention provides the best outcomes, all of WakeMeds emergency departments are certified chest pain centers and WakeMed Raleigh Campus and Cary Hospital are designated primary stroke centers. Additionally, WakeMeds Heart Center provides free health screenings throughout the community including cholesterol screenings, blood pressure checks, vascular screenings and stroke assessments throughout the community. These screenings are designed to be a secondary prevention activity to detect early onset of disease or illness. WakeMed conducts training for the program CPR Anytime at multiple locations in Wake County, and provides CPR Anytime kits throughout the community at more than a 70 percent discounted cost. Last fiscal year, 40.8% were insured under Medicare, 10.6% were insured under Medicaid, and 10.5% of these patients were uninsured.

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ 125,249,930 including grants of \$) (Revenue \$ 120,898,181)

EMERGENCY - A critical issue facing Wake County residents continues to be access to affordable health care. To address this challenge, WakeMed has strategically placed six full-service, emergency departments in key geographic areas throughout the county in Raleigh, Cary, North Raleigh, Apex, Brier Creek, and Garner. Located in Raleigh, WakeMed also operates the only Childrens Emergency Department in the county. And because physician availability is key to opening up access to care, WakeMeds physician practices, Healthplexes, and outpatient services are conveniently positioned throughout the area. WakeMed is among the top three volume providers of emergency care in North Carolina. WakeMeds Raleigh Campus is also home to Wake Countys only Level I Trauma Center, the highest designation awarded to trauma centers in North Carolina. Our Trauma Service includes a comprehensive research program, injury prevention programs, fellowship trained trauma surgeons on-site 24/7, a multi-disciplinary team of professionals, the clinical support of six adult intensive care units and a pediatric intensive care unit, as well as a comprehensive acute, inpatient and outpatient physical rehabilitation program. WakeMeds Emergency and Trauma Services treat all patients who present seeking medical care, regardless of their ability to pay. In FY 2016, 17.9% of our total emergency patients were insured under Medicare, 28.7% were insured under Medicaid, and 16.6% were uninsured or self-pay/charity care. Over 46% of all patients seen in our EDs are either Medicaid or uninsured, resulting in WakeMed providing care for more than 70% of Wake Countys uninsured and Medicaid patients. All stand-alone locations serve areas which are otherwise underserved by dedicated medical services.

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			
HENRY DARNELL BOARD MEMBER	4 0 0 0	X						0	0	0
STEPHEN M SMITH BOARD MEMBER	4 0 0 0	X						0	0	0
BRENDA C GIBSON CHAIR BOARD OF DIRECTORS	5 0 0 0	X						0	0	0
JERRY C BERNSTEIN MD SECRETARY - BOARD OF DIRECTORS	4 0 0 0	X						0	0	0
LARRY D BARBOUR Vice Chair Board of Directors	3 0 0 0	X						0	0	0
ROBERT A CERWIN BOARD MEMBER	3 0 0 0	X						0	0	0
A BLANTON GODFREY PHD BOARD MEMBER	3 0 0 0	X						0	0	0
VERN DAVENPORT BOARD MEMBER	3 0 0 0	X						0	0	0
KRISTIN G REPLOGLE BOARD MEMBER	3 0 0 0	X						0	0	0
ROBERT C RICE JR BOARD MEMBER	4 0 0 0	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)						(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			
WILLY E STEWART BOARD MEMBER	3 0 0 0	X						0	0	0
DAN BLUE III BOARD MEMBER	3 0 0 0	X						0	0	0
DON MUNFORD BOARD MEMBER	4 0 0 0	X						0	0	0
CHRISTINA ALVARADO SHANAHAN BOARD MEMBER	3 0 0 0	X						0	0	0
ROYLYN JOHNSON OFFICER - SECRETARY	50 0 0 0			X				98,640	0	13,040
DONALD R GINTZIG President & CEO	70 0 0 0			X				950,617	0	80,899
DENISE WARREN Exec VP & COO (BEGIN 10/19/15)	65 0 0 0			X				154,572	0	6,334
MICHAEL P BROWNING CFO, EXEC VP (Until 8/5/16)	65 0 0 0			X				256,271	0	12,032
JOHN R FINLEY CHIEF COMPLIANCE OFFICER	65 0 0 0			X				171,260	0	19,876
MICHAEL D DEVAUGHN CFO, EXECUTIVE VP	65 0 0 0			X				472,554	0	15,870

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			
THOMAS GETTINGER COO, EXEC VP (UNTIL 12/31/15)	70 0 0 0			X				482,050	0	38,778
JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	60 0 0 0				X			301,094	0	32,077
E DENTON ARLEDGE VP & CIO	50 0 0 0				X			308,745	0	35,072
THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	50 0 0 0				X			270,206	0	39,465
CAROLYN KNAUP SENIOR VP-AMBULATORY SERVICES	62 0 0 0				X			293,965	0	37,266
BETSY GASKINS-MCCLAIN VP HEART & VASCULAR	65 0 0 0				X			253,661	0	18,133
CYNTHIA ALNESS-BOILY SENIOR VP-OPERATIONS & CNO	60 0 0 0				X			338,205	0	31,042
VICKI BLOCK SR VP & ADMINISTRATOR RALEIGH	60 0 0 0				X			298,566	0	28,265
DUDLEY HARRINGTON VP REVENUE CYCLE	60 0 0 0				X			275,276	0	39,895
GEORGIA C HARRINGTON VP OPERATIONS	55 0 0 0				X			231,276	0	26,703

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			
JOHN S PIATKOWSKI SR VP AMBULATORY & PHYSICAN OP	60 0 0 0				X			412,882	0	38,538
SHERI D DESHAZO SR VP ADMINISTRATION-NORTH	63 0 0 0				X			222,568	0	38,220
GURVINDER S DEOL PHYSICIAN	65 0 0 0					X		1,036,905	0	67,807
JONATHAN D CHAPPELL PHYSICIAN	60 0 0 0					X		913,129	0	57,010
OKECHUKWU E NWOKO PHYSICIAN	65 0 0 0					X		1,000,925	0	47,817
TIMOTHY E HARRIS PHYSICIAN	60 0 0 0					X		812,750	0	63,779
JAMES T O'NEIL JR PHYSICIAN	53 0 0 0					X		818,314	0	45,141
KATHLEEN K GORMLEY EXEC VP-OP & AMBULATORY	0 0 0 0						X	490,004	0	0
DAVID C COULTER SENIOR VP-ADMINISTRATOR CARY	0 0 0 0						X	159,818	0	13,935
WILLIAM K ATKINSON PHD FORMER CEO	0 0 0 0						X	721,020	0	0

