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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

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
WakeMed Group Return

% RICK CARRICO CFO

Doing business as
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address)
3000 NEW BERN AVENUE

Room/suite

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

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?
No

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

H(c) Group exemption number ▶ 5881

D Employer identification number
90-0893457

E Telephone number
(919) 350-0522

G Gross receipts \$ 28,952,377

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

J Website: ▶ WWW.WAKEMED.ORG

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

L Year of formation

M State of legal domicile NC

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE OUTSTANDING AND COMPASSIONATE CARE TO THE COMMUNITIES WE SERVE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	41	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	41	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	240	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,257,545	1,532,718
	9	Program service revenue (Part VIII, line 2g)	11,616,164	11,539,490
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,007,878	-543,632
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-382,327	394,658
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,499,260	12,923,234
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	131,650	149,885
	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)	912,080	1,266,337
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶49,154		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	16,491,077	16,482,308
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,534,807	17,898,530
	19	Revenue less expenses Subtract line 18 from line 12	-3,035,547	-4,975,296
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	189,674,558	187,788,151
	21	Total liabilities (Part X, line 26)	15,260,229	14,051,704
	22	Net assets or fund balances Subtract line 21 from line 20	174,414,329	173,736,447

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

RICK CARRICO CFO

Type or print name and title

2017-08-15

Date

Pnnt/Type preparer's name
Chnstopher B Boggs

Preparer's signature
Chnstopher B Boggs

Date

Check ☐ 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 28202

Phone no (704) 372-6300

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 15,110,694 including grants of \$ 0) (Revenue \$ 12,278,304)

See Additional Data

4b

(Code) (Expenses \$ 2,016,403 including grants of \$ 149,885) (Revenue \$ 0)

See Additional Data

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses ▶ 17,127,097

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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <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	No
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	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <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 Yes	
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	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	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? <i>If "Yes," complete Schedule J</i> 	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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?		
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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		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	41	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	41	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records RICK CARRICO CFO 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 ☒

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

Form **990** (2015)

(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	11,745,273	846,994

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 ► 26

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
JANI-KING, 801 JONES FRANKLIN RD STE 230 RALEIGH, NC 27606	JANITORIAL SERVICES	549,439
CENTERPLATE, 500 S SALISBURY ST RALEIGH, NC 27601	EVENT CATERING	141,315
BLAND LANDSCAPING CO INC, PO BOX 727 APEX, NC 27502	LANDSCAPING SERVICES	100,711
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 ► 3		

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	1,096,188			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	436,530			
	g	Noncash contributions included in lines 1a-1f \$		4,412			
	h	Total. Add lines 1a-1f		1,532,718			
Program Service Revenue	2a	Related rental income	Business Code 531112	11,539,490	11,539,490	0	0
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		11,539,490			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		996,421		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real (ii) Personal				
		b	Less rental expenses				
		c	Rental income or (loss)	0 0			
		d	Net rental income or (loss)		0		
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	14,023,211 0			
		b	Less cost or other basis and sales expenses	15,501,980 61,284			
		c	Gain or (loss)	-1,478,769 -61,284			
		d	Net gain or (loss)		-1,540,053		-1,540,053
8a		Gross income from fundraising events (not including \$ 1,096,188 of contributions reported on line 1c) See Part IV, line 18 . . .	a	121,723			
		b	Less direct expenses	b	465,879		
		c	Net income or (loss) from fundraising events . .		-344,156		-344,156
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities . . .		0		
10a		Gross sales of inventory, less returns and allowances . .	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory . .		0		
Miscellaneous Revenue		Business Code					
11a	POP settlement per diem		706,384	706,384	0	0	
b	POP reimb for legal exp		25,476	25,476	0	0	
c	QTS Laundry loss		-17,379	-17,379	0	0	
d	All other revenue		24,333	24,333	0	0	
e	Total. Add lines 11a-11d		738,814				
12	Total revenue. See Instructions		12,923,234	12,278,304	0	-887,788	

