

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

THE MISSION OF WAKEMED IS TO IMPROVE THE HEALTH AND WELL-BEING OF OUR COMMUNITY WITH UNDERSTANDING AND COMPASSIONATE CARE TO ALL

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	297,890,968	including grants of \$	0)	(Revenue \$	367,221,011)
See Additional Data							

4b	(Code)	(Expenses \$	149,114,123	including grants of \$	0)	(Revenue \$	196,323,469)
See Additional Data							

4c	(Code)	(Expenses \$	128,713,777	including grants of \$	0)	(Revenue \$	138,074,049)
See Additional Data							

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	666,526,069	including grants of \$	2,132,061)	(Revenue \$	690,100,872)	

4e	Total program service expenses ▶	1,242,244,937					
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <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	Yes	
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	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	628	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	10,931	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a	Yes	
b If "Yes," enter the name of the foreign country ▶CJ 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?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
9a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10 Section 501(c)(7) organizations. Enter						
a Initiation fees and capital contributions included on Part VIII, line 12				10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				10b		
11 Section 501(c)(12) organizations. Enter						
a Gross income from members or shareholders				11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13b		
c Enter the amount of reserves on hand				13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.
 ► RICHARD F CARRICO CFO WAKEM 3000 NEW BERN AVENUE RALEIGH, NC 27610 (919) 350-0522

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

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

1

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	16,776,295	0	992,686

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 ▶ 1,080

		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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF NC HOSPITALS, 211 FRIDAY CENTER DRIVE STE 2033 CHAPEL HILL, NC 27517	HEALTH CARE SYSTEM	4,168,148
LABORATORY CORPORATION OF AMERICA, PO BOX 12140 BURLINGTON, NC 27216	DIAGNOSTIC TESTING	3,125,207
AMCOL SYSTEMS, PO BOX 21625 COLUMBIA, SC 29221	COLLECTION SERVICES	2,928,447
FRESENIUS MEDICAL CARE BMA WAKE, 16343 COLLECTION CENTER DRIVE CHICAGO, IL 60693	HEMODIALYSIS TRMNT	2,314,848
WAKE EMERGENCY PHYSICIANS, 210 TOWNE VILLAGE DRIVE CARY, NC 27513	PHYSICIAN SERVICES	2,165,227

<p>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 ► 90</p>	
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Part VIII

Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns . . .	1a			
b	Membership dues . . .	1b			
c	Fundraising events . . .	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e	4,790,351		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	533,551		
g	Noncash contributions included in lines 1a - 1f \$				
h	Total. Add lines 1a-1f		5,323,902		

Program Service Revenue

		Business Code				
2a	PATIENT SERVICES	621511	1,337,958,074	1,337,958,074	0	0
b	NON - PATIENT SERVICES	621500	9,189,867	0	9,189,867	0
c	CAFETERIA	722210	5,811,367	0	0	5,811,367
d	PURCH DISC/REBATE/VHA	900099	2,192,166	2,192,166	0	0
e	OTHER OPERATING REVENUE	900099	32,760,823	12,572,628	1,527,073	18,661,122
f	All other program service revenue		4,013,907	4,013,907		
g	Total. Add lines 2a-2f		1,391,926,204			

Other Revenue

3	Investment income (including dividends, interest, and other similar amounts)		15,433,508			15,433,508
4	Income from investment of tax-exempt bond proceeds		0			
5	Royalties		0			
6a	Gross rents	(i) Real (ii) Personal				
		1,202,587				
b	Less rental expenses	130,265				
c	Rental income or (loss)	1,072,322 0				
d	Net rental income or (loss)		1,072,322			1,072,322
7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		1,155,723 1,250,213				
b	Less cost or other basis and sales expenses	-110,637 2,650,063				
c	Gain or (loss)	1,266,360 -1,399,850				
d	Net gain or (loss)		-133,490			-133,490
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 0				
b	Less direct expenses	b 0				
c	Net income or (loss) from fundraising events		0			
9a	Gross income from gaming activities See Part IV, line 19	a 0				
b	Less direct expenses	b 0				
c	Net income or (loss) from gaming activities		0			
10a	Gross sales of inventory, less returns and allowances	a 0				
b	Less cost of goods sold	b 0				
c	Net income or (loss) from sales of inventory		0			
Miscellaneous Revenue		Business Code				
11a	LOSS FROM JOINT VENTURES	900099	-206,803	-206,803	0	0
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		-206,803			
12	Total revenue. See Instructions		1,413,415,643	1,356,529,972	10,716,940	40,844,829

Form 990 (2018)

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,890,836	1,890,836		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	241,225	241,225		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	11,593,905	9,275,124	2,318,781	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.	668,524,559	568,245,875	100,278,684	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	31,341,875	26,640,594	4,701,281	0
9 Other employee benefits.	57,996,703	49,297,198	8,699,505	0
10 Payroll taxes.	43,067,406	36,607,295	6,460,111	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	804,628	756,350	48,278	0
c Accounting.	305,122	279,339	25,783	0
d Lobbying.	411,497	386,807	24,690	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	1,113,183	1,046,392	66,791	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	78,647,972	73,929,094	4,718,878	0
12 Advertising and promotion.	5,915,654	5,560,715	354,939	0
13 Office expenses.	36,586,115	34,390,948	2,195,167	0
14 Information technology.	20,687,662	19,446,402	1,241,260	0
15 Royalties.	0	0	0	0
16 Occupancy.	27,997,689	26,317,828	1,679,861	0
17 Travel.	1,393,033	1,309,451	83,582	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	1,038,965	976,627	62,338	0
20 Interest.	19,851,880	19,851,880	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	70,627,254	70,627,254	0	0
23 Insurance.	9,486,462	8,917,274	569,188	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	197,195,304	197,195,304	0	0
b GAP ASSESSMENT	31,378,870	29,496,138	1,882,732	0
c REPAIRS AND MAINTENANCE	26,834,700	21,467,760	5,366,940	0
d MINOR EQUIPMENT	11,541,605	10,849,109	692,496	0
e All other expenses	28,980,977	27,242,118	1,738,859	
25 Total functional expenses. Add lines 1 through 24e.	1,385,455,081	1,242,244,937	143,210,144	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	53,965	1	55,505
	2 Savings and temporary cash investments	549,422,956	2	577,882,186
	3 Pledges and grants receivable, net	228,162	3	248,629
	4 Accounts receivable, net	148,500,485	4	179,030,295
	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	1,836,063	7	1,065,625
	8 Inventories for sale or use	20,962,630	8	20,519,374
	9 Prepaid expenses and deferred charges	11,609,110	9	16,130,549
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,620,699,930		
	b Less: accumulated depreciation	10b 1,122,170,198		
		504,057,180	10c	498,529,732
	11 Investments—publicly traded securities	156,200,777	11	163,341,458
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	566,301	14	360,471
15 Other assets. See Part IV, line 11	114,599,269	15	197,996,860	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,508,036,898	16	1,655,160,684	
Liabilities	17 Accounts payable and accrued expenses	163,132,447	17	191,195,940
	18 Grants payable	0	18	0
	19 Deferred revenue	619,450	19	347,279
	20 Tax-exempt bond liabilities	397,702,019	20	624,979,009
	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	157,000,000	23	0
	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	26,958,872	25	29,148,881
	26 Total liabilities. Add lines 17 through 25	745,412,788	26	845,671,109
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	761,814,832	27	808,720,078
	28 Temporarily restricted net assets	473,772	28	434,174
	29 Permanently restricted net assets	335,506	29	335,323
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	762,624,110	33	809,489,575
34 Total liabilities and net assets/fund balances	1,508,036,898	34	1,655,160,684	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,413,415,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,385,455,081
3	Revenue less expenses Subtract line 2 from line 1	3	27,960,562
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	762,624,110
5	Net unrealized gains (losses) on investments	5	19,373,042
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	-468,139
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	809,489,575

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

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

Form 990 (2018)

Form 990, Part III, Line 4a:

SURGICAL SERVICES - WAKEMED PROVIDES SURGICAL SERVICES IN FIVE LOCATIONS THROUGHOUT THE COUNTY WAKEMED RALEIGH CAMPUS, WAKEMED CARY HOSPITAL, WAKEMED NORTH, HOLLY SPRINGS SURGICAL VENTURES, AND CAPITAL CITY SURGERY CENTER OF WHICH WAKEMED IS A MAJORITY INVESTOR BY DELIVERING SURGICAL SERVICES TO ALL WHO SEEK CARE REGARDLESS OF THEIR ABILITY TO PAY AND BY HAVING INPATIENT SERVICES IN THREE DISTINCT LOCATIONS THROUGHOUT THE COUNTY, WAKEMED HAS IMPROVED ACCESS TO THESE NEEDED SERVICES WAKEMED'S WIDE RANGE OF SURGICAL SPECIALTIES INCLUDE BARIATRIC, CARDIOVASCULAR AND THORACIC, ENT, HEAD AND NECK, ADULT AND PEDIATRIC GASTROINTESTINAL, GENERAL, NEUROSURGERY, OBSTETRICS AND GYNECOLOGY, ORTHOPEDICS, PEDIATRIC, UROLOGY, AND VASCULAR AS WAKE COUNTY'S ONLY STATE DESIGNATED LEVEL 1 TRAUMA CENTER, WAKEMED PROVIDES COMPREHENSIVE TRAUMA SURGERY FOR GENERAL, ORTHOPEDIC, NEUROSURGERY, AND VASCULAR TRAUMA PATIENTS BECAUSE ACCESS TO SPECIALTY CARE CONTINUES TO BE A KEY HEALTH CONCERN FACING OUR COMMUNITY, WAKEMED HAS EXPANDED ITS NETWORK OF SPECIALISTS THROUGH WAKEMED PHYSICIANS WHO PROVIDE SUBSPECIALTY CARE TO THE UNINSURED AND UNDERINSURED IN OUR COMMUNITY OUR STAFF WORKS WITH THE PATIENT TO DISCOUNT THEIR FEES BASED ON INDIVIDUAL INCOME AND NEED MANY PHYSICIANS ON THE MEDICAL STAFF CONTINUE THIS PRACTICE OF PROVIDING QUALITY CARE TO PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IN FISCAL YEAR 2019, OUR SURGICAL PATIENTS INCLUDED 34 0% WHO WERE INSURED UNDER MEDICARE, 14 1% WHO WERE INSURED UNDER MEDICAID, AND 5 5% WHO WERE UNINSURED (OR "SELF-PAY OR CHARITY CARE")

Form 990, Part III, Line 4b:

EMERGENCY SERVICES A CRITICAL ISSUE FACING WAKE COUNTY RESIDENTS CONTINUES TO BE ACCESS TO AFFORDABLE HEALTH CARE TO ADDRESS THIS CHALLENGE, WAKEMED HAS STRATEGICALLY PLACED SIX FULL SERVICE, EMERGENCY DEPARTMENTS IN KEY GEOGRAPHIC AREAS THROUGHOUT THE COUNTY IN RALEIGH, CARY, NORTH RALEIGH, APEX, BRIER CREEK, AND GARNER LOCATED IN RALEIGH, WAKEMED ALSO OPERATES THE ONLY CHILDRENS EMERGENCY DEPARTMENT IN THE COUNTY BECAUSE PHYSICIAN AVAILABILITY IS KEY TO OPENING ACCESS TO CARE, WAKEMEDS PHYSICIAN PRACTICES, HEALTHPLEXES, AND OUTPATIENT SERVICES ARE CONVENIENTLY POSITIONED THROUGH THE AREA WAKEMED IS AMONG THE TOP THREE VOLUME PROVIDERS OF EMERGENCY CARE IN NORTH CAROLINA WAKEMEDS RALEIGH CAMPUS IS ALSO HOME TO WAKE COUNTYS ONLY LEVEL 1 TRAUMA CENTER, THE HIGHEST DESIGNATION AWARDED TO TRAUMA CENTERS IN NORTH CAROLINA WAKEMED CARY HOSPITAL EMERGENCY DEPARTMENT IS A LEVEL III TRAUMA CENTER OUR TRAUMA SERVICES INCLUDE A COMPREHENSIVE RESEARCH PROGRAM, INJURY PREVENTION PROGRAMS, FELLOWSHIP TRAINED TRAUMA SURGEONS ON-SITE 24/7, A MULTI-DISCIPLINARY TEAM OF PROFESSIONALS, THE CLINICAL SUPPORT OF SIX ADULT INTENSIVE CARE UNITS AND A PEDIATRIC INTENSIVE CARE UNIT, AS WELL AS A COMPREHENSIVE ACUTE, INPATIENT AND OUTPATIENT PHYSICAL REHABILITATION PROGRAM WAKEMEDS EMERGENCY AND TRAUMA SERVICES TREAT ALL PATIENTS WHO PRESENT SEEKING MEDICAL CARE, REGARDLESS OF THEIR ABILITY TO PAY IN FY 2019, 19 0% OF OUR TOTAL EMERGENCY PATIENTS WERE INSURED UNDER MEDICARE, 26 4% WERE INSURED UNDER MEDICAID, AND 17 9% WERE UNINSURED SELF-PAY/CHARITY CARE OVER 44% OF ALL PATIENTS SEEN IN OUR EMERGENCY DEPARTMENTS ARE EITHER MEDICAID OR UNINSURED PATIENT, RESULTING IN WAKEMED PROVIDING CARE OF AN ESTIMATED 68% OF WAKE COUNTYS UNINSURED AND MEDICAID PATIENTS ALL STAND - ALONE LOCATIONS SERVE AREAS WHICH ARE OTHERWISE UNDERSERVED BY DEDICATED MEDICAL SERVICES