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

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

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

1

☐

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

2

☐

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

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A , Part II, line 14	15	
16a 33 1/3% support test—2015.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—2014.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—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		►
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		529,399
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total. Add lines 1c through 1i.			529,399
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	WAKEMED AND ITS OFFICE OF GOVERNMENT AFFAIRS WORK TO MAINTAIN AND STRENGTHEN EFFECTIVE RELATIONSHIPS WITH LEGISLATORS AND POLICY MAKERS AT THE STATE, LOCAL, AND NATIONAL LEVELS. THE OBJECTIVE IS TO ENSURE THAT WAKEMED'S POINT OF VIEW IS CONSISTENTLY AND CONTINUALLY HEARD SO THAT LEGISLATION, REGULATIONS, AND THE SETTING OF HEALTH POLICY SUPPORT THE ORGANIZATIONS ABILITY TO FULFILL ITS MISSION OF CARE FOR ALL, REGARDLESS OF THE ABILITY TO PAY. In addition, WakeMed paid annual dues to various Hospital Associations. These Hospital Associations conduct lobbying activities on behalf of its members, and as such, a portion of the hospital dues are allocated to lobbying.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
WakeMed

Employer identification number
56-6017737

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

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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" on 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ 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" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

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

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

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

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	335,518	332,541	329,232	324,984	327,535
b Contributions					
c Net investment earnings, gains, and losses	3,601	4,776	5,081	6,008	5,044
d Grants or scholarships					
e Other expenditures for facilities and programs					6,310
f Administrative expenses	1,766	1,799	1,772	1,760	1,285
g End of year balance	337,353	335,518	332,541	329,232	324,984

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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)	Accumulated (c)depreciation	(d)Book value
1a Land		3,889,817		3,889,817
b Buildings		613,592,001	292,715,533	320,876,468
c Leasehold improvements		23,775,571	12,446,655	11,328,916
d Equipment		797,038,654	624,210,669	172,827,985
e Other		29,479,158	17,530,800	11,948,358
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				520,871,544

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Intended use of endowment funds	SCHEDULE D, PART V, LINE 4 The Allen Trust endowment funds are used to provide poor and indigent patients with private nursing care WakeMed defines poor and indigent as those with a financial class of self-pay or Medicaid A sitter can be either in the hospital or in a home setting

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

Part I

General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1

For grantmakers.

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

☐ Yes

☐ No

2

For grantmakers.

Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3

Activites per Region

(The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		60,000
(2) Central America and the Caribbean			Captive Insurance	Insurance premiums/exp	9,735,026
(3)					
(4)					
(5)					
3a Sub-total					9,795,026
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					9,795,026

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

Cat No 50082W

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒

Yes

☐

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*

☒

Yes

☐

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 56-6017737

Name: WakeMed

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			67,708,576		67,708,576	6 070 %
b Medicaid (from Worksheet 3, column a)			198,340,337	155,788,191	42,552,146	3 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,573,658	1,274,598	299,060	0 030 %
d Total Financial Assistance and Means-Tested Government Programs			267,622,571	157,062,789	110,559,782	9 910 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,252,932	250,506	8,002,426	0 720 %
f Health professions education (from Worksheet 5)			11,033,180	7,984,909	3,048,271	0 270 %
g Subsidized health services (from Worksheet 6)			0		0	
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			665,106		665,106	0 060 %
j Total. Other Benefits			19,951,218	8,235,415	11,715,803	1 050 %
k Total. Add lines 7d and 7j			287,573,789	165,298,204	122,275,585	10 960 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		151,529		151,529	0.010 %
3	Community support		616,290		616,290	0.060 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy		5,500		5,500	0 %
8	Workforce development		2,615,581	48,871	2,566,710	0.290 %
9	Other					
10	Total		3,388,900	48,871	3,340,029	0.360 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