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.	75,000	75,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	74,885	74,885		
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.	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7	Other salaries and wages.	1,121,679	1,121,679	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	34,018	34,018	0	0
9	Other employee benefits.	65,792	65,792	0	0
10	Payroll taxes.	44,848	44,848	0	0
11	Fees for services (non-employees):				
a	Management.	36,212	0	36,212	0
b	Legal.	3,543	0	3,543	0
c	Accounting.	15,265	0	15,265	0
d	Lobbying.	0	0	0	0
e	Professional fundraising services. See Part IV, line 17.	0			0
f	Investment management fees.	113,727	0	113,727	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	828,441	821,047	7,394	
12	Advertising and promotion.	24,818	0	0	24,818
13	Office expenses.	152,481	152,481	0	0
14	Information technology.	0	0	0	0
15	Royalties.	0	0	0	0
16	Occupancy.	7,728,203	7,728,203	0	0
17	Travel.	4,153	0	1,342	2,811
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0		0	0
19	Conferences, conventions, and meetings.	21,644	0	119	21,525
20	Interest.	544,677	0	544,677	0
21	Payments to affiliates.	925,239	925,239	0	0
22	Depreciation, depletion, and amortization.	3,574,339	3,574,339	0	0
23	Insurance.	77,643	77,643	0	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	Repairs & Maintenance	2,307,504	2,307,504	0	0
b	BAD DEBT EXPENSE	30,448	30,448	0	0
c	CAPITAL CAMPAIGN	29,431	29,431	0	0
d	LIFE INSURANCE PREMIUMS	22,243	22,243	0	0
e	All other expenses	42,297	42,297		
25	Total functional expenses. Add lines 1 through 24e.	17,898,530	17,127,097	722,279	49,154
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

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

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		-1,009,380	1	-537,641
	2	Savings and temporary cash investments		1,551,070	2	1,966,007
	3	Pledges and grants receivable, net		5,460,817	3	5,666,006
	4	Accounts receivable, net		1,255,565	4	1,998,076
	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		1,663,389	7	1,476,241
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		939,674	9	887,784
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	179,589,802		
	b	Less: accumulated depreciation	10b	33,167,730	10c	146,422,072
	11	Investments—publicly traded securities		26,363,195	11	27,682,491
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		1,982,054	13	1,928,128
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		284,392	15	298,987
	16	Total assets. Add lines 1 through 15 (must equal line 34)		189,674,558	16	187,788,151
Liabilities	17	Accounts payable and accrued expenses		209,752	17	366,298
	18	Grants payable		0	18	0
	19	Deferred revenue		155,419	19	194,285
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		13,902,420	23	12,540,200
	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		992,638	25	950,921
	26	Total liabilities. Add lines 17 through 25		15,260,229	26	14,051,704
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		144,777,684	27	143,595,356
	28	Temporarily restricted net assets		27,699,662	28	27,958,101
	29	Permanently restricted net assets		1,936,983	29	2,182,990
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		174,414,329	33	173,736,447
	34	Total liabilities and net assets/fund balances		189,674,558	34	187,788,151

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	12,923,234
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,898,530
3	Revenue less expenses Subtract line 2 from line 1	3	-4,975,296
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	174,414,329
5	Net unrealized gains (losses) on investments	5	2,436,326
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	1,861,088
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	173,736,447

Part XII

Financial Statements and Reporting

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

☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:**Software Version:**

EIN: 90-0893457

Name: WakeMed Group Return

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	15,110,694	including grants of \$	0	) (Revenue \$	12,278,304
WakeMed Property Services purchases, leases and maintains properties in Wake and Johnston counties for the purpose of leasing or subleasing space to WakeMed and other medical providers to expand the accessibility of medical services in the vicinity. Property Services currently owns and maintains twenty properties, including land for future development, manages two WakeMed owned properties and leases 34 properties. Multiple WakeMed departments and physician practices occupy the owned and leased space including three free-standing emergency rooms, two outpatient rehabilitation departments, two mobile critical care ambulance locations, four outpatient imaging departments, and an outpatient physical therapy department. Currently there are 54 physician practices located in these buildings. A wide variety of care options are offered at each of these facilities and are designed by location and service to enhance care for all residents of the community served. Most locations are in areas experiencing rapid growth with limited options for medical care including primary care and specialists.							