Form 990, Part III, Line 4c:

HEART CENTER WAKEMEDS HEART AND VASCULAR PROGRAM IS ONE OF THE LARGEST AND MOST COMPREHENSIVE CARDIOVASCULAR PROGRAMS IN THE STATE OF NORTH CAROLINA. THIS YEAR, 18,414 CARDIOVASCULAR PROCEDURES WERE PERFORMED INCLUDING SURGERY, DIAGNOSTIC AND INTERVENTIONAL CARDIAC CATHETERIZATIONS AND ELECTROPHYSIOLOGY STUDIES. THOUSANDS MORE PATIENTS WERE TREATED MEDICALLY AS IN- AND OUTPATIENTS THROUGHOUT THE SYSTEM. IN FISCAL YEAR 2019, OUR CARDIAC PATIENTS INCLUDED 40.0% WHO WERE INSURED UNDER MEDICARE, 10.1% WHO WERE INSURED UNDER MEDICAID, AND 12.7% WHO WERE UNINSURED (OR "SELF-PAY OR CHARITY CARE"). WAKEMED HEALTH & HOSPITALS HAS CONSISTENTLY BEEN NATIONALLY RECOGNIZED FOR EXCELLENCE IN BOTH STROKE AND HEART CARE. WAKEMED RALEIGH CAMPUS AND WAKEMED CARY HOSPITAL RECEIVED RECOGNITION FROM THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE ASSOCIATION THROUGH THEIR "GET WITH THE GUIDELINES (GWTG)" AWARDS, EACH EARNING GOLD PLUS ACHIEVEMENT AWARDS FOR BOTH STROKE CARE AND FOR HEART FAILURE CARE. THESE RECOGNITIONS SIGNIFY THAT WAKEMED HAS REACHED AN AGGRESSIVE GOAL OF TREATING BOTH STROKE AND HEART FAILURE PATIENTS ACCORDING TO THE GUIDELINES OF CARE RECOMMENDED BY THE AMERICAN STROKE ASSOCIATION, AMERICAN HEART ASSOCIATION, AND AMERICAN COLLEGE OF CARDIOLOGY. BOTH WAKEMED CARY HOSPITAL AND WAKEMED RALEIGH CAMPUS RECEIVED CHEST PAIN CENTER ACCREDITATION BY THE SOCIETY OF CARDIOVASCULAR PATIENT CARE, AND BOTH RECEIVED THE JOINT COMMISSION ADVANCED CERTIFICATION FOR PRIMARY STROKE CENTER. IN ADDITION, WAKEMED RALEIGH CAMPUS RECEIVED THE SILVER LEVEL AWARD AS A REFERRING HOSPITAL FROM THE AMERICAN HEART ASSOCIATION'S MISSION LIFELINE. WAKEMED HEALTH & HOSPITALS WAS ALSO DESIGNATED A BLUE DISTINCTION CENTER FOR CARDIAC CARE BY BLUECROSS BLUESHIELD OF NC. A KEY SUPPORT SERVICE FOR OUR COMMUNITY, WAKEMED MOBILE CRITICAL CARE SERVICES IS A COMPREHENSIVE MEDICAL TRANSPORT PROGRAM THAT IMPROVES ACCESS TO ACUTE CARE AND FACILITATES TRANSPORT INTO, OUT OF, AND ACROSS THE HEALTH CARE SYSTEM. WAKEMED MOBILE CRITICAL CARE SERVICES TRANSPORTS PATIENTS THROUGHOUT THE REGION AND STATE. IN 2019, THE TEAM TRANSPORTED 19,723 PATIENTS. WAKEMEDS HEART CENTER HAS MADE SIGNIFICANT STRIDES IN PROGRAMS AND SERVICES AIMING TO REDUCE HEART DISEASE AND DIABETES, IMPROVE STROKE OUTCOMES AND IMPROVE PATIENTS UNDERSTANDING OF DISEASE MANAGEMENT. WE KNOW THAT TEACHING PATIENTS ABOUT THEIR RISK FACTORS FOR HEART DISEASE AND ENCOURAGING HEALTHY BEHAVIORS THROUGH LIFESTYLE CHANGES BUILDS A FOUNDATION FOR A HEALTHIER POPULATION. THUS, THE WAKEMED HEART CENTER PROVIDES A COMPREHENSIVE CONTINUUM OF CARE FOR THE CARDIAC PATIENT FROM OUTREACH EDUCATION AND PREVENTION TO DIAGNOSIS, INTERVENTION, SURGERY, CARDIAC REHABILITATION AND ONGOING DISEASE MANAGEMENT FOR HEART FAILURE DIABETES. FREE EDUCATION PROGRAMS ARE OFFERED REGULARLY FOR OUR PATIENTS, THEIR FAMILY MEMBERS AND THE COMMUNITY TO COMPLEMENT OUR COMPREHENSIVE CARE SERVICES. BECAUSE THE FASTEST INTERVENTION PROVIDES THE BEST OUTCOMES, ALL OF WAKEMEDS EMERGENCY DEPARTMENTS ARE CERTIFIED CHEST PAIN CENTERS. WAKEMED RALEIGH CAMPUS AND CARY HOSPITAL ARE DESIGNATED PRIMARY STROKE CENTERS. ADDITIONALLY, WAKEMEDS HEART CENTER PROVIDES FREE HEALTH SCREENINGS THROUGHOUT THE COMMUNITY INCLUDING CHOLESTEROL SCREENINGS, BLOOD PRESSURE CHECKS, VASCULAR SCREENINGS, AND STROKE ASSESSMENTS. THESE SCREENINGS ARE DESIGNED TO BE A SECONDARY PREVENTION ACTIVITY TO DETECT EARLY ONSET OF DISEASE OR ILLNESS. WAKEMED HEART & VASCULAR PROVIDES NUMEROUS OPPORTUNITIES FOR HEART HEALTH EDUCATION AND CPR TRAINING IN THE COMMUNITY. ONE OF OUR KEY OUTREACH PROGRAMS IS CPR ANYTIME. THIS PROGRAM IS PROVIDED AT MULTIPLE LOCATIONS IN WAKE COUNTY THROUGHOUT THE YEAR AND THE CPR ANYTIME KITS ARE PROVIDED AT NO COST TO PARTICIPANTS. WAKEMED DOES MAKE THE OPPORTUNITY FOR DONATIONS AVAILABLE TO HELP UNDERWRITE SOME OF THE COST AND ALLOW THE PROGRAM TO CONTINUE TO GROW. DONATIONS COVER LESS THAN 10% OF THE OVERALL COST.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY L DARNELL BOARD MEMBER	2 25 0 0	X						0	0	0
BRENDA C GIBSON BOARD OF DIR (END 5/25/19)	3 25 0 0	X						0	0	0
JERRY C BERNSTEIN MD BOARD MEMBER (END 10/2/18)	0 0 0 0	X						0	0	0
ROBERT A CERWIN BOARD MEMBER	2 5 0 0	X						0	0	0
A BLANTON GODFREY PHD BOARD MEMBER	3 0 0 0	X						0	0	0
VERN DAVENPORT BOARD MEMBER	1 5 0 0	X						0	0	0
ROBERT C RICE JR SECRETARY - BOARD MEMBER	2 5 0 0	X						0	0	0
WILLY E STEWART CHAIR, BOARD OF DIRECTORS	3 0 0 0	X						0	0	0
DAN BLUE III BOARD MEMBER	2 25 0 0	X						0	0	0
CHRISTINA ALVARADO SHANAHAN VICE CHAIR, BOARD OF DIRECTORS	3 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Anthony Penry BOARD MEMBER	2 5 0 0	X						0	0	0
R DONOVAN MUNFORD BOARD MEMBER (END 5/25/19)	1 5 0 0	X						0	0	0
Sonia Barnes BOARD MEMBER	2 75 0 0	X						0	0	0
LARRY BARBOUR BOARD MEMBER (BEG 5/25/19)	1 75 0 0	X						0	0	0
THAD L MCDONALD MD BOARD OF DIR (BEG 10/2/18)	2 75 0 0	X						0	0	0
MARY NASH RUSHER BOARD OF DIR (BEG 5/25/19)	1 5 0 0	X						0	0	0
BLOUNT WILLIAMS BOARD OF DIR (BEG 5/25/19)	2 0 0 0	X						0	0	0
STEPHEN M SMITH BOARD MEMBER (END 5/25/19)	3 5 0 0	X						0	0	0
DONALD R GINTZIG President & CEO	75 0 0 0			X				1,699,607	0	41,595
DENISE WARREN Exec VP & COO	65 0 0 0			X				769,338	0	36,366

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			
Rick Carrico CFO	70 0 0 0			X				766,824	0	43,519
ROYLYN JOHNSON OFFICER - SECRETARY	50 0 0 0			X				109,992	0	16,304
THEODORE LOTCHIN VP - CHIEF COMPL & PRIVACY	60 0 0 0			X				335,113	0	39,066
CHARLES HARR Chief Medical Officer, Raleigh	60 0 0 0				X			482,523	0	19,000
Christine Craig VP, Governmental Affairs	55 0 0 0				X			286,505	0	32,862
J WEST PAUL END 42619 SVP & CH QUALITY/MED STAFF OFC	60 0 0 0				X			499,909	0	43,519
Rebecca Andrews SVP & ADMIN RALEIGH	65 0 0 0				X			438,286	0	30,351
Seth Brody Chief Medical Officer, Cary	60 0 0 0				X			402,090	0	17,500
Stephanie Sessoms VP FINANCE	60 0 0 0				X			266,662	0	35,309
Susan James VP & Chief Legal Officer	60 0 0 0				X			407,819	0	40,606

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Gough SVP - Administrator Cary	60 0 0 0				X			396,792	0	19,276
SHERI D DESHAZO SR VP ADMIN-NORTH (END 8/9/19)	65 0 0 0				X			295,042	0	42,939
Debra Laughery VP - Public Relations	60 0 0 0				X			299,328	0	16,610
MATTHEW NATHAN SENIOR VP - PHYSICIAN SERVICES	65 0 0 0				X			553,901	0	20,895
KAREN BASH CMO, NORTH HOSPITAL	60 0 0 0				X			361,906	0	31,233
RICK SHRUM VP & CHIEF STRATEGY OFFICER	60 0 0 0				X			350,211	0	46,129
JOHN PERRY VP MEDICAL EDUCATION	55 0 0 0				X			365,903	0	40,879
CHANTAL HOWARD END 4119 VP NURSING, RALEIGH	60 0 0 0				X			221,413	0	24,026
PETER MARKS VP & CIO	60 0 0 0				X			428,256	0	20,786
JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	55 0 0 0				X			411,714	0	35,663

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	50 0 0 0				X			342,441	0	28,186
CAROLYN KNAUP SENIOR VP-AMBULATORY SERVICES	60 0 0 0				X			379,541	0	37,831
CYNTHIA ALNESS-BOILY SENIOR VP-OPERATIONS & CNO	60 0 0 0				X			433,108	0	34,090
GURVINDER S DEOL PHYSICIAN	65 0 0 0					X		1,239,647	0	36,038
JONATHAN D CHAPPELL PHYSICIAN	60 0 0 0					X		968,045	0	30,678
TIMOTHY E HARRIS PHYSICIAN	60 0 0 0					X		883,182	0	38,242
Conor Regan Physician	55 0 0 0					X		991,292	0	23,260
BRYON BOULTON PHYSICIAN	61 0 0 0					X		1,043,291	0	35,394
GEORGIA C HARRINGTON VP-OPS (END 4/6/18)	55 0 0 0						X	105,617	0	11,300
BETSY GASKINS-MCCLLAINE VP HEART & VASCULAR	65 0 0 0						X	240,997	0	23,234