Yes

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

18,394,840

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

319,194,231

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

373,657,761

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-54,463,530

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐

Cost accounting system

☐

Cost to charge ratio

☒

Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

No

b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

No

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Capital City Surgery	healthcare	50 %		15.43 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 % and FPG family income limit for eligibility for discounted care of 300 %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE SECTION C		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input checked="" type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **14**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Line 1	<p>Part I, Line 7a Charity care is reported as the systems charity care at cost, using a cost to charge ratio calculated as in Worksheet 2 Part I, Line 7b Medicaid costs are derived from our cost accounting system, which addresses all patient segments Part I, Line 7c Costs of other government programs are derived from our cost accounting system, which addresses all patient segments Part I, Line 7f Per Medicare Cost Report Part II WakeMed is actively involved in not only improving the health and well-being of the communities we serve, but is also supportive of community building activities WakeMed has begun efforts to improve the neighborhood around the hospital and encourage redevelopment and physical improvements A coalition of local business and community leaders are working to reduce crime , beautify the area, attract retail businesses and restaurants, and foster new medical development around the main hospital campus in downtown Raleigh, which is an economically depressed area We have also invested in the Wake Technical Community College facility growth which is vital to educating future nurses, radiology techs, emergency response personnel and others Our workforce development program works with youth, health science students and those in a variety of health professions programs with mentoring, residencies, clinical rotations, and education all with the purpose of preparing for the workforce of tomorrow We partner with numerous colleges, universities, community colleges and high schools throughout the region and our campus is home to the Wake Early College High School WakeMed is also home to Wake Area Health Education Center, a program of the University of North Carolina which provides accredited education programs to nurses, allied health professionals and physicians throughout the region WakeMed also works closely with the investment of cash and expertise for the eight municipalities in our county and the Wake County Economic Development Council to attract new jobs and grow industry and business A healthy economy ultimately leads to the healthier community Our community health improvement activities are numerous and include being the lead agency for SAFEKIDS, Energize, Asthma coalition, Community Health project and more Each is working to support programs and policies that improve public health and access to health care We are also partnering with county and other officials on initiatives that will improve access to mental health services, a growing crisis in our community The overall goal is to make our community a healthier place to live and work Part III, Line 2 The amount reported in Part III, line 2 is the system bad debt at cost Charity and bad debt accounts are recorded at current account balance levels The balance may be net of contractual allowances and/or payments received For example, bad debt or charity resulting from an unpaid patient liability after insurance is recorded at the amount unpaid by the patient Part III, Line 3 Patients are provided with information about financial assistance at registration, discharge, phone calls, and a plain language summary of financial assistance is sent with every statement In order to qualify a patient must apply and meet Financial Assistance Policy (FAP) requirements Part III, Line 4 The text of the footnote to WakeMed's financial statements regarding bad debt expense is as follows "WakeMed has presented its provision for uncollectible accounts as a direct reduction of patient service revenue Based on management's interpretation of the requirements of GASB Statement No 34, governmental health care organizations are required to present uncollectible accounts as a component of net patient service revenue rather than within operating expenses " Part III, Line 8 The Medicare allowable costs were determined from the Medicare Cost Report, as specified in the provider reimbursement manual WakeMed believes that all of the \$54,463,530 Medicare shortfall should be considered as community benefit The IRS Community Benefit Standard includes the provision of care to the elderly and Medicare patients Medicare shortfalls must be absorbed by the WakeMed hospitals in order to continue treating the elderly in our community This year, Medicare accounted for 37.3% of hospital revenues The hospital provides care regardless of this shortfall and thereby relieves the federal government of the burden of paying the full cost for Medicare beneficiaries If the WakeMed Medicare shortfall were treated as a community benefit, the percent of total expenses attributable to community benefit would increase from 10.02% to 15.80% Part III, Line 9b WakeMed provides many opportunities to educate patients on our financial assistance program prior to discharge and again once the first bill is received In order to make sure we reach out to our patients, we send at least four statements and also make follow-up calls Each statement references the financial</p>

Form and Line Reference	Explanation
Line 1	<p>I assistance program and the first statement includes a plain language summary of our financial assistance program. Patients are screened for financial assistance and are given opportunities to apply. If a patient chooses not to apply, or does not qualify, they are given the opportunity for other payment arrangements. At any point, if the patient did not apply and ended up in collections due to non-communication, however, eventually expressed interest in financial assistance, a form is supplied. The patient at that point does have the opportunity to apply and all collections would cease. This is completed at the point in which the application is received, even if not all additional documentation is provided.</p>

Form and Line Reference	Explanation
Line 2	<p>The community needs assessment is a process that helps to identify factors affecting our county, determine resources needed to address these factors, and develop a plan of action to address the needs of the communities we serve. During late 2015 and early 2016, WakeMed Health & Hospitals joined with Duke Raleigh, Rex Healthcare, Advance Health Services, Triangle United Way, Wake County Human Services and others to jointly conduct a Community Health Needs Assessment (CHNA). The assessment was completed in June of 2016. The assessment involved input from hundreds of Wake County Residents and public health leaders through surveys, focus groups, and steering committee members. In addition secondary research was completed to compare information we were receiving with other national studies. It can be found on WakeMed website at the following address: http://www.wakemed.org/documents/wake-county-community-health-needs-assessment.pdf. In addition to this primary data, WakeMeds Corporate Planning department collects and analyzes multiple other sources of secondary data which helps us understand demographic, sociographic and health trends. The staff is also charged with forecasting future needs and planning to meet those needs. This process includes a careful analysis of current system capacities and projects future needed capacity to meet population growth and demographic changes. Through this department a strategic plan is developed and updated annually.</p>

Form and Line Reference	Explanation
Line 3	<p>WakeMed posts the required EMTALA notice at all portals of entry where an Emergency Department is present. The signage notes that WakeMed participates in the Medicaid program. The WakeMed website provides detailed information regarding Financial Assistance and Charity Care. The Patient Billing and Financial Information policy is included in all inpatients' "My Important Papers" folders and is addressed in the Patient Information Guide available in all inpatient rooms. In addition, the Financial Assistance form is located on the website for any patient to complete and submit. As part of the intake process/registration for all patients, WakeMed provides a copy of the Patient Billing and Financial Information policy, which refers patients to Patient Financial Services if they have concerns regarding their ability to pay the bill. All inpatients and patients scheduled for selected outpatient procedures, and who are designated "uninsured" at the time of admission, are contacted personally by a financial counselor. In addition, any patient, regardless of insurance coverage, may request to see a financial counselor. The financial counselor will assess possible Medicaid eligibility and provide an application/financial statement that is submitted to Patient Financial Services to request assistance with medical expenses. WakeMed also has on-site employees from Wake County Human Services to process Medicaid applications for residents of Wake County. Any patient who is uninsured and may be eligible for Disability is referred to a WakeMed disability specialist who will assist with the application. WakeMed includes information regarding financial assistance in all patient billing statements.</p>

Form and Line Reference	Explanation
Line 4	<p>While WakeMed serves patients from all of North Carolinas 100 counties and beyond, its primary service area can best be described as the counties contiguous to Wake County. The vast majority of patients come from Wake and Johnston counties. Both counties have rapidly growing smaller/suburban communities centered around the capital city of Raleigh. These communities look to Raleigh as their primary source for tertiary level care. The market is demographically diverse and fiercely competitive the only market in the state with three major health systems competing against one another. WakeMed shoulders the vast majority of care for the uninsured and underinsured, often exceeding 80% of the burden. Wake County was founded in 1771 and occupies approximately 860 square miles in the Piedmont region of North Carolina. In 1792, the city of Raleigh was named the capital of North Carolina and it remains the most populous municipality in Wake County. With a population in excess of 998,000 persons, the county is the second most populous county in the state. Wake County is home to 12 municipalities. Wake County has experienced population growth over recent years and that growth is expected to continue. According to data from Claritas, Wake County is projected to grow at a higher annual rate than its peer geographies at 1.9 percent annually from 2010 to 2020 with the addition of over 182,000 people. As shown in the table below, residents of these two counties currently exceed one million in population, and that population has continued to grow even amidst the worst economic recession in many decades. The population is fairly diverse. Race and ethnicity information are also presented in the table.</p>