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 2,016,403 including grants of \$ 149,885) (Revenue \$ 0)

Fundraising - A charitable resource for WakeMed, supporting the health system in its commitment to providing quality healthcare to all citizens of the community. WakeMed is more than technology and expertise. It is a haven whose doors are open to everyone in need. Fundraising activities support WakeMed through friend-raising and educational awareness of quality healthcare programs and services available at WakeMed for the citizens of the community, with the purpose of providing philanthropic support for numerous WakeMed programs and services. The Foundation has helped further WakeMed's mission to the community.

Form 990, Part III, Line 4c

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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			
GREG CARR Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
TIMOTHY E CARROLL Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
R MICHAEL GRAY Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
LAURA HELTON-KALORIN MD Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
EILEEN M HENDREN BOD, WakeMed Fdn	0 0 4 0	X						0	0	0
MICHAEL PAINTER Vice Chair, BOD, WakeMed FDN	0 0 4 0	X						0	0	0
KRISTIN REPLOGLE WakeMed and Foundation - BOD	0 0 7 0	X						0	0	0
MARY NASH RUSHER Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
H DON STEPHENSON JR Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
KARI STOLZ Board of Dir, WakeMed Fdn	0 0 4 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			
G EDWARD STORY Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
TISH TURNER Chair, BOD, WakeMed Fdn	0 0 4 0	X						0	0	0
BRENDA C GIBSON Chair WakeMed - Board Dir	0 0 5 0	X						0	0	0
JERRY C BERNSTEIN MD SECRETARY - WakeMed-Brd of Dir	0 0 4 0	X						0	0	0
A BLANTON GODFREY PHD WakeMed - Board of Directors	0 0 3 0	X						0	0	0
STEPHEN M SMITH WakeMed - Board of Directors	0 0 4 0	X						0	0	0
MARGARET DOUGLAS MD Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
MICHAEL FERGUSON MD Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
DENNIS FINGERS Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
SUNNY JOHNSON LEWIS Board of Dir, WakeMed Fdn	0 0 4 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			
DEBORAH JONES KING Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
EASTER MAYNARD Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
WALTER ROGERS Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
LARRY D BARBOUR Vice Chair - WakeMed - BOD	0 0 3 0	X						0	0	0
ROBERT CERWIN MD WakeMed - Board of Directors	0 0 3 0	X						0	0	0
VERN DAVENPORT WakeMed - Board of Directors	0 0 3 0	X						0	0	0
JENNIFER MACKETHAN Secretary, BOD, WakeMed FDN	0 0 4 0	X						0	0	0
JAMES PALOMBARO Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
ROBERT C RICE JR WakeMed - Board of Directors	0 0 4 0	X						0	0	0
WILLY E STEWART WakeMed - Board of Directors	0 0 3 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			
DEWAYNE WASHINGTON Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
TIMOTHY WHITNEY Treasurer, BOD, WakeMed FDN	0 0 4 0	X						0	0	0
LIZA ROBERTS Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
R DONAVON MUNFORD JR WakeMed - Board of Directors	0 0 4 0	X						0	0	0
CHRISTINA ALVARADO SHANAHAN WakeMed - Board of Directors	0 0 3 0	X						0	0	0
DAN BLUE III WakeMed - Board of Directors	0 0 3 0	X						0	0	0
ROBERT ANGE Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
STEPHEN LEINENWEBER Board of Dir, WakeMed Fdn	0 0 4 0	X						0	0	0
HENRY L DARNELL WakeMed - Board of Directors	0 0 4 0	X						0	0	0
PETER SCOTT III Board of Dir, WakeMed Fdn	0 0 4 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			
MICHAEL D DEVAUGHN CFO, EXEC VP (UNTIL 4/15/16)	0 0 65 0			X				0	472,554	15,870
THOMAS GETTINGER COO, EXEC VP (UNTIL 12/31/15)	0 0 70 0			X				0	482,050	38,778
ROYLYN JOHNSON SECRETARY	0 0 50 0			X				0	98,640	13,040
DONALD R GINTZIG CEO	0 0 70 0			X				0	950,617	80,899
DENISE WARREN COO, EXEC VP (BEG 10/19/15)	0 0 65 0			X				0	154,572	6,334
MICHAEL P BROWNING CFO, EXEC VP (UNTIL 8/5/16)	0 0 65 0			X				0	256,271	12,032
JOHN R FINLEY VP & CHIEF CPL & PRIVACY OFF	0 0 65 0			X				0	171,260	19,876
JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	0 0 60 0				X			0	301,094	32,077
E DENTON ARLEDGE VP & CIO	0 0 50 0				X			0	308,745	35,072
THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	0 0 50 0				X			0	270,206	39,465