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization WakeMed	Employer identification number 56-6017737	

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ 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)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	33 1/3% support test—2017. 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 ▶ <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2017. 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 ▶ <input type="checkbox"/>	
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 ▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
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>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) 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>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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>		
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>		

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>		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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>		
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>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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>		
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>		
3 Parent of Supported Organizations. 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>		
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>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

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

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		559,067
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total. Add lines 1c through 1i.			559,067
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1	WAKEMED AND ITS OFFICE OF GOVERNMENT AFFAIRS WORK TO MAINTAIN AND STRENGTHEN EFFECTIVE RELATIONSHIPS WITH LEGISLATORS AND POLICY MAKERS AT THE STATE, LOCAL, AND NATIONAL LEVELS. THE OBJECTIVE IS TO ENSURE THAT WAKEMED'S POINT OF VIEW IS CONSISTENTLY AND CONTINUALLY HEARD SO THAT LEGISLATION, REGULATIONS, AND THE SETTING OF HEALTH POLICY SUPPORT THE ORGANIZATION'S ABILITY TO FULFILL ITS MISSION OF CARE FOR ALL, REGARDLESS OF THE ABILITY TO PAY. IN ADDITION, WAKEMED PAID ANNUAL DUES TO VARIOUS HOSPITAL ASSOCIATIONS. THESE HOSPITAL ASSOCIATIONS CONDUCT LOBBYING ACTIVITIES ON BEHALF OF ITS MEMBERS, AND AS SUCH, A PORTION OF THE HOSPITAL DUES ARE ALLOCATED TO LOBBYING.

SCHEDULE D
(Form 990)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	335,506	336,449	337,353	335,518	332,541
b Contributions					
c Net investment earnings, gains, and losses	5,026	4,238	3,448	3,601	4,776
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,210	5,181	4,352	1,766	1,799
g End of year balance	335,322	335,506	336,449	337,353	335,518

2

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

a

Board designated or quasi-endowment ▶

0 %

b

Permanent endowment ▶

100 000 %

c

Temporarily restricted endowment ▶

0 %

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

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,864,369		3,864,369
b Buildings	0	634,511,414	354,025,544	280,485,870
c Leasehold improvements	0	37,065,098	21,360,757	15,704,341
d Equipment	0	895,807,338	727,800,992	168,006,346
e Other	0	49,451,711	18,982,905	30,468,806
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				498,529,732

Schedule D (Form 990) 2018

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) RESTRICTED FUNDS	41,031,604
(2) DESIGNATED FUNDS	106,454,749
(3) OTHER EQUITY INVESTMENTS	36,151,808
(4) PREPAID PENSION	14,358,699
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	197,996,860

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
TOTAL DUE TO THIRD PARTY PAYOR	3,366,204	
ACCRUED CLAIMS PAYABLE	20,255,785	
PENSION - DEFERRED INFLOW	3,056,245	
DEFERRED LANDLORD INCENTIVES & RENTS	1,574,398	
OTHER DEFERRED INFLOWS OF RESOURCES	896,249	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	29,148,881	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	Intended use of endowment funds THE ALLEN TRUST ENDOWMENT FUNDS ARE USED TO PROVIDE POOR AND INDIGENT PATIENTS WITH NEEDED PRIVATE NURSING CARE WAKEMED DEFINES "POOR AND INDIGENT" AS THOSE WITH A FINANCIAL CLASS OF SELF - PAY OR MEDICAID THE SITTER PROVIDING PRIVATE NURSING CARE MAY BE EITHER IN THE HOSPITAL OR IN A HOME SETTING

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
WakeMed

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

56-6017737

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			CAPTIVE INSURANCE	INSURANCE PREMIUMS/EXP	6,676,845
3a Sub-total					6,676,845
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					6,676,845

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I	PROCEDURES FOR MONITORING USE OF GRANTS THE METHOD USED TO ACCOUNT FOR EXPENDITURES ON THE ORGANIZATION'S FINANCIAL STATEMENTS IS THE ACCRUAL METHOD

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

WakeMed

Employer identification number

56-6017737

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 250 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			107,308,828		107,308,828	7 750 %
b Medicaid (from Worksheet 3, column a)			205,286,714	174,830,814	30,455,900	2 200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,985,055	1,952,817	32,238	0 010 %
d Total Financial Assistance and Means-Tested Government Programs			314,580,597	176,783,631	137,796,966	9 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,424,896	250,000	5,174,896	0 370 %
f Health professions education (from Worksheet 5)			15,652,449	10,551,965	5,100,484	0 370 %
g Subsidized health services (from Worksheet 6)			0	0	0	0 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,136,007		1,136,007	0 080 %
j Total. Other Benefits			22,213,352	10,801,965	11,411,387	0 820 %
k Total. Add lines 7d and 7j			336,793,949	187,585,596	149,208,353	10 780 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			130,075		130,075	0 010 %
3 Community support			694,955		694,955	0 050 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			4,133,428	47,405	4,086,023	0 290 %
9 Other						
10 Total			4,958,458	47,405	4,911,053	0 350 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	25,313,113	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	389,563,002
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	499,661,239
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-110,098,237
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 CAPITAL CITY SURGERY	SURGERY	51 %		21 39 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

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

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

2

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>SEE SECTION C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 11

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

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3B	<p>Criteria for Determining eligibility for free or discounted care DISCOUNTED CARE IS AVAILA BLE FOR THOSE AT THE 300% OF THE FPG FURTHER, ALL PATIENTS WITHOUT INSURANCE QUALIFY FOR AN AUTOMATIC 50% DISCOUNT WITHOUT CONSIDERATION OF FPG SCHEDULE H, PART I, LINE 7A CHARIT Y CARE IS REPORTED AS THE SYSTEM'S CHARITY CARE AT COST, USING A COST TO CHARGE RATION CAL CULATED AS IN WORKSHEET 2 SCHEDULE H, PART I, LINE 7B MEDICAID COSTS ARE DERIVED FROM OUR COST ACCOUNTING SYSTEM, WHICH ADDRESSES ALL PATIENT SEGMENTS SCHEDULE H, PART I, LINE 7C COSTS OF OTHER GOVERNMENT PROGRAMS ARE DERIVED FROM OUR COST ACCOUNTING SYSTEM, WHICH ADD RESSES ALL PATIENT SEGMENTS SCHEDULE H, PART I, LINE 7F PER MEDICARE COST REPORT SCHEDULE H, PART II COMMUNITY BUILDING ACTIVITIES WAKEMED IS ACTIVELY INVOLVED IN NOT ONLY IMPROVI NG THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE, BUT IS ALSO SUPPORTIVE OF COMMUN ITY BUILDING ACTIVITIES WAKEMED HAS BEGUN EFFORTS TO IMPROVE THE NEIGHBORHOOD AROUND THE HOSPITAL AND ENCOURAGE REDEVELOPMENT AND PHYSICAL IMPROVEMENTS A COALITION OF LOCAL BUSIN ESS AND COMMUNITY LEADERS ARE WORKING TO REDUCE CRIME, BEAUTIFY THE AREA, ATTRACT RETAIL B USINESSES AND RESTAURANTS, AND FOSTER NEW MEDICAL DEVELOPMENT AROUND THE MAIN HOSPITAL CAM PUS IN DOWNTOWN RALEIGH, WHICH IS AN ECONOMICALLY DEPRESSED AREA WE HAVE ALSO INVESTED IN THE WAKE TECHNICAL COMMUNITY COLLEGE FACILITY GROWTH WHICH IS VITAL TO EDUCATING FUTURE N URSES, RADIOLOGY TECHS, EMERGENCY RESPONSE PERSONNEL AND OTHERS OUR WORKFORCE DEVELOPMENT PROGRAM WORKS WITH YOUTH, HEALTH SCIENCE STUDENTS AND THOSE IN A VARIETY OF HEALTH PROFES SIONS PROGRAMS WITH MENTORING, RESIDENCIES, CLINICAL ROTATIONS, AND EDUCATION ALL WITH THE PURPOSE OF PREPARING FOR THE WORKFORCE OF TOMORROW WE PARTNER WITH NUMEROUS COLLEGES, UN IVERSITIES, COMMUNITY COLLEGES AND HIGH SCHOOLS THROUGHOUT THE REGION AND OUR CAMPUS IS HO ME TO THE WAKE EARLY COLLEGE HIGH SCHOOL WAKEMED IS ALSO HOME TO WAKE AREA HEALTH EDUCATI ON CENTER, A PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA WHICH PROVIDES ACCREDITED EDUCATI ON PROGRAMS TO NURSES, ALLIED HEALTH PROFESSIONALS AND PHYSICIANS THROUGHOUT THE REGION W AKEMED ALSO WORKS CLOSELY WITH THE INVESTMENT OF CASH AND EXPERTISE FOR THE EIGHT MUNICIPA LITIES IN OUR COUNTY AND THE WAKE COUNTY ECONOMIC DEVELOPMENT COUNCIL TO ATTRACT NEW JOBS AND GROW INDUSTRY AND BUSINESS, WHILE ALSO HELPS TO ATTRACT NEW TALENT TO THE AREA FOR GRO WING BUSINESSES WITH A FOCUS ON INCLUSION A HEALTHY ECONOMY ULTIMATELY LEADS TO THE HEALT HIER COMMUNITY OUR COMMUNITY HEALTH IMPROVEMENT ACTIVITIES ARE NUMEROUS AND INCLUDE BEING THE LEAD AGENCY FOR SAFEKIDS, ENERGIZE, ASTHMA COALITION, COMMUNITY HEALTH PROJECT AND MO RE EACH IS WORKING TO SUPPORT PROGRAMS AND POLICIES THAT IMPROVE PUBLIC HEALTH AND ACCESS TO HEALTH CARE WE ARE ALSO PARTNERING WITH COUNTY AND OTHER OFFICIALS, AS WELL AS OTHER COMMUNITY-BASED ORGANIZATIONS ON INITIATIVES THAT WILL IMPROVE ACCESS TO MENTAL HEALTH SER VICES, A GROWING CRISIS IN OUR COMMUNITY THE OVERALL GOAL IS TO MAKE OUR COMMUNITY A HEAL THIER PLACE TO LIVE AND WORK SCHEDULE H, PART III, LINE 2 THE AMOUNT REPORTED IN PART III , LINE 2 IS THE SYSTEM BAD DEBT AT COST CHARITY AND BAD DEBT ACCOUNTS ARE RECORDED AT CUR RENT ACCOUNT BALANCE LEVELS THE BALANCE MAY BE NET OF CONTRACTUAL ALLOWANCES AND/OR PAYME NTS RECEIVED FOR EXAMPLE, BAD DEBT OR CHARITY RESULTING FROM AN UNPAID PATIENT LIABILITY AFTER INSURANCE IS RECORDED AT THE AMOUNT UNPAID BY THE PATIENT SCHEDULE H, PART III, LIN E 3 PATIENTS ARE PROVIDED WITH INFORMATION ABOUT FINANCIAL ASSISTANCE AT REGISTRATION, DIS CHARGE, PHONE CALLS, ON THE WEBSITE, AND A PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE IS SENT WITH EVERY STATEMENT IN ORDER TO QUALIFY, A PATIENT MUST APPLY AND MEET FINANCIAL ASSISTANCE POLICY (FAP) REQUIREMENTS SCHEDULE H, PART III, LINE 4 THE TEXT OF THE FOOTNO TE TO WAKEMED'S FINANCIAL STATEMENTS REGARDING BAD DEBT EXPENSE IS AS FOLLOWS "WAKEMED HA S PRESENTED ITS PROVISION FOR UNCOLLECTABLE ACCOUNTS AS A DIRECT REDUCTION OF PATIENT SERV ICE REVENUE BASED ON MANAGEMENT'S INTERPRETATION OF THE REQUIREMENTS OF GASB STATEMENT NO 34, GOVERNMENTAL HEALTH CARE ORGANIZATIONS ARE REQUIRED TO PRESENT UNCOLLECTABLE ACCOUNT S AS A COMPONENT OF NET PATIENT SERVICE REVENUE RATHER THAN WITHIN OPERATING EXPENSES" SC HEDULE H, PART III, LINE 8A TREATMENT OF MEDICARE SHORTFALL AS COMMUNITY BENEFIT WAKEMED B ELIEVES THAT ALL OF THE \$110,098,237 MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS MEDICARE SHORTFALLS MUST BE ABSORBED BY THE WAKEMED HOSPITALS IN OR DER TO CONTINUE TREATING THE ELDERLY IN OUR COMMUNITY THIS YEAR, MEDICARE ACCOUNTED FOR 3 8 8% OF HOSPITAL REVENUE THE HOSPITAL PROVIDES CARE REGARDLESS OF THIS SHORTFALL AND THER EBY RELIEVES THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BEN EFICIARIES IF THE WAKEMED MEDICARE WERE TREATED A</p>