Form and Line Reference	Explanation
TABLE ONE PRIMARY SERVICE AREA POPULATION 1	WAKE COUNTY JOHNSTON COUNTY TOTAL 2010 935,530 174,793 1,110,323 2015 1,112,839 204,911 1,317,750 % CHANGE 19 0%(3 5%/ANNUM) 17 2%(3 2%/ANNUM) 18 7% (3 4%/ANNUM) RACE AND ETHNICITY WHITE 72% 78% 73% BLACK 20% 16% 19% ASIAN 3% 0% 3% OTHER/UNKNOWN 5% 6% 5% HISPANIC* 8% 11% 9% *(NOT CONSIDERED A RACE, INCLUDED IN TOTALS ABOVE)

Form and Line Reference	Explanation
Line 5	<p>Since opening in 1961, WakeMed has been an institution with an unwavering commitment to the communities it serves by improving the health of the individuals and families we serve. Today, WakeMed offers a broad range of preventive, primary, acute and tertiary services. As Wake County's largest private employer and a cornerstone of the community, WakeMed is an asset residents can depend on not only for the highest quality of health care inside the hospital and outpatient facilities, but for community outreach in the form of screenings, classes, seminars, health fairs, preventive programs, support groups and other outreach initiatives. The majority of the programs are free and all are designed to improve health, educate and enlighten by offering access to experts, resources, and health information. In addition, our 1,000+ person medical staff is open and comprised primarily of independent practitioners, although the number of employed physicians is growing and now totals more than 280 physicians. Each year we serve, support and work closely with the community in many ways. We absorb the health care costs of those who come to us unable to pay for their care. We educate and train physicians and caregivers. We develop new services and initiatives to enhance access and meet the needs of the underserved. We partner with a variety of community-based organizations to develop programs that answer a specific community health need. We provide donations to community charities and organizations whose goals support our mission. And, we offer a host of community outreach and education programs targeted to the underserved and at-risk populations for cardiovascular disease, diabetes, stroke and avoidable injuries, among others. Beyond the care currently provided within our facilities, WakeMed continues to develop programs and services in those areas which are underserved and are growing. Access to primary care providers is a critical need. As a result, we continue to expand our network of primary care providers who serve community residents, regardless of their ability to pay. WakeMed helps improve the health of the community by outreach that takes on many forms from the direct provision of care to mentoring at-risk youth. Areas of focus for the system are centered on:</p> <ul style="list-style-type: none"> - Improved access to care through geographically dispersed outpatient facilities, primary care physicians and emergency departments - We also work closely with the community to improve access and affordability for the underserved populations of the community. This is done in part by collaborating with community partners so that health care gaps are addressed. - Working closely with patients and the community to promote and support the optimal prevention and management of chronic diseases, injuries and illness in our most vulnerable populations: children. - We also have an increased focus on improving and maintaining cardiovascular health, with an emphasis on addressing heart disease, stroke and diabetes pertinent to building a healthier community. - Development of a comprehensive population health program anchored by an accountable care organization with nearly 200,000 covered lives from partnering with CMS and the major insurers within the market. With a focus on quality and coordination of care, patients are receiving value and improving their health. - Continuing efforts to educate healthcare providers of today and tomorrow recognizing that these efforts will ensure a skilled workforce which ultimately builds a healthier and stronger community. - Providing support and leadership in community building activities that address the root causes of health problems. We also encourage employee, volunteer and physician participation, philanthropic support and volunteerism in the community.

Form and Line Reference	Explanation
Line 6 N/A	

Form and Line Reference	Explanation
Line 7	WakeMed publishes a community benefit report each year which highlights the financial impact on the community. It is available in print form as well as on the WakeMed web site. WakeMed also voluntarily files a similar community benefit report with the North Carolina Hospital Association.

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	WakeMed Raleigh Campus 3000 New Bern Ave Raleigh, NC 27610 WWW WAKEMED ORG H0199	X	X		X			X			A
2	WAKEMED CARY HOSPITAL 1900 KILDAIRE FARM ROAD Cary, NC 27518 WWW WAKEMED ORG H0276	X	X					X			A

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1 Wake Specialty Physicians LLC 3024 New Bern Avenue Raleigh, NC 27610	Medical Practice
1 WAKEMED NORTH FAM HEALTH & WOMEN'S HOSP 10000 Falls of The Neuse Rd Raleigh, NC 27614	WOMEN'S SURGERY, PREGNANCY CHILDBIRTH, OP/AMB SURG CNTR EM DEPT, LAB, RADIOLOGY, THRPY
2 WakeMed Rehab Hospital 3000 New Bern Avenue Raleigh, NC 27610	Phys Med & Rehab Hospital Phys, Speech & Occup Therapy Cardiac Rehab, Fitness Center
3 WakeMed Garner Healthplex 400 US 70 EAST Garner, NC 27529	Emergency Department Laboratory, Radiology
4 WakeMed Apex Healthplex 120 Healthplex Way Apex, NC 27502	Emergency Department Laboratory, Radiology
5 WAKEMED BRIER CREEK HEALTHPLEX 8001 TW Alexander Drive Raleigh, NC 27617	Emergency Department Laboratory, Radiology
6 WAKEMED MEDICAL PARK 23 Sunnybrook Road Raleigh, NC 27610	Laboratory, Radiology
7 WAKEMED CLAYTON MEDICAL PARK 555 MEDICAL PARK PLACE Clayton, NC 27520	Lab, Radiology, Phys, Occup & Speech Therapy
8 WAKEMED HOME HEALTH 2920 HIGHWOODS BLVD SUITE 200 Raleigh, NC 27604	Home Health, Home IV Therapy, Phys, Occup & Speech, PICC Private Duty Nursing
9 WakeMed Alexander YMCA 1603 Hillsborough Street Raleigh, NC 27605	Physical Therapy
10 WakeMed Wake Forest Road 3701 Wake Forest Road Raleigh, NC 27609	Phys, Occup, Speech, and Pediatric Speech Therapy
11 WakeMed Kraft Family YMCA 8921 HOLLY SPRINGS ROAD Apex, NC 27539	Phys & Occup Therapy, Cardiac Rehabilitation, Nutritional Counseling
12 WAKEMED CARY FAMILY 101 YMCA Drive Cary, NC 27513	Physical Therapy
13 WakeMed Kerr Family YMCA 2500 Wakefield Pines Drive Raleigh, NC 27614	Physical Therapy