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			
CAROLYN KNAUP SENIOR VP-AMBULATORY SVCS	0 0 62 0				X			0	293,965	37,266
BETSY GASKINS-MCCLAINE VP HEART & VASCULAR	0 0 65 0				X			0	253,661	18,133
CYNTHIA ALNESS-BOILY SR VP-OPERATIONS & CNO	0 0 60 0				X			0	338,205	31,042
VICKI BLOCK SR VP & ADMINISTRATOR RALEIGH	0 0 60 0				X			0	298,566	28,265
DUDLEY HARRINGTON VP REVENUE CYCLE	0 0 60 0				X			0	275,276	39,895
GEORGIA C HARRINGTON VP OPERATIONS	0 0 55 0				X			0	231,276	26,703
JOHN S PIATKOWSKI SR VP AMBULATORY & PHYS OPS	0 0 60 0				X			0	412,882	38,538
SHERI D DESHAZO SR VP ADMINISTRATION-NORTH	0 0 63 0				X			0	222,568	38,220
GURVINDER S DEOL PHYSICIAN	0 0 65 0					X		0	1,036,905	67,807
JONATHAN D CHAPPELL PHYSICIAN	0 0 60 0					X		0	913,129	57,010

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			
OKECHUKWU E NWOKO PHYSICIAN	0 0 65 0					X		0	1,000,925	47,817
TIMOTHY E HARRIS PHYSICIAN	0 0 60 0					X		0	812,750	63,779
JAMES T O'NEIL JR PHYSICIAN	0 0 53 0					X		0	818,314	45,141
WILLIAM K ATKINSON PhD FORMER CEO	0 0 0 0						X	0	721,020	0
KATHLEEN K GORMLEY FORMER EXEC VP-OPER & AMB	0 0 0 0						X	0	490,004	0
DAVID C COULTER FORMER SENIOR VP & ADMIN CARY	0 0 0 0						X	0	159,818	13,935

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 Group Return

Employer identification number
90-0893457

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

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

1

☐

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

2

☐

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

1

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		
(A) WAKEMED	566017737		Yes		0	0
Total1						

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)	9,245,312	3,405,038	805,410	1,257,545	1,532,718	16,246,023
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	9,245,312	3,405,038	805,410	1,257,545	1,532,718	16,246,023
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)						6,673,647
6 Public support. Subtract line 5 from line 4						9,572,376

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	9,245,312	3,405,038	805,410	1,257,545	1,532,718	16,246,023
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	465,685	647,612	677,976	1,163,538	904,429	3,859,240
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	49,344	51,117	62,928		4	163,393
11 Total support. Add lines 7 through 10						20,268,656
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	47 228 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	40 000 %
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 ► ☐						

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

Part IV 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>	Yes	
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>		No
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>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		No
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>		No
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>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b Did one or more disqualified persons (as defined 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>		No
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>		No
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>		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		No
b A family member of a person described in (a) above?		No
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>		No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
1		No
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		No

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
1		No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		No
3 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>		
3		No

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. 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	0	
2	Recoveries of prior-year distributions	0	
3	Other gross income (see instructions)	0	
4	Add lines 1 through 3	0	
5	Depreciation and depletion	0	
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)	0	
7	Other expenses (see instructions)	0	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	0	