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3B	<p>S COMMUNITY BENEFIT, THE PERCENT OF TOTAL EXPENSES ATTRIBUTABLE TO COMMUNITY BENEFIT WOULD INCREASE FROM 10.78% TO 18.72% SCHEDULE H, PART III, LINE 8B MEDICARE COSTING METHODOLOGY THE MEDICARE ALLOWABLE COSTS WERE DETERMINED FROM THE MEDICARE COST REPORT, AS SPECIFIED IN THE PROVIDER REIMBURSEMENT MANUAL SCHEDULE H, PART III, LINE 9B APPLICATION OF COLLECTION PRACTICES TO THOSE QUALIFYING FOR FINANCIAL ASSISTANCE WAKEMED PROVIDES MANY OPPORTUNITIES TO EDUCATE PATIENTS ON OUR FINANCIAL ASSISTANCE PROGRAM PRIOR TO DISCHARGE AND AGAIN WHEN THE FIRST BILL IS RECEIVED IN ORDER TO MAKE SURE WE REACH OUT TO OUR PATIENTS, WE SEND AT LEAST FOUR STATEMENTS AND ALSO MAKE FOLLOW-UP CALLS EACH STATEMENT REFERENCES THE FINANCIAL ASSISTANCE PROGRAM AND INCLUDES A PLAIN LANGUAGE SUMMARY OF OUR FINANCIAL ASSISTANCE PROGRAM PATIENTS ARE SCREENED FOR FINANCIAL ASSISTANCE AND ARE GIVEN OPPORTUNITIES TO APPLY IF A PATIENT CHOOSES NOT TO APPLY, OR DOES NOT QUALIFY, THEY ARE GIVEN THE OPPORTUNITY FOR OTHER PAYMENT ARRANGEMENTS IF THE PATIENT DID NOT APPLY FOR FINANCIAL ASSISTANCE AND ENDS UP IN COLLECTIONS, AN APPLICATION FOR FINANCIAL ASSISTANCE IS PROVIDED PRIOR TO SENDING TO COLLECTIONS, ALL PATIENT ACCOUNTS ARE ROUTED THRU A PRESUMPTIVE CHARITY PROCESS WHERE THEY ARE AUTOMATICALLY SCREENED FOR ASSISTANCE THE PATIENT AT THAT POINT HAS THE OPPORTUNITY TO APPLY, ALL COLLECTION EFFORTS CEASE ONCE THE APPLICATION IS RECEIVED, EVEN IF THE APPLICATION IS MISSING DOCUMENTATION</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>NEEDS ASSESSMENT THE COMMUNITY NEEDS ASSESSMENT IS A PROCESS THAT HELPS TO IDENTIFY FACTORS AFFECTING OUR COUNTY, DETERMINE RESOURCES NEEDED TO ADDRESS THESE FACTORS, AND DEVELOP A PLAN OF ACTION TO ADDRESS THE NEEDS OF THE COMMUNITY WE SERVE DURING LATE 2018 AND EARLY 2019, WAKEMED HEALTH & HOSPITALS JOINED WITH DUKE HEALTH RALEIGH, UNC REX HEALTHCARE, ADVANCE COMMUNITY , TRIANGLE UNITED WAY, WAKE COUNTY HUMAN SERVICES, YOUTH THRIVE, AND OTHERS TO JOINTLY CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE ASSESSMENT WAS COMPLETED IN JUNE OF 2019 THE ASSESSMENT INVOLVED INPUT FROM HUNDREDS OF WAKE COUNTY RESIDENTS AND PUBLIC HEALTH LEADERS THROUGH SURVEYS, FOCUS GROUPS, AND STEERING COMMITTEE MEMBERS IN ADDITION, SECONDARY RESEARCH WAS COMPLETED TO COMPARE INFORMATION WE RECEIVED FROM OTHER NATIONAL STUDIES THE CHNA CAN BE FOUND ON THE WAKEMED WEBSITE https://www.wakemed.org/documents/community/2019-Wake-County-CHNA-Report-Final.pdf IN ADDITION TO THIS PRIMARY DATA, WAKEMEDS CORPORATE PLANNING DEPARTMENT COLLECTS AND ANALYZES MULTIPLE OTHER SOURCES OF SECONDARY DATA WHICH HELPS US UNDERSTAND DEMOGRAPHIC, SOCIOGRAPHIC, AND HEALTH TRENDS WITH THE GOAL OF ENHANCING ACCESS, THE STAFF IS ALSO CHARGED WITH FORECASTING FUTURE NEEDS AND PLANNING TO MEET THOSE NEEDS THIS PROCESS INCLUDES A CAREFUL ANALYSIS OF CURRENT SYSTEM CAPACITIES AND PROJECTS FUTURE NEEDED CAPACITY TO MEET POPULATION GROWTH AND DEMOGRAPHIC CHANGES IN 2017, THE WAKE COUNTY BOARD OF COMMISSIONERS APPOINTED A POPULATION HEALTH TASK FORCE THE TASK FORCE CONSIDERED A WEALTH OF DATA, RESEARCH, COMMUNITY FEEDBACK, AND NATIONAL BEST PRACTICES AS A CONCEPT OF HEALTH, "POPULATION HEALTH" IS DEFINED AS 'THE HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS, INCLUDING THE DISTRIBUTION OF SUCH OUTCOMES WITHIN THE GROUP ' IT IS AN APPROACH THAT CONSIDERS BOTH HEALTH OUTCOMES AND THE DETERMINANTS OF THOSE OUTCOMES OUR GOAL IS TO EMPLOY A BROAD DEFINITION OF "HEALTH" WHICH IS A STATE OF COMPLETE PHYSICAL, MENTAL, AND SOCIAL WELL-BEING NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY STUDIES SHOW THAT ONLY 20 PERCENT OF HEALTH OUTCOMES ARE ACHIEVED THROUGH THE PROVISION OF MEDICAL CARE THE REST IS A COMBINATION OF A PERSONS GENETICS, HEALTHY BEHAVIORS, SOCIAL AND ECONOMIC FACTORS, AND THE PHYSICAL ENVIRONMENT THIS BROAD DEFINITION OF "HEALTH" CANNOT BE ACHIEVED SOLELY BY THE PROVISION OF AFFORDABLE, ACCESSIBLE, AND QUALITY HEALTHCARE IT CAN ONLY BE ACHIEVED BY ALIGNING MEDICAL CARE WITH "SOCIAL DETERMINATIONS OF HEALTH" TO MAKE PREVENTION AND WELLNESS ACTIVITIES THE EASY CHOICE AND IMPROVE HEALTH THROUGHOUT ALL STAGES OF LIFE UNDERSTANDING THAT HEALTH IS IMPACTED BY MORE THAN MEDICAL CARE INCLUDING SUCH THINGS AS ACCESS TO FOOD, HOUSING, EMPLOYMENT, EDUCATION, SOCIAL SUPPORT, AND A CLEAN ENVIRONMENT LIVE WELL WAKE STRIVES TO MAKE WAKE COUNTY A HEALTHIER PLACE TO LIVE FOR EVERYONE LIVE WELL WAKE HAS EMERGED FROM THE WORK OF TWO PRE-EXISTING EFFORTS THE WAKE COUNTY POPULATION HEALTH TASK FORCE, INITIATED BY THE BOARD OF COMMISSIONERS IN 2018, IDENTIFIED THE NEED FOR A STRUCTURED APPROACH TO CONVENING PARTNERS IN ORDER TO REALIZE THE TASK FORCES RECOMMENDATIONS THIS STRUCTURE ALSO ENSURES ALIGNMENT WITH THE ONGOING COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, WHICH IDENTIFIES THE HEALTH AND RESOURCE NEEDS OF WAKE COUNTY THROUGH BRINGING TOGETHER STAKEHOLDERS IN THE BROADER COMMUNITY, GOVERNMENT, HEALTHCARE, AND BUSINESS, LIVE WELL WAKE AIMS TO ADDRESS WAKE COUNTYS BIGGEST CHALLENGES AS OUTLINED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WORKING GROUPS HAVE BEEN FORMED TO ADDRESS THOSE SEVEN AREAS AND, USING A RESULTS-BASED ACCOUNTIBILITY FRAMEWORK, WILL AIM TO ACCELERATE PROGRESS TOWARDS MAKING THE LIVES OF ALL PEOPLE IN WAKE COUNTY BETTER</p>