2015

56-6017737

Schedule I (Form 990) 2015

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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) HEART CENTER- RONALD MCDONALD	1825		83,780		House Usage
(2) PRESCRIPTION DRUGS	5361		64,188		RX-INDIGENT PATIENTS

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
Procedures for monitoring the use of Grant Funds	Schedule I, Part I, line 2 All Grant/Funding requests must be made in writing, and frequently meetings are held with requesting organizations to ensure the requests are in accordance with our goals and guidelines related to donations and sponsorships. All donations are coordinated through one department and are tracked and logged on a spreadsheet with a quick reference to the reason for the gift. WakeMed also keeps a file on each organization and reason for the gift. In most cases WakeMed tracks how the gift was used, outcomes, and the benefits to the community. In the case of large grants, the organization is also asked for a report of the results and the impact.

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 4217 Park Place Ct Glen Allen, VA 23060	13-5613797	501(c)(3)	25,000				general support
Alliance Medical Ministry 101 Donald Ross Dr Raleigh, NC 27610	56-2168673	501(c)(3)	377,125	0			medical care
Capital Area Soccer League 5017 Memory Rd Raleigh, NC 27609	23-7441292	501(c)(3)	10,000	0			general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dorothea Dix Park Conservancy PO Box 28575 Raleigh, NC 27611	20-8421281	501(c)(3)	10,000	0			general support
Interfaith Food Shuttle 1001 Blair Dr Raleigh, NC 27620	56-1753180	501(c)(3)	6,109	11,808	FMV	food	general support
Kidznotes Inc - Band Together NC 120 Morris St Durham, NC 27701	27-0446845	501(c)(3)	10,000	0			general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LinkNica 7028 Rainwater Rd Raleigh, NC 27615	81-0893209	501(c)(3)	10,000	0			general support
Marbles Kids Museum 201 E Hargett St Raleigh, NC 27601	58-1647538	501(c)(3)	20,000	0			general support
NC Museum of Art 2110 Blue Ridge Rd Raleigh, NC 27607	23-7071511	501(c)(3)	10,000	0			general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC Symphony 3700 Glenwood Ave Ste 130 Raleigh, NC 27612	56-0556755	501(c)(3)	28,605	0			general support
Urban Ministries of NC PO Box 26476 Raleigh, NC 27611	58-1422700	501(c)(3)	10,000	0			general support
Wake Tech College Foundation 9109 Fayetteville Rd Raleigh, NC 27603	23-7017752	501(c)(3)	10,000	0			general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WakeMed Foundation 3000 New Bern Ave Raleigh, NC 27610	56-1916549	501(c)(3)	46,251	0			medical care
YMCA of the Triangle 801 Corporate Dr Raleigh, NC 27606	56-0591307	501(c)(3)	17,000	0			general support
Wake County Human Services PO Box 46833 Raleigh, NC 27620	56-6000376	GOV'T	396,139	0			general support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C3 Healthcare 8310 Brandford Way Raleigh, NC 27615	46-4497775		606,810	0			medical care
Debnam Clinic 1501 Poole Rd Raleigh, NC 27610	56-1977593		216,000	0			medical care

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

Part I Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div></div>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE PAID TO SOME KEY EMPLOYEES. THEY ARE INCLUDED IN TAXABLE INCOME.
SCHEDULE J, PART I, LINE 1B	KEY EMPLOYEES BENEFITS REQUIRING GROSS-UP ARE COVERED BY EMPLOYMENT AGREEMENT, AND ADDITIONAL ONES ARE APPROVED BY THE BOARD OF DIRECTORS.
SCHEDULE J, PART I, LINE 4A	William K. Atkinson, former CEO, severance paid \$721,020, date of termination 9/19/2015. Kathleen K. Gormley, former key employee, severance paid \$490,004, date of termination 6/4/2014.
SCHEDULE J, PART I, LINE 4B	WakeMed maintained a 457f plan for certain individuals. Contributions were made to only six of these during the fiscal year. The following individuals participated in WakeMed's 457f plan during the fiscal year ending 9/30/2016: Donald Gintzig \$46,710; Gurvider S. Deol \$36,334; Jonathan D. Chappell \$30,458; Okechukwu E. Nwoko \$32,226; Timothy E. Harris \$31,243; James T. O'Neil \$19,803.
SCHEDULE J, PART I, LINE 7	WakeMed has incentive based programs that are driven by accomplishing targets associated with quality of care for discharge instructions, patient satisfaction and minimum operating margin.