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)		
a	Average monthly value of securities	0	
b	Average monthly cash balances	0	
c	Fair market value of other non-exempt-use assets	0	
d	Total (add lines 1a, 1b, and 1c)	0	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2	Acquisition indebtedness applicable to non-exempt use assets	0	
3	Subtract line 2 from line 1d	0	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	0	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	
6	Multiply line 5 by .035	0	
7	Recoveries of prior-year distributions	0	
8	Minimum Asset Amount (add line 7 to line 6)	0	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)		0
2	Enter 85% of line 1		0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		0
4	Enter greater of line 2 or line 3		0
5	Income tax imposed in prior year		0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)		0
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2015 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

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			0
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. 0			
e From 2014. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2015 distributable amount			0
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2015 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2015 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
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)		0	
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2016. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b			
c Excess from 2013. 0			
d From 2014. 0			
e From 2015. 0			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Form 990, Schedule A, Part I, Line 7	WakeMed Foundation, a subordinate member included in the WakeMed Group exemption, has a type 7 public charity status. WakeMed Foundation confirms it has met the public support test for FY 2016.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
WakeMed Group Return

Employer identification number
90-0893457

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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	1,936,984	2,045,510	1,787,707	1,552,877	881,962
b Contributions	176,835	68,714	86,555	121,826	566,974
c Net investment earnings, gains, and losses	123,423	-103,811	213,428	155,712	124,217
d Grants or scholarships	0				
e Other expenditures for facilities and programs	53,644	71,784	42,180	35,354	20,237
f Administrative expenses	608	1,645		7,354	39
g End of year balance	2,182,990	1,936,984	2,045,510	1,787,707	1,552,877

2

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

a

Board designated or quasi-endowment ▶ 4 000 %

b

Permanent endowment ▶ 96 000 %

c

Temporarily restricted endowment ▶

The percentages 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

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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	0	27,582,062		27,582,062
b Buildings	0	127,620,379	23,106,573	104,513,806
c Leasehold improvements	0	1,347,354	827,912	519,442
d Equipment	0	1,742,485	970,433	772,052
e Other	0	21,297,522	8,262,812	13,034,710
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				146,422,072

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: 90-0893457
Name: WakeMed Group Return

Supplemental Information

Return Reference	Explanation
Intended use of endowment funds	Schedule D, Part V , line 4 The first fund is intended to benefit the pediatrics and children of the triangle community and the region served by WakeMed The endowment encourages and fosters dialogue between physicians and experts in the field of infectious diseases of children The endowment will support educational seminars with nationally recognized speakers discussing current issues of clinical importance to the practitioner The second funds earnings will be used to support the advancement of knowledge and clinical skills by nurses and other certified healthcare workers at WakeMed through enrollment in undergraduate or graduate degree programs or qualified CEU seminars and training events

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

Information about Schedule G (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 Group Return

Employer identification number
90-0893457

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events.

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

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		Gala 2015 (event type)	Love Light Tree (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,190,348	27,563		1,217,911
	2 Less Contributions	1,096,188			1,096,188
	3 Gross income (line 1 minus line 2)	94,160	27,563		121,723
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,385			16,385
	7 Food and beverages	142,535			142,535
	8 Entertainment	219,153			219,153
	9 Other direct expenses	74,746	8,165		82,911
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				460,984
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-339,261

Part III Gaming.

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No
- 13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	0 %
b	An outside facility	13b	%
- 14

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

Name ▶

Address ▶

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

2015

**Open to Public
Inspection**

90-0893457

☒ Yes ☐ No

(h) Purpose of grant or assistance

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) EDUCATIONAL SCHOLARSHIPS	22	74,885			

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

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

Additional Data

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

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
Interfaith Food Shuttle PO Box 14638 Raleigh, NC 27620	56-1753180	501(c)(3)	25,000	0			general support support of center
SafeChild 864 W Morgan St Raleigh, NC 27603	56-1817816	501(c)(3)	50,000	0			SUPPORT OF CENTER

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 Group Return

Employer identification number
90-0893457

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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 4A	William K. Atkinson received \$721,020 in severance payments. Kathleen K. Gormley received \$452,749 in severance payments.
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; Gurvinder 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; Thomas Gettinger \$0; Michael D. Devaughn \$0; David C. Coulter \$0; Cynthia A. Iness-Boily \$0; E. Denton Arledge \$0; Jeanene R. Martin \$0; Carolyn Knaup \$0; Vicki Block \$0; Dudley Harrington \$0; Thomas G. Cavender \$0; Betsy Gaskins-McClaine \$0; Georgia C. Harrington \$0.
SCHEDULE J, PART I, LINE 7	THE ORGANIZATION 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: 90-0893457