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Form and Line Reference	Explanation
SCHEDULE H , PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE PATIENTS ARE PROVIDED WITH INFORMATION ABOUT FINANCIAL ASSISTANCE AT REGISTRATION, DISCHARGE, PHONE CALLS, AND A PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE IS SENT WITH EVERY STATEMENT THIS INFORMATION IS ALSO AVAILABLE ON THE WEBSITE IN ORDER TO QUALIFY, A PATIENT MUST APPLY AND MEET THE FAP REQUIREMENTS WAKEMED POSTS THE REQUIRED EMTALA NOTICE AT ALL PORTALS OF ENTRY WHERE AN EMERGENCY DEPARTMENT IS PRESENT THE SIGNAGE NOTES THAT WAKEMED PARTICIPATES IN THE MEDICARE PROGRAM THE WAKEMED WEBSITE PROVIDES DETAILED INFORMATION REGARDING FINANCIAL ASSISTANCE AND CHARITY CARE THE PATIENT BILLING AND FINANCIAL INFORMATION POLICY IS INCLUDED IN ALL INPATIENTS' "MY IMPORTANT PAPERS" FOLDER AND IS ADDRESSED IN THE PATIENT INFORMATION GUIDE AVAILABLE IN ALL INPATIENT ROOMS IN ADDITION, THE FINANCIAL ASSISTANCE FORM IS LOCATED ON THE WEBSITE FOR ANY PATIENT TO COMPLETE AND SUBMIT AS PART OF THE INTAKE PROCESS/REGISTRATION FOR ALL PATIENTS, WAKEMED PROVIDES A COPY OF THE PATIENT BILLING AND FINANCIAL INFORMATION POLICY, WHICH REFERS PATIENTS TO PATIENT FINANCIAL SERVICES IF THEY HAVE CONCERNS REGARDING THEIR ABILITY TO PAY THE BILL ALL INPATIENTS AND PATIENTS SCHEDULED FOR OUTPATIENT PROCEDURES, AND WHO ARE DESIGNATED "UNINSURED" AT THE TIME OF ADMISSION, ARE CONTACTED PERSONALLY BY A FINANCIAL COUNSELOR IN ADDITION, ANY PATIENT, REGARDLESS OF INSURANCE COVERAGE, MAY REQUEST TO SEE A FINANCIAL COUNSELOR THE FINANCIAL CONSELOR WILL ASSESS POSSIBLE MEDICAID ELIGIBILITY AND PROVIDE AN APPLICATION/FINANCIAL STATEMENT THAT IS SUBMITTED TO PATIENT FINANCIAL SERVICES TO REQUEST ASSISTANCE WITH MEDICAL EXPENSES WAKEMED ALSO HAS ON-SITE EMPLOYEES FROM WAKE COUNTY HUMAN SERVICES TO PROCESS MEDICAID APPLICATIONS FOR RESIDENTS OF WAKE COUNTY ANY PATIENT WHO IS UNISURED AND MAY BE ELIGIBLE FOR DISABILITY IS REFERRED TO A WAKEMED DISABILITY SPECIALIST WHO ASSISTS WITH THE APPLICATION WAKEMED INCLUDES INFORMATION REGARDING FINANCIAL ASSISTANCE TO ALL PATIENT BILLING STATEMENTS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>COMMUNITY INFORMATION WHILE WAKEMED SERVES PATIENTS FROM ALL OF NORTH CAROLINA'S 100 COUNTIES AND BEYOND, ITS PRIMARY SERVICE AREA CAN BEST BE DESCRIBED AS THE COUNTIES CONTIGUOUS TO WAKE COUNTY THE VAST MAJORITY OF PATIENTS COME FROM WAKE AND JOHNSTON COUNTIES BOTH COUNTIES HAVE RAPIDLY GROWING SMALLER/SUBURBAN COMMUNITIES CENTERED AROUND THE CAPITAL CITY OF RALEIGH THESE COMMUNITIES LOOK TO RALEIGH AS THEIR PRIMARY SOURCE FOR TERTIARY LEVEL CARE THE MARKET IS DEMOGRAPHICALLY DIVERSE AND FIERCELY COMPETITIVE WITH THREE MAJOR HEALTH SYSTEMS COMPETING AGAINST ONE ANOTHER WAKEMED SHOULDERS THE VAST MAJORITY OF CARE FOR THE UNINSURED AND UNDERINSURED, OFTEN EXCEEDING 80% OF THE BURDEN IN WAKE COUNTY WAKE COUNTY WAS FOUNDED IN 1771 AND OCCUPIES APPROXIMATELY 860 SQUARE MILES IN THE PIEDMONT REGION OF NORTH CAROLINA IN 1792, THE CITY OF RALEIGH WAS NAMED THE CAPITAL OF NORTH CAROLINA AND IT REMAINS THE MOST POPULOUS MUNICIPALITY IN WAKE COUNTY WITH A POPULATION IN EXCESSS OF 1,000,000 PERSONS, THE COUNTY IS THE SECOND MOST POPULOUS COUNTY IN THE STATE WAKE COUNTY IS HOME TO 12 MUNICIPALITIES WAKE COUNTY HAS EXPERIENCED POPULATION GROWTH OVER RECENT YEARS, THIS GROWTH IS EXPECTED TO CONTINUE ACCORDING TO DATA FROM THE N C OFFICE OF STATE BUDGET AND MANAGEMENT, WAKE COUNTY IS PROJECTED TO GROW AT A HIGHER ANNUAL RATE THAN ITS PEER GEOGRAPHIES AT 2.1 PERCENT ANNUALLY FROM 2015 TO 2025 WITH THE ADDITION OF OVER 226,000 PEOPLE AS SHOWN IN THE TABLE BELOW, RESIDENTS OF THESE TWO COUNTIES CURRENTLY EXCEED ONE MILLION IN POPULATION, AND THAT POPULATION HAS CONTINUED TO GROW EVEN AMIDST THE WORST ECONOMIC RECESSION IN MANY DECADES THE POPULATION IS FAIRLY DIVERSE RACE AND ETHNICITY INFORMATION ARE ALSO PRESENTED IN THE TABLE WAKE COUNTY JOHNSTON COUNTY TOTAL</p> <p>2015 1,006,053 184,322 1,190,375 2020 1,116,912 210,948 1,327,860 % CHANGE 11.0% (2.1%/ANNUM) 14.4% (2.7%/ANNUM) 11.5%(2.2%/ANNUM) RACE AND ETHNICITY 2015 WHITE 68% 81% 70% BLACK 22% 15% 21% ASIAN 6% 1% 6% OTHER/UNKNOWN 4% 3% 3% HISPANIC* 11% 15% 12% *(NOT CONSIDERED A RACE, INCLUDED IN TOTALS ABOVE)</p>

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Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH SINCE OPENING IN 1961, WAKEMED HAS BEEN AN INSTITUTION WITH AN UNWAVERING COMMITMENT TO THE COMMUNITIES IT SERVES BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND FAMILIES WE SERVE TODAY, WAKEMED OFFERS A BROAD RANGE OF PREVENTIVE, PRIMARY, ACUTE, AND TERTIARY SERVICES AS WAKE COUNTY'S LARGEST PRIVATE EMPLOYER AND A CORNERSTONE OF THE COMMUNITY, WAKEMED IS AN ASSET RESIDENTS CAN DEPEND ON NOT ONLY FOR THE HIGHEST QUALITY OF HEALTH CARE INSIDE THE HOSPITAL AND OUTPATIENT FACILITIES, BUT FOR COMMUNITY OUTREACH IN THE FORM OF SCREENINGS, CLASSES, SEMINARS, HEALTH FAIRS, PREVENTIVE PROGRAMS, SUPPORT GROUPS, AND OTHER OUTREACH INITIATIVES THE MAJORITY OF THE PROGRAMS ARE FREE AND ALL ARE DESIGNED TO IMPROVE HEALTH, EDUCATE, AND ENLIGHTEN BY OFFERING ACCESS TO EXPERTS, RESOURCES, AND HEALTH INFORMATION IN ADDITION, OUR 1,200+ PERSON MEDICAL STAFF IS OPEN AND COMPRISED PRIMARILY OF INDEPENDENT PRACTITIONERS, ALTHOUGH THE NUMBER OF EMPLOYED PHYSICIANS IS GROWING AND NOW TOTALS MORE THAN 370 PHYSICIANS EACH YEAR WE SERVE, SUPPORT, AND WORK CLOSELY WITH THE COMMUNITY IN MANY WAYS WE ABSORB THE HEALTH CARE COSTS OF THOSE WHO COME TO US UNABLE TO PAY FOR THEIR CARE WE EDUCATE AND TRAIN PHYSICIANS AND CAREGIVERS WE DEVELOP NEW SERVICES AND INITIATIVES TO ENHANCE ACCESS AND MEET THE NEEDS OF THE UNDERSERVED WE PARTNER WITH A VARIETY OF COMMUNITY-BASED ORGANIZATIONS TO DEVELOP PROGRAMS THAT ANSWER A SPECIFIC COMMUNITY HEALTH NEED WE PROVIDE DONATIONS TO COMMUNITY CHARITIES AND ORGANIZATIONS WHOSE GOALS SUPPORT OUR MISSION AND WE OFFER A HOST OF COMMUNITY OUTREACH AND EDUCATION PROGRAMS TARGETED TO THE UNDERSERVED AND AT-RISK POPULATIONS FOR CARDIOVASCULAR DISEASE, DIABETES, STROKE, AND AVOIDABLE INJURIES, AMONG OTHERS BEYOND THE CARE CURRENTLY PROVIDED WITHIN OUR FACILITIES, WAKEMED CONTINUES TO DEVELOP PROGRAMS AND SERVICES IN THOSE AREAS WHICH ARE UNDERSERVED AND ARE GROWING ACCESS TO PRIMARY CARE PROVIDERS IS A CRITICAL NEED AS A RESULT, WE CONTINUE TO EXPAND OUR NETWORK OF PRIMARY CARE PROVIDERS WHO SERVE COMMUNITY RESIDENTS, REGARDLESS OF THEIR ABILITY TO PAY WAKEMED HELPS IMPROVE THE HEALTH OF THE COMMUNITY BY OUTREACH THAT TAKES ON MANY FORMS FROM THE DIRECT PROVISION OF CARE TO MENTORING AT-RISK YOUTH AREAS OF FOCUS FOR THE SYSTEM ARE CENTERED ON --IMPROVED ACCESS TO CARE THROUGH GEOGRAPHICALLY DISPERSED OUTPATIENT FACILITIES, PRIMARY CARE PHYSICIANS, EMERGENCY DEPARTMENTS, AND NOW VIRTUAL CARE OPTIONS WE ALSO WORK CLOSELY WITH THE COMMUNITY TO IMPROVE ACCESS AND AFFORDABILITY FOR THE UNDERSERVED POPULATIONS OF THE COMMUNITY THIS IS DONE IN PART BY COLLABORATING WITH COMMUNITY PARTNERS SO THAT HEALTH CARE GAPS ARE ADDRESSED --WORKING CLOSELY WITH PATIENTS AND THE COMMUNITY TO PROMOTE AND SUPPORT THE OPTIMAL PREVENTION AND MANAGEMENT OF CHRONIC DISEASES, INJURIES AND ILLNESS IN OUR MOST VULNERABLE POPULATIONS, ESPECIALLY CHILDREN WE ALSO HAVE AN INCREASED FOCUS ON IMPROVING AND MAINTANING CARDIOVASCULAR HEALTH, WITH AN EMPHASIS ON ADDRESSING HEART DISEASE, STROKE, AND DIABETES PERTINENT TO BUILDING A HEALTHIER COMMUNITY --DEVELOPMENT OF A COMPREHENSIVE POPULATION HEALTH PROGRAM ANCHORED BY AN ACCOUNTABLE CARE ORGANIZATION WITH OVER 200,000 COVERED LIVES FROM PARTNERING WITH CMS AND THE MAJOR INSURES WITHIN THE MARKET WITH A FOCUS ON QUALITY AND COORDINATION OF CARE, PATIENTS ARE RECEIVING VALUE AND IMPROVING THEIR HEALTH --DEVELOPMENT OF A COMMUNITY HEALTH POPULATION PROGRAM THAT WORKS WITH OUR MOST VULNERABLE POPULATIONS TO ADDRESS BOTH THEIR HEALTH AND SOCIAL NEEDS SUCH AS A MEDICAL HOME, MEDICATION, HOUSING, AND MORE IT IS MADE POSSIBLE BY GRANTS AND PARTNERING WITH OTHER COMMUNITY BASED ORGANIZATIONS --CONTINUING EFFORTS TO EDUCATE HEALTHCARE PROVIDERS OF TODAY AND TOMORROW RECOGNIZING THAT THESE EFFORTS WILL ENSURE A SKILLED WORKFORCE WHICH ULTIMATELY BUILDS A HEATHIER AND STRONGER COMMUNITY --PROVIDING SUPPORT AND LEADERSHIP IN COMMUNITY BUILDING ACTIVITIES THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS WE ALSO ENCOURAGE EMPLOYEE, VOLUNTEER AND PHYSICIAN PARTICIPATION, PHILANTHROPIC SUPPORT, AND VOLUNTEERISM IN THE COMMUNITY</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT WAKEMED PUBLISHES A COMMUNITY BENEFIT REPORT EACH YEAR WHICH HIGHLIGHTS THE FINANCIAL IMPACT ON THE COMMUNITY IT IS AVAILABLE IN PRINT FORM AS WELL AS ON THE WAKEMED WEBSITE WAKEMED ALSO VOLUNTARILY FILES A SIMILAR COMMUNITY BENEFIT REPORT WITH THE NORTH CAROLINA HOSPITAL ASSOCIATION