Additional Data

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

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

(A) Name 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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1KATHLEEN K GORMLEY EXEC VP-OP & AMBULATORY	(i)	0	20,000	470,004	0	0	490,004	0
	(ii)	0	0	0	0	- 0	- 0	0
1DAVID C COULTER SENIOR VP-ADMINISTRATOR CARY	(i)	153,391	0	6,427	9,417	4,518	173,753	0
	(ii)	0	0	0	0	- 0	- 0	0
2JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	(i)	284,531	0	16,563	16,510	15,567	333,171	0
	(ii)	0	0	0	0	- 0	- 0	0
3E DENTON ARLEDGE VP & CIO	(i)	299,319	0	9,426	16,530	18,542	343,817	0
	(ii)	0	0	0	0	- 0	- 0	0
4THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	(i)	249,921	0	20,285	16,432	23,033	309,671	0
	(ii)	0	0	0	0	- 0	- 0	0
5CAROLYN KNAUP SENIOR VP-AMBULATORY SERVICES	(i)	277,709	0	16,256	16,392	20,874	331,231	0
	(ii)	0	0	0	0	- 0	- 0	0
6BETSY GASKINS-MCCLAINE VP HEART & VASCULAR	(i)	252,602	0	1,059	15,774	2,359	271,794	0
	(ii)	0	0	0	0	- 0	- 0	0
7CYNTHIA ALNESS-BOILY SENIOR VP-OPERATIONS & CNO	(i)	315,586	0	22,619	16,273	14,769	369,247	0
	(ii)	0	0	0	0	- 0	- 0	0
8VICKI BLOCK SR VP & ADMINISTRATOR RALEIGH	(i)	282,541	0	16,025	16,021	12,244	326,831	0
	(ii)	0	0	0	0	- 0	- 0	0
9DUDLEY HARRINGTON VP REVENUE CYCLE	(i)	271,867	0	3,409	16,201	23,694	315,171	0
	(ii)	0	0	0	0	- 0	- 0	0
10GEORGIA C HARRINGTON VP OPERATIONS	(i)	229,525		1,751	14,466	12,237	257,979	0
	(ii)	0	0	0	0	- 0	- 0	0
11GURVINDER S DEOL PHYSICIAN	(i)	617,263	416,822	2,820	45,735	22,072	1,104,712	0
	(ii)	0	0	0	0	- 0	- 0	0
12JONATHAN D CHAPPELL PHYSICIAN	(i)	576,717	335,798	614	40,387	16,623	970,139	0
	(ii)	0	0	0	0	- 0	- 0	0
13DONALD R GINTZIG President & CEO	(i)	892,968	0	57,649	63,367	17,532	1,031,516	0
	(ii)	0	0	0	0	- 0	- 0	0
14OKECHUKWU E NWOKO PHYSICIAN	(i)	543,709	456,309	907	40,998	6,819	1,048,742	0
	(ii)	0	0	0	0	- 0	- 0	0
15TIMOTHY E HARRIS PHYSICIAN	(i)	599,627	210,326	2,797	40,181	23,598	876,529	0
	(ii)	0	0	0	0	- 0	- 0	0
16DENISE WARREN Exec VP & COO (BEGIN 10/19/15)	(i)	83,819	50,000	20,753	4,660	1,674	160,906	0
	(ii)	0	0	0	0	- 0	- 0	0
17MICHAEL P BROWNING CFO, EXEC VP (Until 8/5/16)	(i)	181,021	75,000	250	7,731	4,301	268,303	0
	(ii)	0	0	0	0	- 0	- 0	0
18JOHN R FINLEY CHIEF COMPLIANCE OFFICER	(i)	119,117	25,000	27,143	9,516	10,360	191,136	0
	(ii)	0	0	0	0	- 0	- 0	0
19JOHN S PIATKOWSKI SR VP AMBULATORY & PHYSICAN OP	(i)	396,387	0	16,495	15,900	22,638	451,420	0
	(ii)	0	0	0	0	- 0	- 0	0

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21SHERI D DESHAZO SR VP ADMINISTRATION-NORTH	(i)	208,956	0	13,612	14,059	24,161	260,788	0
	(ii)	0	0	0	0	- 0	- 0	0
1JAMES T O'NEIL JR PHYSICIAN	(i)	447,995	369,955	364	27,755	17,386	863,455	0
	(ii)	0	0	0	0	- 0	- 0	0
2WILLIAM K ATKINSON PHD FORMER CEO	(i)	0	0	721,020	0	0	721,020	0
	(ii)	0	0	0	0	- 0	- 0	0
3MICHAEL D DEVAUGHN CFO, EXECUTIVE VP	(i)	433,766	20,000	18,788	8,982	6,888	488,424	0
	(ii)	0	0	0	0	- 0	- 0	0
4THOMAS GETTINGER COO, EXEC VP (UNTIL 12/31/15)	(i)	442,806	20,000	19,244	16,433	22,345	520,828	0
	(ii)	0	0	0	0	- 0	- 0	0

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As Filed Data -

DLN: 93493227016057

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

WakeMed

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

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

56-6017737

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A North Carolina Medical Care Commission	52-1309402	65821DC58	02-26-2009	75,000,000	See Part VI		X		X		X
B North Carolina Medical Care Commission	52-1309402	65821DCW9	07-16-2009	81,780,000	See Part VI		X		X		X
C North Carolina Medical Care Commission	52-1309402	65821DLY5	07-11-2012	315,717,962	See Part VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0		23,310,000		23,975,000					
2	Amount of bonds legally defeased	0		0		0					
3	Total proceeds of issue	75,249,667		81,780,000		315,718,073					
4	Gross proceeds in reserve funds	0		0		0					
5	Capitalized interest from proceeds	0		0		0					
6	Proceeds in refunding escrows	0		0		172,556,247					
7	Issuance costs from proceeds	835,544		817,125		2,994,195					
8	Credit enhancement from proceeds	37,919		41,347		0					
9	Working capital expenditures from proceeds	0		0		0					
10	Capital expenditures from proceeds	74,376,204		0		0					
11	Other spent proceeds	0		80,921,528		140,167,631					
12	Other unspent proceeds	0		0		0					
13	Year of substantial completion	2010		2012		2012					
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X	X					
16	Has the final allocation of proceeds been made?	X		X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PURPOSE	Schedule K, Part I, A(f) Financing (a) costs of construction, renovating and equipping certain hospital facilities, including WakeMed Cary 2-story vertical expansion, 10-bed Labor and Delivery unit expansion and parking deck, WakeMed Raleigh 4-story patient tower, parking deck for visitors and patients, employee parking deck, portions of Rehabilitation Hospital for inpatient beds, the first floor of the main hospital for a 25-bed observation unit and related, and other equipment, (b) initial costs for credit facility for the bonds, and (c) issuance costs

Return Reference	Explanation
PURPOSE	SCHEDULE K, PART I, B(f) Financing (a) costs of currently refunding all outstanding series 1997 bonds issued April 1, 1997. The series 1997 bonds were issued to refund all of series 1993 and 1988 bonds, which were issued to finance costs of constructing, expanding, renovating, and equipping certain hospital facilities, including construction of WakeMed Cary Hospital, a 2-story addition of the WakeMed main campus, a 45-bed Rehabilitation Hospital and related, and other equipment, and (b) issuance costs.