Name: WakeMed Group Return

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				
1WILLIAM K ATKINSON PhD FORMER CEO	(i)	0	0	0	0	0	0	0
	(ii)	0	0	721,020	0	-	-	0
						0	721,020	
1MICHAEL D DEVAUGHN CFO, EXEC VP (UNTIL 4/15/16)	(i)	0	0	0	0	0	0	0
	(ii)	433,766	20,000	18,788	8,982	-	-	0
						6,888	488,424	
2THOMAS GETTINGER COO, EXEC VP (UNTIL 12/31/15)	(i)	0	0	0	0	0	0	0
	(ii)	442,806	20,000	19,244	16,433	-	-	0
						22,345	520,828	
3KATHLEEN K GORMLEY FORMER EXEC VP-OPER & AMB	(i)	0	0	0	0	0	0	0
	(ii)	0	20,000	470,004	0	-	-	0
						0	490,004	
4DAVID C COULTER FORMER SENIOR VP & ADMIN CARY	(i)	0	0	0	0	0	0	0
	(ii)	153,391	0	6,427	9,417	-	-	0
						4,518	173,753	
5JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	284,531	0	16,563	16,510	-	-	0
						15,567	333,171	
6E DENTON ARLEDGE VP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	299,319	0	9,426	16,530	-	-	0
						18,542	343,817	
7THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	(i)	0	0	0	0	0	0	0
	(ii)	249,921	0	20,285	16,432	-	-	0
						23,033	309,671	
8CAROLYN KNAUP SENIOR VP-AMBULATORY SVCS	(i)	0	0	0	0	0	0	0
	(ii)	277,709	0	16,256	16,392	-	-	0
						20,874	331,231	
9BETSY GASKINS-MCCLAINE VP HEART & VASCULAR	(i)	0	0	0	0	0	0	0
	(ii)	252,602	0	1,059	15,774	-	-	0
						2,359	271,794	
10CYNTHIA ALNESS-BOILY SR VP-OPERATIONS & CNO	(i)	0	0	0	0	0	0	0
	(ii)	315,586	0	22,619	16,273	-	-	0
						14,769	369,247	
11VICKI BLOCK SR VP & ADMINISTRATOR RALEIGH	(i)	0	0	0	0	0	0	0
	(ii)	282,541	0	16,025	16,021	-	-	0
						12,244	326,831	
12DUDLEY HARRINGTON VP REVENUE CYCLE	(i)	0	0	0	0	0	0	0
	(ii)	271,867	0	3,409	16,201	-	-	0
						23,694	315,171	
13GEORGIA C HARRINGTON VP OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	229,525	0	1,751	14,466	-	-	0
						12,237	257,979	
14GURVINDER S DEOL PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	617,263	416,822	2,820	45,735	-	-	0
						22,072	1,104,712	
15JONATHAN D CHAPPELL PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	576,717	335,798	614	40,387	-	-	0
						16,623	970,139	
16DONALD R GINTZIGCEO	(i)	0	0	0	0	0	0	0
	(ii)	892,968	0	57,649	63,367	-	-	0
						17,532	1,031,516	
17OKECHUKWU E NWOKO PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	543,709	456,309	907	40,998	-	-	0
						6,819	1,048,742	
18TIMOTHY E HARRIS PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	599,627	210,326	2,797	40,181	-	-	0
						23,598	876,529	
19DENISE WARREN COO, EXEC VP (BEG 10/19/15)	(i)	0	0	0	0	0	0	0
	(ii)	83,819	50,000	20,753	4,660	-	-	0
						1,674	160,906	