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	WAKEMED CARY HOSPITAL 1900 KILDARE FARM ROAD CARY, NC 27518 WWW.WAKEMED.ORG H0276	X	X					X			A
2	WakeMed Raleigh Campus 3000 New Bern Avenue RALEIGH, NC 27610 WWW.WAKEMED.ORG H0199	X	X		X			X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
FACILITY GROUP A	ALL ANSWERS PROVIDED IN PART V, SECTION B & C PERTAIN TO FACILITY GROUP A, WHICH INCLUDES WAKEMED RALEIGH CAMPUS AND WAKEMED CARY HOSPITAL AS IDENTIFIED ON SCHEDULE H, PART V, SECTION A, LINES 1-2 SCHEDULE H, PART V, SECTION B, LINE 3E THE SIGNIFICANT HEALTH NEEDS OF WAKE COUNTY WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH WAS CONDUCTED IN COLLABORATION WITH THE AREAS OTHER HEALTH SYSTEMS, WAKE COUNTY HUMAN SERVICES, AND OTHER COMMUNITY AGENCIES WHILE THERE WAS NOT A FOCUS ON SPECIFIC HEALTH CONDITIONS, THE PERCEIVED NEEDS WERE PRIORITIZED BASED ON THE RESEARCH DATA THE PRIORITY AREAS FOR WAKE COUNTY ARE TRANSPORTATION & TRANSIT, ACCESS TO HEALTH SERVICES, MENTAL HEALTH AND SUBSTANCE ABUSE, EMPLOYMENT, AND HOUSING & HOMELESSNESS WHILE TRANSPORTATION MAY NOT SEEM RELATED TO HEALTH NEEDS, MANY ASPECTS OF DAILY LIFE REQUIRE USE OF TRANSPORTATION, INCLUDING EMPLOYMENT, EDUCATION, ACCESS TO NUTRITIONAL FOODS, AND ACCESS TO HEALTHCARE SERVICES, AND ALL OF THESE FACTOR INTO ONES OVERALL HEALTH FURTHER, TRANSPORTATION ALSO IMPACTS PHYSICAL ACTIVITY THE TRANSPORTATION INFRASTRUCTURES IN WAKE COUNTY HAVE STRUGGLED TO KEEP UP WITH THE POPULATION GROWTH EXPERIENCED WITHIN THE COUNTY OVER RECENT YEARS THE ABILITY TO ACCESS HEALTH SERVICES IS A CRITICAL PUBLIC HEALTH ISSUE, AS PRIMARY AND PREVENTATIVE SERVICES CAN HELP TO PREVENT OR MANAGE CHRONIC ILLNESSES THUS IMPROVING THE HEALTH OF THE COMMUNITY A LACK OF FACILITIES AND SPECIALISTS IN LOCAL COMMUNITIES ACROSS THE COUNTY WERE NOTED AS BEING BARRIERS TO ACCESSING CARE AS WERE THE NEED FOR MORE SLIDING SCALE PROVIDERS THE TRADITIONAL HOURS OFFERED BY MANY HEALTHCARE PROVIDERS ALSO CREATE A BARRIER TO ACCESSING CARE FOR MANY INDIVIDUALS AND FAMILIES WHO ARE FORCED TO MISS AN ENTIRE OR PARTIAL DAY OF WORK IN ORDER TO GO TO THE DOCTOR WAKE COUNTY HAS EXPERIENCED AN INCREASE IN THE PREVALENCE AND SEVERITY OF MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS OVER RECENT YEARS AT THE SAME TIME, THE AVAILABILITY OF RESOURCES AND ACCESS TO SERVICES FOR PEOPLE SUFFERING WITH THESE PROBLEMS HAS DECLINED MENTAL HEALTH AND SUBSTANCE ABUSE WERE IDENTIFIED AS PRIORITY AREAS IN SEVEN OF THE EIGHT SERVICE ZONES AND WAKE COUNTY OVERALL REASONS THAT MENTAL HEALTH AND SUBSTANCE USE WERE IDENTIFIED INCLUDE HIGH SUICIDE RATES, SMOKING, NUMBER OF PEOPLE REPORTING POOR MENTAL HEALTH DAYS, RATE OF MENTAL HEALTH EMERGENCY DEPARTMENT, ALCOHOL-IMPAIRED DRIVING DEALTHS, PERCENTAGE OF PEOPLE EXPOSED TO SECONDHAND SMOKE, PERSONS SERVED IN NC STATE ALCOHOL AND DRUG TREATMENT CENTERS THE EMPLOYMENT PRIORITY INCLUDES INFORMATION RELATED TO HOW MANY PEOPLE HAVE JOBS, WHAT TYPES OF JOBS THEY HAVE, AND WHETHER PEOPLE FEEL THEY CAN GET A GOOD JOB IN WAKE COUNTY THE HOUSING AND HOMELESSNESS PRIORITY CONTAINS INFORMATION RELATED TO THE COST OF HOUSING, HOUSING CHOICES, AND NUMBER OF PERSONS EXPERIENCING HOMELESSNESS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	THE FOLLOWING RESPONSES APPLY TO ALL FACILITIES WITHIN THE GROUP, UNLESS OTHERWISE NOTED AS INDICATED IN THE EXECUTIVE SUMMARY AND THE FULL 2019 CHNA REPORT, WAKEMED PARTNERED WIT H OVER 100 AGENCY AND COMMUNITY PARTNERS IN WAKE COUNTY TO CONDUCT THE COLLABORATIVE COMMU NITY HEALTH NEEDS ASSESSMENT IN LATE 2018 THROUGH EARLY 2019 THE NEXT CHNA WILL BE COMPLE TED IN 2021 THE PURPOSE OF WAKE COUNTYS CHNA IS TO IDENTIFY HEALTH STATUS CONCERNS AND RE SOURCES IN WAKE COUNTY, REPORT FINDINGS, WORK WITH THE COMMUNITY TO DETERMINE PRIORITY ISS UES TO BE ADDRESSED, AND DEVELOP A COMMUNITY-BASED ACTION PLAN TO ADDRESS IDENTIFIED CONCE RNS THE 2019 STUDY REPORT IS THE BASIS OF THE IMPLEMENTATION PLAN A MULTI-STEP PROCESS W AS USED TO ASSESS THE COMMUNITY HEALTH NEEDS, CHALLENGES, AND OPPORTUNITIES OF WAKE COUNTY MULTIPLE SOURCES OF PUBLICLY AVAILABLE INFORMATION, ALONG WITH DIVERSE COMMUNITY INPUT, WERE INCORPORATED IN THE STUDY IN ORDER TO PAINT A MORE COMPLETE PICTURE OF WAKE COUNTYS H EALTH NEEDS PRIMARY RESEARCH DATA WAS COLLECTED VIA TELEPHONE SURVEYS, INTERNET SURVEYS, AND FOCUS GROUPS IN ADDITION, COMMUNITY IMPUT AND PRIORTIZATION SESSIONS WERE HELD IN TO TAL MORE THAN 5,900 PEOPLE PARTICIPATED IN THE PROCESS TIME PERIOD FOR INPUT THE COLLECT ION PERIOD BEGAN IN MAY 2018 DATA WAS GATHERED THROUGH OCTOBER 2018 DESCRIPTION OF MEDICA LLY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS THAT PROVIDED INPUT MEDICALLY UNDERSE RVED INCLUDE THOSE WITHOUT MEDICAL INSURANCE OR ACCESS TO MEDICAL CARE DATA SUCH AS RATES OF FREE AND REDUCED LUNCH, FOOD INSECURITY, HOMELESSNESS, POVERTY RATES / MEDIAN INCOME D ESCRIBED LOW-INCOME RESIDENTS IN THE COUNTY RACIAL AND ETHNIC MINORITY POPULATIONS, THE H OMELESS POPULATION, LIMITED ENGLISH-SPEAKING HOUSEHOLDS, AND SPANISH-SPEAKING RESIDENTS DE SCRIBE THE MINORITY POPULATIONS FROM WHOM DATA WAS GATHERED INPUT BY MEDICALLY UNDERSERVE D, LOW-INCOME OR MINORITY POPULATIONS SIGNIFICANT EFFORT WAS PUT INTO UNDERSTANDING THE E XISTING RACIAL/ETHNIC, UNDERSERVED, MEDIAN INCOME/POVERTY LEVEL MAKE-UP OF THE COUNTY LIM ITATIONS ON THE GATHERING OF DATA FOR THE MEDICALLY UNDERSERVED, LOW-INCOME OR MINORITY PO PULATIONS WERE RECOGNIZED SUCH LIMITATIONS INCLUDE ZIP CODE/CENSUS TRACT ISSUES AND LEGAL AND PRACTICAL ISSUES GATHERING DATA FOR CHILDREN, "STALE" DATA, AND ACCESS TO THESE POPUL ATIONS UNDERSTANDING THE LIMITATIONS AND TACKLING THE CHALLENGES POSED BY THESE LIMITATIO NS WERE KEY IN GATHERING THE NECESSARY INPUT FROM THESE POPULATIONS IT WAS RECOGNIZED THA T PARTNERING WITH LOCAL ORGANIZATIONS THAT HAVE ACCESS TO THESE POPULATIONS LED TO NUMEROU S PARTNERSHIPS IN THE PROCESS THE METHODOLOGY WAS DEVELOPED WITH SPECIAL ATTENTION GIVEN TO THE GATHERING OF DATA FROM THESE SUB-POPULATIONS SINCE IT WAS DETERMINED THAT THE 2013 CHNA DATA-GATHERING FELL SHORT IN THIS AREA BOTH PRIMARY AND SECONDARY DATA WAS GATHERED PRIMARY DATA COLLECTED INCLUDED DATA GATHERED THROUGH A TELEPHONE SURVEY (WHICH WAS STATI STICALLY REPRESENTATIVE OF THE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	COUNTY AS A WHOLE) AS WELL AS A WEB-BASED SURVEY WHICH ALLOWED FOR ADDITIONAL COMMUNITY INPUT. FOCUS GROUPS WERE ALSO CONDUCTED AT NUMEROUS LOCATIONS THROUGHOUT THE COUNTY TO ENSURE GEOGRAPHIC REPRESENTATION OF THE ENTIRE COUNTY. SPECIAL FOCUS GROUPS DEDICATED TO OBTAINING INPUT FROM THE SPANISH-SPEAKING AND HOMELESS POPULATIONS WERE ALSO HELD. A SPECIFIC EXAMPLE OF PRIMARY DATA GATHERED FOR LOW-INCOME RESIDENTS WAS A FOCUS GROUP MADE UP OF HOMELESS INDIVIDUALS COORDINATED THROUGH LOVE WINS MINISTRY. LASTLY, THE PRIORITIZATION PROCESS WHICH CONCLUDED THE DATA COLLECTION PERIOD PROVIDED THE ENTIRE COMMUNITY OF WAKE COUNTY WITH THE OPPORTUNITY TO DECIDE WHICH ISSUES SHOULD BE THE FOCUS OF CHNA ACTION PLANS FOR THE NEXT THREE YEARS. SECONDARY DATA RELATED TO THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS WERE ALSO GATHERED THROUGHOUT THE PROCESS FROM EXISTING SOURCES. IN ADDITION, INPUT FROM NUMEROUS COMMUNITY ORGANIZATIONS WITH KNOWLEDGE OF THE ISSUES THAT NEED TO BE ADDRESSED WITHIN WAKE COUNTY WAS GATHERED THROUGHOUT THE ENTIRE PROCESS. FOR EXAMPLE, ADVANCE COMMUNITY HEALTH, A FEDERALLY-QUALIFIED HEALTH CENTER (FQHC), WHICH SERVES A SIGNIFICANT PORTION OF MEDICALLY UNDERSERVED AND LOW-INCOME RESIDENTS WITHIN WAKE COUNTY, WAS A PARTICIPATING ORGANIZATION THROUGHOUT THE PROCESS. WAKEMED MANAGEMENT BELIEVES THAT THE 2019 CHNA ADEQUATELY INCORPORATES INPUT FROM THE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	THE FOLLOWING RESPONSES APPLY TO ALL FACILITIES WITHIN THE GROUP, UNLESS OTHERWISE NOTED WAKE COUNTY HUMAN SERVICES, DUKE HEALTH RALEIGH, REX HEALTHCARE, ADVANCE COMMUNITY HEALTH (FORMERLY WAKE HEALTH SERVICES), AND WAKEMED IN ADDITION TO NUMEROUS OTHER NON-PROFIT ORGANIZATIONS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	WAKE COUNTY HUMAN SERVICES, YOUTH THRIVE, AND TRIANGLE UNITED WAY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	HTTP //WWW WAKEMED ORG/DOCUMENTS/COMMUNITY/2019-WAKE-COUNTY-CHNA-REPORT-FI NAL PDF SCHEDULE H, PART V, SECTION B, LINE 7B HTTP //WWW WAKEGOV COM/HUMANSERVICES/DATA/DOCUMENTS/2016%20WAKE% 20COUNTY%2 0CHNA%20FULL%20DOCUMENT%20FINAL PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	http //www wakemed org/documents/community/2019-CHNA-initiatives pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	OUR CHNA PRIORITIZATION PROCESS RESULTED IN 21 KEY AREAS OF FOCUS, SOME OF WHICH APPLY MORE TO HOSPITALS THAN OTHERS FROM THE LIST OF 21 IDENTIFIED NEEDS, THE FOLLOWING CATEGORIES WERE IDENTIFIED AS THE FIVE PRIORITY AREAS FOR WAKE COUNTY THAT WILL BE ADDRESSED OVER THE NEXT THREE YEARS - TRANSPORTATION & TRANSIT OPTIONS, - ACCESS TO HEALTH SERVICES, - MENTAL HEALTH AND SUBSTANCE ABUSE, - EMPLOYMENT, AND - HOUSING & HOMELESSNESS WAKEMED'S IMPLEMENTATION PLAN ADDRESSES EACH PRIORITY AREA (HTTPS //WWW WAKEMED ORG/DOCUMENTS/COMMUNITY/2019-CHNA-PLAN PDF) THE IMPLEMENTATION PLAN DETAILS THE SERVICES AND PROGRAMS WAKEMED OFFERS OR IS PARTNERING WITH OTHER ORGANIZATIONS TO PROVIDE TO THE COMMUNITY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	HTTP //WWW WAKEMED ORG/WORKFILES/REGULATORY/CHARITY-CARE-POLICY PDF HTTPS //WWW WAKEMED ORG/WORKFILES/REGULATORY/CHARITY-CARE-POLICY-SPANISH P DF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	HTTP //WWW WAKEMED ORG/WORKFILES/REGULATORY/FINANCIAL-ASSISTANCE-APPLICATI ON-ENGLISH PDF HTTP //WWW WAKEMED ORG/WORKFILES/REGULATORY/FINANCIAL-ASSISTANCE-APPLICATI ON-SPANISH PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	HTTP //WWW WAKEMED ORG/WORKFILES/REGULATORY/FINANCIAL-ASSISTANCE-POLICY-SU MMARY-ENGLISH PDF HTTP //WWW WAKEMED ORG/WORKFILES/REGULATORY/FINANCIAL-ASSISTANCE-POLICY-SU MMARY-SPANISH PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 20E	WAKEMED ALSO NOTIFIED PATIENTS AT ADMISSION AND DISCHARGE OF SERVICES ABOUT THE FINANCIAL ASSISTANCE POLICY AND PROVIDED DOCUMENTATION AS REQUESTED