Return Reference	Explanation
PURPOSE	Schedule K, Part I, C(f) The series 2012A bonds were issued to refund all the series 2001 and the 2009A bonds and pay certain expenses incurred in the connection with the issuance and sale of the 2012A bonds The proceeds of the refunded 2001 bonds and the refunded 2009A bonds were used to finance the costs of various improvements to the corporation's healthcare facilities The date of issue for the refunded 2011 bonds is 3/15/2001 and date of issue for the refunded 2009A bonds is 2/10/2009

Return Reference	Explanation
Total proceeds of issue	Schedule K, Part II, 3, Columns A, B, & C Total proceeds include investment earnings

Return Reference	Explanation
Issuance Costs from proceeds	Schedule K, Part II, Line 7, Columns A, B, & C The amounts reported on Form 8038 as proceeds used for bond issuance costs were estimates The amounts reported on Schedule K represent the actual use of proceeds Schedule K credit enhancement reported was from the initial letter of credit fee paid from bond proceeds This amount was unknown at the time of the Form 8038 preparation

Return Reference	Explanation
Capital expenditures from proceeds	Schedule K, Part II, Line 10, Column A Bond series 2009B generated \$249,667 in interest

Return Reference	Explanation
Arbitrage rebate	Schedule K, Part IV, 2c Arbitrage rebate calculation performed on 2/25/2014 for A , 7/15/2014 for B, next scheduled calculation date for C is 10/1/2017

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

2015

**Open to Public
Inspection**

Name of the organization
WakeMed

Employer identification number

56-6017737

990 Schedule O, Supplemental Information

Return Reference	Explanation
DBAS FOR WAKEMED	<p>FORM 990, HEADER C, DBA 1 Wake Medical Center 2 Western Wake Hospital 3 Northern Wake Hospital 4 Wake Heart Center 5 Western Wake Medical Center 6 Wake Rehabilitation Hospital 7 Wake Area Health Education Center 8 Wake AHEC 9 Eastern Wake Day Hospital and Skilled Nursing Facility 10 WakeMed Home Care 11 WakeMed - New Bern Avenue Campus 12 WakeMed - Western Wake Medical Center 13 WakeMed Rehab 14 WakeMed - Fuquay-Varina 15 WakeMed - Zebulon-Wendell 16 WakeMed Raleigh Campus 17 WakeMed Cary Hospital 18 WakeMed North Healthplex 19 WakeMed Clayton Medical Park 20 WakeMed Cary Outpatient Rehab Center 21 WakeMed Fuquay-Varina Outpatient & Skilled Nursing Facility 22 WakeMed Zebulon/Wendell Outpatient & Skilled Nursing Facility 23 WakeMed Wake Forest Road Outpatient Rehab Center 24 WakeMed Home Health 25 WakeMed Health & Hospitals 26 WakeMed Emergency Services Institute 27 WakeMed Center for Patient Safety 28 WakeMed Apex Healthplex 29 WakeMed Apex Day Surgery Center, LLC 30 WakeMed Professional Staff 31 WakeMed Mobile Critical Care Services 32 WakeMed Center for Innovative Learning 33 WakeMed Brier Creek Healthplex 34 WakeMed Outpatient Pharmacy 35 WakeMed Garner Healthplex 36 WakeMed Zebulon/Wendell Outpatient Rehabilitation 37 WakeMed Children's Hospital 38 WakeMed Children's 39 WakeMed North 40 WakeMed Rehabilitation Hospital 41 WakeMed Brier Creek Medical Park 42 WakeMed Raleigh Medical Park 43 WakeMed OP Rehab - Banks D Kerr Family YMCA Raleigh, NC 44 WakeMed OP Rehab - Cary Family YMCA Cary, NC 45 WakeMed OP Rehab - Kraft Family YMCA Apex, NC 46 WakeMed OP Rehab - Alexander Family YMCA Raleigh, NC 47 WakeMed Physician Practices OTHER REGISTERED DBA'S INCLUDE 48 Wake Specialty Brier Creek Internal Medicine 49 Wake Specialty ENT - Head & Neck Surgery 50 Wake Specialty Facial Plastics 51 Wake Specialty Gastroenterology & Hepatology 52 Wake Specialty General Surgery 53 Wake Specialty OB/GYN 54 Wake Specialty Physicians ENT - Head & Neck Surgery 55 Wake Specialty Physicians Facial Plastics 56 Wake Specialty Physicians Gastroenterology & Hepatology 57 Wake Specialty Physicians General Surgery 58 Wake Specialty Physicians Internal Medicine Brier Creek 59 Wake Specialty Physicians OB/GYN 60 Wake Specialty Physicians Urology 61 Wake Specialty Physicians Women's Center 62 Wake Specialty Urology 63 Wake Specialty Women's Center 64 Wake Specialty Physicians Maternal Fetal Medicine 65 Wake Specialty Physicians Employee Health 66 Falls Pointe Medical Group 67 Wake Specialty Physicians - City Center Medical Group 68 Wake Specialty Physicians - Carolina Cardiology 69 Wake Specialty Physicians - Concussion Clinic 70 Wake Specialty Physicians - Apex Medical Group 71 Wake Specialty Physicians - Accent Urgent Care 72 Wake Specialty Physicians - Wake Orthopaedics 73 Wake Specialty Physicians - North Wake Internal Medicine 74 Wake Specialty Physicians Pulmonology 75 Wake Specialty Physicians -</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
DBAS FOR WAKEMED	Knightdale Family Practice 76 Wake Specialty Physicians - Carolina Cardiovascular Surgic al Associates 77 Wake Specialty Physicians - Capital Urology 78 Wake Specialty Physician s - Morrisville Primary Care 79 Wake Specialty Physicians - Garner Primary Care 80 Wake Specialty Physicians - Fuquay Varina Primary Care 81 Wake Specialty Physicians - Structur al Heart 82 Wake Specialty Physicians - Raleigh Cardiology 83 Wake Specialty Physicians - Raleigh Cardiology Associates 84 Wake Specialty Physicians - Cardiovascular 85 Wake Sp ecialty Physicians - Parkw ay Primary Care 86 WakeMed Physician Practices Physical Therapy 87 Wake Orthopaedics 88 WakeMed Urgent Care 89 WakeMed Heart and Vascular Physicians

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D Other program services include hospital in and outpatient ancillary care services in other specialty areas not listed above