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				
21MICHAEL P BROWNING CFO, EXEC VP (UNTIL 8/5/16)	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	181,021	75,000	250	7,731	-	-	0
						4,301	268,303	
1JOHN R FINLEY VP & CHIEF CPL & PRIVACY OFF	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	119,117	25,000	27,143	9,516	-	-	0
						10,360	191,136	
2JOHN S PIATKOWSKI SR VP AMBULATORY & PHYS OPS	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	396,387	0	16,495	15,900	-	-	0
						22,638	451,420	
3SHERI D DESHAZO SR VP ADMINISTRATION-NORTH	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	208,956	0	13,612	14,059	-	-	0
						24,161	260,788	
4JAMES T O'NEIL JR PHYSICIAN	(i)	0	0	0	0	0	0	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	447,995	369,955	364	27,755	-	-	0
						17,386	863,455	

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.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
WakeMed Group Return**Employer identification number**

90-0893457

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
MEMBERS, STOCKHOLDERS, OR OTHER PERSONS WITH POWER TO ELECT OR	appoint members Form 990, Part VI, 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, Line 7B The Wake County Board of Commissioners holds limited approval over some governing body decisions pertaining to articles of incorporation The transfer agreement with Wake County indicates approval/consent for transactions pertaining to substantial disposition of assets and covenants of liens

990 Schedule O, Supplemental Information

Return Reference	Explanation
DISSEMINATION OF FORM 990 TO ALL MEMBERS OF THE GOVERNING BODY	Form 990, Part VI, Line 11B The 990 and schedules are review ed by the finance committee of the WakeMed Board of Directors and then they recommend approval to the WakeMed Board A f inal copy is provided to the WakeMed Board of Directors before filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Monitoring and enforcement of compliance with conflict of interest policy	interest policy Form 990, Part VI, Line 12C The organization enforces the conflict of interest policy in various ways Each year members of the WakeMed Board, committees with Board delegated power, the CEO, corporate staff, executive staff, directors and managers are required to complete and submit a conflict of interest questionnaire These individuals are required to provide written documentation of any potential conflict of interest, identifying material financial interest and/or personal conflicts of interest Remedial measures implemented to address conflicts include abstention from voting on certain issues, as well as recusal from the decision making process and participation involving the identified issue /area The code of conduct provides guidance on gifts and travel Gifts should not be accepted and prior to any travel and lodging paid by a third party, written approval must be obtained from an executive vice-president Also, employees who own or work in a private business outside of WakeMed are not allowed to recruit or promote their products and services during work hours or through WakeMed printed materials

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, LINE 15A & 15B ALL COMPENSATION REPORTED ON PART VII OF THE 990 IS PAID BY WAKEMED HOSPITAL, A COMMON PAYMASTER WAKEMED HOSPITAL'S HUMAN RESOURCE DEPARTMENT REGULARLY REVIEWS THE COMPENSATION FOR THE CEO, OFFICERS AND KEY EMPLOYEES THE FACILITY REGULARLY USES AN INDEPENDENT CONSULTING FIRM AS A SOURCE OF COMPENSATION INFORMATION, BENCHMARKING, AND REVIEW TO ENSURE CONSISTENT AND FAIR COMPENSATIONS PRACTICES THE CEO'S COMPENSATION IS APPROVED BY THE WAKEMED HOSPITAL BOARD PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART VI, LINE 19 THE 990 IS AVAILABLE BY REQUEST AND IS PUBLISHED ON GUIDESTAR FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE THROUGH THE NORTH CAROLINA 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 COMMISSIONERS AND BECOME PUBLIC INFORMATION FORM 990, PART VII, SECTION B There are 40 directors Listed on Form 990, Part VII, however, 41 is the total number of voting members because Kristin Replogle served as a trustee for both WakeMed and WakeMed Foundation

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 20 8,727 INTERCO CASH TRANSFERS 671,378 ----- TOTAL 1,861,088

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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 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.

Name of the organization
WakeMed Group Return

Employer identification number
90-0893457

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)WakeMed 3000 New Bern Avenue Raleigh, NC 27610 56-6017737	hospital	NC	501(c)(3)	3	na		No

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	

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) Quality Textile Services Inc 313 S Rogers Lane Raleigh, NC 27610 56-1943802	textile services	NC	na	C Corp	-17,379	1,907,134	50 000 %		

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?		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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