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

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

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

Name and address	Type of Facility (describe)
1 WAKE SPECIALTY PHYSICIANS LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610	MEDICAL PRACTICE
1 WAKEMED NORTH 10000 FALLS OF THE NEUSE ROAD RALEIGH, NC 27614	SURG , PREGNANCY, CHILDBIRTH, OP/AMB SURG CENTER
2 WAKEMED REHAB HOSPITAL 3000 NEW BERN AVENUE RALEIGH, NC 27610	PHYS MED/REHAB HOSP , PHYS SPCH/OCCUP THERAPY
3 WAKEMED GARNER HEALTHPLEX 400 US 70 EAST GARNER, NC 27529	EMERG DEPT , LABORATORY, RADIOLOGY
4 WAKEMED SPECIALISTS GROUP 3000 NEW BERN AVENUE RALEIGH, NC 27610	MEDICAL PRACTICES
5 WAKEMED APEX HEALTHPLEX 120 HEALTHPLEX WAY APEX, NC 27502	EMERG DEPT , LABORATORY, RADIOLOGY
6 WAKEMED BRIER CREEK HEALTHPLEX 8001 TW ALEXANDER DRIVE RALEIGH, NC 27617	EMERG DEPT , LABORATORY, RADIOLOGY
7 WAKEMED HOME HEALTH 2920 HIGHWOODS BOULEVARD SUITE 200 RALEIGH, NC 27604	HOME HEALTH, HOME IV THERAPY, PRIVATE DUTY NURSING
8 WAKEMED MEDICAL PARK 23 SUNNYBROOK ROAD RALEIGH, NC 27610	LABORATORY, RADIOLOGY
9 WAKEMED CLAYTON MEDICAL PARK 555 MEDICAL PARK CLAYTON, NC 27520	REHAB THERAPY
10 WAKEMED WAKE FOREST ROAD 3701 WAKE FOREST ROAD RALEIGH, NC 27609	PHYS, OCCUP, SPCH/PEDS SPCH THERAPY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
WakeMed

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Employer identification number
56-6017737

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21

3 Enter total number of other organizations listed in the line 1 table 2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) HEART CENTER - RONALD MCDONALD	1299		91,548	FMV	HOUSE USAGE
(2) PRESCRIPTION DRUGS	7211		149,677	FMV	RX- INDIGENT PATIENT
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ALL GRANT/FUNDRAISING REQUESTS MUST BE MADE IN WRITING FREQUENTLY, MEETINGS ARE HELD WITH REQUESTING ORGANIZATIONS TO ENSURE THE REQUESTS ARE IN ACCORDANCE WITH OUR GOALS AND GUIDELINES RELATED TO DONATIONS AND SPONSORSHIPS ALL DONATIONS ARE COORDINATED THROUGH ONE DEPARTMENT AND ARE TRACKED AND LOGGED ON A SPREADSHEET WITH A QUICK REFERENCE TO THE REASON FOR THE GIFT IN MOST CASES, WAKEMED TRACKS HOW THE GIFT WAS USED, THE OUTCOMES, AND THE BENEFITS TO THE COMMUNITY IN THE CASE OF LARGE GRANTS, THE ORGANIZATION IS ALSO ASKED FOR A REPORT OF THE RESULTS AND THE IMPACT

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE TECH COLLEGE FOUNDATION 9101 FAYETTEVILLE ROAD RALEIGH, NC 27603	23-7017752	501(c)(3)	60,000	0			GENERAL SUPPORT
WAKEMED FOUNDATION 3000 NEW BERN AVENUE RALEIGH, NC 27610	56-1916549	501(c)(3)	57,077	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARBLES KIDS MUSEUM 201 EAST HARGETT STREET RALEIGH, NC 27601	58-1647538	501(c)(3)	40,000	0			GENERAL SUPPORT
INTERACT 191 HIGH HOUSE ROAD CARY, NC 27511	27-1771636	501(c)(3)	30,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH FOOD SHUTTLE 201 EAST HARGETT STREET RALEIGH, NC 27601	56-1647538	501(c)(3)	25,000	11,661	FMV	FOOD DONATIONS	GENERAL SUPPORT
NC SYMPHONY INC 3700 GLENWOOD AVENUE SUITE 13 RALEIGH, NC 27612	56-0556755	501(c)(3)	18,000	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN MINISTRIES OF WAKE COUNTY 1390 CAPITAL BOULEVARD RALEIGH, NC 27603	58-1422700	501(c)(3)	12,500	0			General Support
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	501(c)(3)	10,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINKNICA 7028 RAINWATER ROAD RALEIGH, NC 27615	81-0893209	501(c)(3)	10,000	0			General Support
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(c)(3)	10,000	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ME FINE FOUNDATION 5100 US HIGHWAY 70 EAST PRINCETON, NC 27569	20-1819368	501(c)(3)	10,000	0			General Support
NC MUSEUM OF ART FOUNDATION 4630 MAIL SERVICE CENTER RALEIGH, NC 276994630	23-7071511	501(c)(3)	10,000	0			General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC SPINAL CORD INJURY ASSOCIATION 7980 CHAPEL HILL ROAD SUITE 101 CARY, NC 27513	51-0491208	501(c)(3)	10,000	0			GENERAL SUPPORT
YMCA OF THE TRIANGLE 801 CORPORATE CENTER DRIVE 200 RALEIGH, NC 27607	56-0591307	501(c)(3)	10,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(c)(3)	7,500	0			GENERAL SUPPORT
GIRL SCOUTS OF NC COASTAL PINES INC 6901 PINECREST ROAD RALEIGH, NC 27613	56-1791500	501(c)(3)	7,500	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUNG CANCER INITIATIVE OF NC 4000 BLUE RIDGE ROAD SUITE 170 RALEIGH, NC 27612	26-2300885	501(c)(3)	6,500	0			GENERAL SUPPORT
RONALD MCDONALD HOUSE 506 ALEXANDER AVENUE DURHAM, NC 27705	56-1220376	501(c)(3)	6,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE MEDICAL 101 DONALD ROSS DRIVE RALEIGH, NC 27610	56-2168673	501(c)(3)	375,000	0			MEDICAL CARE
CAPITAL CARE COLLABORATIVE 2500 BLUE RIDGE ROAD RALEIGH, NC 27607	56-1150521	501(c)(6)	250,000	0			MEDICAL CARE

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
DEBNAM CLINIC 1501 POOLE ROAD RALEIGH, NC 27610	56-1977593		216,000	0			MEDICAL CARE
RALEIGH SCHOOL OF NURSE ANESTHESIA 3900 BARRETT DRIVE RALEIGH, NC 27609	56-1684241	501(c)(3)	47,405	0			GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE COUNTY HUMAN SERVICES PO BOX 46833 RALEIGH, NC 27620	56-6000376		607,307	0			GENERAL SUPPORT

Compensation Information

2018

Open to Public Inspection

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

Employer identification number

56-6017737

Part I Questions Regarding Compensation

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

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.

<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

If "Yes," on line 5a or 5b, describe in Part III

If "Yes," on line 6a or 6b, describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For each individual whose compensation must be reported 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.

See Additional Data Table

Schedule J (Form 990) 2018

Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS - UP PAYMENTS ARE PAID TO SOME KEY EMPLOYEES. THEY ARE INCLUDED IN TAXABLE INCOME.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1B	TAX GROSS - UPS FOR KEY EMPLOYEES ARE COVERED BY THE EMPLOYEE AGREEMENT OR ARE APPROVED BY THE BOARD OF DIRECTORS

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	WAKEMED HAS INCENTIVE - BASED PROGRAMS THAT ARE DRIVEN BY ACCOMPLISHING TARGETS ASSOCIATED WITH QUALITY OF CARE FOR DISCHARGE INSTRUCTIONS, PATIENT SATISFACTION, AND MINIMUM OPERATING BENEFITS



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GEORGIA C HARRINGTON VP-OPS (END 4/6/18)	(i)	87,532	0	18,085	6,240	5,060	116,917	0
	(ii)	0	0	0	0	0	0	0
GURVINDER S DEOL PHYSICIAN	(i)	1,034,148	181,791	23,708	9,019	27,019	1,275,685	0
	(ii)	0	0	0	0	0	0	0
JONATHAN D CHAPPELL PHYSICIAN	(i)	844,510	110,760	12,775	8,895	21,783	998,723	0
	(ii)	0	0	0	0	0	0	0
DONALD R GINTZIG President & CEO	(i)	1,055,945	580,676	62,986	17,489	24,106	1,741,202	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY E HARRIS PHYSICIAN	(i)	678,247	188,818	16,117	8,911	29,331	921,424	0
	(ii)	0	0	0	0	0	0	0
DENISE WARREN Exec VP & COO	(i)	595,947	155,215	18,176	11,987	24,379	805,704	0
	(ii)	0	0	0	0	0	0	0
CHARLES HARR Chief Medical Officer, Raleigh	(i)	425,190	15,996	41,337	16,500	2,500	501,523	0
	(ii)	0	0	0	0	0	0	0
Christine Craig VP, Governmental Affairs	(i)	234,697	36,227	15,581	15,250	17,612	319,367	0
	(ii)	0	0	0	0	0	0	0
J WEST PAUL END 42619 SVP & CH QUALITY/MED STAFF OFC	(i)	401,835	75,701	22,373	16,500	27,019	543,428	0
	(ii)	0	0	0	0	0	0	0
Rebecca Andrews SVP & ADMIN RALEIGH	(i)	352,798	64,820	20,668	16,500	13,851	468,637	0
	(ii)	0	0	0	0	0	0	0
Rick Carrico CFO	(i)	518,742	135,948	112,134	16,500	27,019	810,343	0
	(ii)	0	0	0	0	0	0	0
Seth Brody Chief Medical Officer, Cary	(i)	363,493	18,552	20,045	16,500	1,000	419,590	0
	(ii)	0	0	0	0	0	0	0
Stephanie Sessoms VP FINANCE	(i)	230,175	35,364	1,123	13,789	21,520	301,971	0
	(ii)	0	0	0	0	0	0	0
Susan James VP & Chief Legal Officer	(i)	352,992	54,013	814	16,500	24,106	448,425	0
	(ii)	0	0	0	0	0	0	0
Thomas Gough SVP - Administrator Cary	(i)	326,534	54,122	16,136	16,500	2,776	416,068	0
	(ii)	0	0	0	0	0	0	0
Conor Regan Physician	(i)	695,002	280,751	15,539	8,560	14,700	1,014,552	0
	(ii)	0	0	0	0	0	0	0
SHERI D DESHAZO SR VP ADMIN-NORTH (END 8/9/19)	(i)	229,865	46,603	18,574	15,996	26,943	337,981	0
	(ii)	0	0	0	0	0	0	0
Debra Laughery VP - Public Relations	(i)	245,390	36,032	17,906	15,973	637	315,938	0
	(ii)	0	0	0	0	0	0	0
THEODORE LOTCHIN VP - CHIEF COMPL & PRIVACY	(i)	291,415	43,398	300	16,500	22,566	374,179	0
	(ii)	0	0	0	0	0	0	0
MATTHEW NATHAN SENIOR VP - PHYSICIAN SERVICES	(i)	430,774	80,123	43,004	16,500	4,395	574,796	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
KAREN BASH CMO, NORTH HOSPITAL	(i)	323,670	18,981	19,255	16,500	14,733	393,139	0
	(ii)	0	0	0	0	0	0	0
RICK SHRUM VP & CHIEF STRATEGY OFFICER	(i)	300,778	46,473	2,960	16,500	29,629	396,340	0
	(ii)	0	0	0	0	0	0	0
JOHN PERRY VP MEDICAL EDUCATION	(i)	317,935	46,560	1,408	16,500	24,379	406,782	0
	(ii)	0	0	0	0	0	0	0
CHANTAL HOWARD END 4119 VP NURSING, RALEIGH	(i)	188,947	27,881	4,585	12,593	11,433	245,439	0
	(ii)	0	0	0	0	0	0	0
PETER MARKS VP & CIO	(i)	332,860	49,190	46,206	16,370	4,416	449,042	0
	(ii)	0	0	0	0	0	0	0
JEANENE R MARTIN SENIOR VP-HUMAN RESOURCES	(i)	332,262	62,319	17,133	16,500	19,163	447,377	0
	(ii)	0	0	0	0	0	0	0
THOMAS G CAVENDER VP FACILITIES & CONSTRUCTION	(i)	277,369	41,171	23,901	16,500	11,686	370,627	0
	(ii)	0	0	0	0	0	0	0
CAROLYN KNAUP SENIOR VP-AMBULATORY SERVICES	(i)	305,547	57,911	16,083	16,500	21,331	417,372	0
	(ii)	0	0	0	0	0	0	0
BETSY GASKINS-MCCLAINE VP HEART & VASCULAR	(i)	201,782	22,292	16,923	13,876	9,358	264,231	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA ALNESS-BOILY SENIOR VP-OPERATIONS & CNO	(i)	343,964	64,041	25,103	16,500	17,590	467,198	0
	(ii)	0	0	0	0	0	0	0
BRYON BOULTON PHYSICIAN	(i)	902,682	126,433	14,176	8,694	26,700	1,078,685	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
WakeMed