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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 V, VI, VII AND IX IN THE ARTICLES OF INCORPORATION THE TRANSFER AGREEMENT WITH WAKE COUNTY INDICATES APPROVAL/CONSENT FOR TRANSACTIONS PERTAINING TO SUBSTANTIAL DISPOSITION OF ASSETS AND COVENANTS ON LIENS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS USED BY THE ORGANIZATION TO REVIEW FORM 990	FORM 990, PART VI, SECTION B, LINE 11B THE ENTIRE 990 AND ASSOCIATED SCHEDULES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS TO ACKNOWLEDGE THEY HAVE REVIEWED FORMS AND SCHEDULES AND THEN RECOMMEND APPROVAL TO THE BOARD A FINAL COPY IS PROVIDED TO THE BOARD BEFORE FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
MONITORING WRITTEN CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY IN VARIOUS WAYS EACH YEAR, MEMBERS OF THE BOARD, COMMITTEES WITH BOARD DELEGATED POWERS, CEO, CORPORATE STAFF, EXECUTIVE STAFF, DIRECTORS, MANAGERS ARE REQUIRED TO COMPLETE AND SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE THOSE INDIVIDUALS ARE REQUIRED TO PROVIDE WRITTEN DOCUMENTATION OF ANY POTENTIAL CONFLICT OF INTEREST, IDENTIFYING MATERIAL FINANCIAL INTEREST/PERSONAL CONFLICTS OF INTEREST REMEDIAL MEASURES IMPLEMENTED TO ADDRESS CONFLICTS OF INTEREST INCLUDE ABSTENTION FROM VOTING ON CERTAIN ISSUES AS WELL AS RECUSAL FROM THE DECISION MAKING PROCESS AND PARTICIPATION INVOLVING THE IDENTIFIED ISSUE/AREA THE CODE OF CONDUCT PROVIDES GUIDANCE ON GIFTS AND TRAVEL GIFTS SHOULD NOT BE ACCEPTED AND PRIOR TO ANY TRAVEL/LODGING PAID FOR BY A THIRD PARTY, WRITTEN APPROVAL MUST BE OBTAINED FROM AN EXECUTIVE VICE PRESIDENT ALSO, EMPLOYEES WHO OWN OR WORK IN A PRIVATE BUSINESS OUTSIDE OF WAKEMED ARE NOT ALLOWED TO RECRUIT OR PROMOTE THEIR PRODUCTS AND SERVICES DURING WORK HOURS OR THROUGH WAKEMED PRINTED MATERIALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION OF CEO, EXEC DIR, OR TOP MGMT	OFFICIAL FORM 990, PART VI, SECTION B, LINES 15A & 15B Review of compensation is performed by an independent firm Every three years an executive competitive compensation review is performed On alternate years, the SVP/HR presents market data comparisons to a Board of Director's committee for review

990 Schedule O, Supplemental Information

Return Reference	Explanation
AVAILABILITY OF FINANCIAL STMT, 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 publically available through the NC Medical Care Commission as it relates to tax exempt debt The annual audited financial statements and transfer agreement are provided each year to Wake County commissioners and become public information Articles of Incorporation are available on the NC Secretary of State website

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 TRANSFERS BETWEEN AFFILIATES (980,983) TRANSFER OF FIXED ASSETS (208,727) DONATED CAPITAL TO FINANCE PPE 519,271 GIFTS/GRANTS/BEQUESTS/PLEDGES 37,856 FOUNDATION TO WAKEMED (131,574) INTERCO CASH TRANSFERS (671,371) ROUNDING 4 ----- TOTAL (1,435,528)

SCHEDULE R
(Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Wake Specialty Physicians LLC 2009 New Bern Ave Raleigh, NC 27610 26-4169156	med office	NC	127,318,732	37,609,975	NA
(2) CSAMS New Bern Ave LLC 3000 New Bern Ave Raleigh, NC 27610 26-0554927	healthcare	NC	0	561,850	NA
(3) Wake Orthopaedics LLC 3009 New Bern Ave Raleigh, NC 27610 04-3750760	med office	NC	0	0	NA

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)Wake Property Services 3000 New Bern Avenue Raleigh, NC 27610 56-1133894	leasing	NC	501(c)(3)	11b	NA		No
(2)Wake Faculty Practice Plan 3000 New Bern Avenue Raleigh, NC 27610 23-7169178	medical	NC	501(c)(3)	11b	NA		No
(3)The Volunteers at Cary Campus 3000 New Bern Avenue Raleigh, NC 27610 56-1798031	volunteers	NC	501(c)(3)	11b	NA		No
(4)WakeMed Foundation 3000 New Bern Avenue Raleigh, NC 27610 56-1916549	support	NC	501(c)(3)	7	NA		No
(5)The Volunteers at Raleigh Campus 3000 New Bern Avenue Raleigh, NC 27610 56-0749114	volunteers	NC	501(c)(3)	11b	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Cap City Surg CNTR 3000 New Bern Ave Raleigh, NC 27610 26-0804803	healthcare	NC	NA	Related	7,153,615	3,999,953		No	6,920,313		No	50 000 %
(2) Wake Pet Services 3000 New Bern Ave Raleigh, NC 27610 26-3108205	equipment leasing	NC	NA	Related	181,478	59,059		No	0		No	50 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Dogwood Ins Co (SPC) Ltd WM Seg Port PO Box 493 Century Yard KY1-1106 Grand Cayman KY1-1106 CJ	Captive	CJ	NA	C Corp	0	49,698,863	100 000 %	Yes	
(2) WakeMed Key Community Care LLC 3000 New Bern Ave Raleigh, NC 27610 46-2853835	ACO	NC	NA	C Corp	-3,964,627	2,888,238	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

1

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

a

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

1a

No

b

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

1b

Yes

c

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

1c

Yes

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

No

q

Reimbursement paid by related organization(s) for expenses

1q

Yes

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

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Dogwood Ins Co (SPC) LTD Wakemed Seg Port	R	9,735,024	cash

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Identification of Disregarded Entities	Schedule R, Part I, Line 4 Wake Orthopaedics was merged with Wake Specialty Physicians on August 26, 2015