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number
56-6017737

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A NORTH CAROLINA MEDICAL CARE COMMISSION	52-1309402	65821DLY5	07-11-2012	315,717,962	SEE PART VI		X		X		X
B PUBLIC FINANCE AUTHORITY	27-3866124	74442CBZ6	04-10-2019	379,665,283	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	64,650,000		0					
2	Amount of bonds legally defeased	0		0					
3	Total proceeds of issue	315,730,875		380,380,702					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrows	0		157,000,000					
7	Issuance costs from proceeds	2,994,195		2,897,263					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	312,736,680		139,755,000					
12	Other unspent proceeds	0		80,728,439					
13	Year of substantial completion	2012							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

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

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).	
Return Reference	Explanation
SCHEDULE K, PART I, A(F)	THE SERIES 2012A BONDS WERE ISSUED TO REFUND ALL THE SERIES 2001 AND THE 2009A BONDS AND PAY CERTAIN EXPENSES INCURRED IN THE CONNECTION WITH THE ISSUANCE AND SALE OF THE 2012A BONDS THE PROCEEDS OF THE REFUNDED 2001 BONDS AND THE REFUNDED 2009A BONDS WERE USED TO FINANCE THE COSTS OF VARIOUS IMPROVEMENTS TO THE CORPORATION'S HEALTHCARE FACILITIES SCHEDULE K, PART I, B(F) EFFECTIVE APRIL 1, 2019, WAKEMED, THROUGH THE PUBLIC FINANCE AUTHORITY (THE "AUTHORITY"), ISSUED \$207,650 OF HOSPITAL REVENUE BONDS, SERIES 2019A ("SERIES 2019A BONDS"), \$79,045 OF HOSPITAL REVENUE BONDS, SERIES 2019B ("SERIES 2019B BONDS"), AND \$79,045 OF HOSPITAL REVENUE BONDS, SERIES 2019C ("SERIES 2019C BONDS") A PORTION OF THE SERIES 2019A BONDS PROCEEDS WERE USED TO REFUND THE OUTSTANDING SERIES 2009B AND 2009C BONDS AS WELL AS PARTIALLY REFUND THE OUTSTANDING SERIES 2012A BONDS THE REMAINING PROCEEDS OF THE SERIES 2019A BONDS WILL BE USED TO PAY FOR THE EXPANSION OF WAKEMED CARY HOSPITAL AND FUND CAPITAL IMPROVEMENTS AND EQUIPMENT PURCHASES AT WAKEMED'S VARIOUS HOSPITALS THE PROCEEDS OF THE SERIES 2019B AND 2019C BONDS WERE USED TO REFINANCE TWO OUTSTANDING TAXABLE TERM LOANS THE LOANS WERE TO FINANCE COSTS ASSOCIATED WITH NORTH HOSPITAL AND INFORMATION TECHNOLOGY IMPLEMENTATION PROJECTS THEY WERE ALSO USED TO PURCHASE TWO PREVIOUSLY LEASED BUILDINGS, RALEIGH MEDICAL PARK AND BRIER CREEK HEALTHPLEX

Return Reference	Explanation
PRICE VARIANCE	SCHEDULE K, PART I, ROW B, COL E \$13,925,283 ISSUE PRICE VARIANCE IS PREMIUM PAID AT 2019A ISSUANCE

Return Reference	Explanation
TOTAL PROCEEDS OF ISSUE	SCHEDULE K, PART II, 3, COLUMNS A & B TOTAL PROCEEDS INCLUDE INVESTMENT EARNINGS

Return Reference	Explanation
PROCEEDS	SCHEDULE K, PART II, LINE 7, COLUMN B THE AMOUNTS REPORTED ON FORM 8038 AS PROCEEDS USED FOR BOND ISSUANCE COSTS WERE ESTIMATES THE AMOUNTS REPORTED ON SCHEDULE K REPRESENT THE ACTUAL USE OF PROCEEDS

Return Reference	Explanation
ARBITRAGE REBATE	SCHEDULE K, PART IV, 2C

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493225008410
SCHEDULE O (Form 990 or 990-EZ)	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. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No 1545-0047
			2018
Department of the Treasury			Open to Public Inspection
Name of the organization	Employer identification number		
WakeMed	56-6017737		

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, HEADER C, DBA	<p>1 WAKEMED HEALTH & HOSPITALS 2 WAKEMED RALEIGH CAMPUS 3 WAKEMED CARY HOSPITAL 4 WAKEME D APEX HEALTHPLEX 5 WAKEMED NEW BERN AVENUE CAMPUS 6 WAKEMED REHAB 7 WAKE MEDICAL CENTE R 8 WESTERN WAKE HOSPITAL 9 WAKE HEART CENTER 10 WESTERN WAKE MEDICAL CENTER 11 WAKE R EHABILITATION HOSPITAL 12 WAKE AREA HEALTH EDUCATION CENTER 13 WAKE AHEC 14 WAKEMED HOM E CARE 15 WAKEMED WESTERN WAKE MEDICAL CENTER 16 WAKEMED NORTH HEALTHPLEX 17 WAKEMED CL AYTON MEDICAL PARK 18 WAKEMED CARY OUTPATIENT REHAB CENTER 19 WAKEMED WAKE FOREST ROAD O UTPATIENT REHAB CENTER 20 WAKEMED HOME HEALTH 21 WAKEMED EMERGENCY SERVICES INSTITUTE 22 WAKEMED MOBILE CRITICAL CARE SERVICES 23 WAKEMED BRIER CREEK HEALTHPLEX 24 WAKEMED OUT PATIENT PHARMACY 25 WAKEMED GARNER HEALTHPLEX 26 WAKEMED CHILDRENS HOSPITAL 27 WAKEMED PROFESSIONAL STAFF 28 WAKEMED CHILDRENS 29 WAKEMED NORTH HOSPITAL 30 WAKEMED CENTER FOR PATIENT SAFETY 31 WAKEMED CENTER FOR INNOVATIVE LEARNING 32 WAKEMED REHABILITATION HOSP ITAL 33 WAKEMED PRIMARY CARE-KNIGHTDALE 34 WAKEMED PRIMARY CARE-NORTH RALEIGH 35 WAKEME D PRIMARY CARE-WAKE FOREST 36 WAKEMED PRIMARY CARE-WEST CARY PARK 37 WAKEMED PRIMARY CAR E-FUQUAY VARINA 38 WAKEMED PRIMARY CARE-GARNER 39 WAKEMED PRIMARY CARE-HOLLY SPRINGS 40 WAKEMED PRIMARY CARE-KILDAIRE FARM ROAD 41 WAKEMED CHILDRENS-PEDIATRICS 42 WAKEMED PRIM ARY CARE-APEX 43 WAKEMED PHYSICIAN PRACTICES 44 WAKEMED PRIMARY CARE-BRIER CREEK 45 WAK EMED PRIMARY CARE-CAMERON VILLAGE 46 WAKEMED PRIMARY CARE-CARY PARKWAY 47 WAKEMED PRIMAR Y CARE-DOWNTOWN RALEIGH 48 WAKEMED PRIMARY CARE-EMPLOYEE HEALTH 49 WAKEMED PRIMARY CARE- FORESTVILLE CROSSING 50 WAKEMED PEDIATRICS-CLAYTON 51 WAKEMED PHYSICIAN PRACTICES 52 WAKEMED URGENT CARE 53 TRIANGLE SINUS CENTER 54 WAKEMED UROLOGY 55 WAKEMED BARIATRICS SUR GERY & MEDICAL WEIGHT LOSS 56 WAKEMED WAKE ORTHOPAEDICS 57 WAKEMED CHILDRENS-PEDIATRIC M INOR PROCEDURES 58 WAKEMED CHILDRENS-PEDIATRIC PULMONOLOGY 59 WAKEMED CHILDRENS-PEDIATRI C SURGERY 60 WAKEMED CHILDRENS-PEDIATRIC WEIGHT MANAGEMENT 61 WAKEMED CHILDRENS-PEDIATRI C BEHAVIORAL HEALTH 62 WAKEMED CHILDRENS-PEDIATRIC CARDIOLOGY 63 WAKEMED CHILDRENS-PEDIA TRIC ENDOCRINOLOGY 64 WAKEMED CHILDRENS-GASTROENTEROLOGY 65 WAKEMED CHILDRENS-PEDIATRIC INTENSIVIST 66 WAKEMED CHILDRENS-SPECIAL INFANT CARE 67 WAKEMED CORPORATE HEALTH SERVICE S 68 WAKEMED CRITICAL CARE MEDICINE 69 WAKEMED DENTAL SERVICE 70 WAKEMED ENT-HEAD & NEC K SURGERY 71 WAKEMED GASTROENTEROLOGY 72 WAKEMED GENERAL SURGERY 73 WAKEMED HEART & VAS CULAR-ADVANCED HEART FAILURE 74 WAKEMED HEART & VASCULAR-CARDIOLOGY 75 WAKEMED HEART & V ASCULAR-CARDIOVASCULAR & THORACIC SURGERY 76 WAKEMED VASCULAR SURGERY 77 WAKEMED HEART & VASCULAR-COMPLEX ARRHYTHMIA 78 WAKEMED HEART & VASCULAR-STRUCTURAL HEART 79 WAKEMED HOS PITALIST 80 WAKEMED HOSPITALIST-GROUP HOME 81 WAKEMED MATERNAL FETAL MEDICINE 82 WAKEME D MOBILE WELLNESS 83 WAKEMED NEONATOLOGY 84 WAKEMED OBSTETRICS & GYNECOLOGY 85 WAKEMED PEDIATRIC HOSPITAL MEDICINE-SA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, HEADER C, DBA	NFORD 86 WAKEMED PHYSICAL THERAPY 87 WAKEMED PSYCHIATRY-HOSPITAL BASED 88 WAKEMED PULMO NOLOGY-HOSPITAL BASED 89 WAKEMED PULMONOLOGY 90 WAKEMED TRANSITIONAL HEALTH 91 WAKEMED RHEUMATOLOGY 92 WAKEMED UROGYNECOLOGY OTHER PROGRAM SERVICES FORM 990, PART III, LINE 4D OTHER PROGRAM SERVICES INCLUDE HOSPITAL IN AND OUTPATIENT ANCILLARY CARE SERVICES IN OTHER SPECIALTY AREAS NOT LISTED ABOVE

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Process used to review the Form 990	FORM 990, PART VI, SECTION B, LINE 11B THE ENTIRE 990 AND ASSOCIATED SCHEDULES ARE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS WHO ACKNOWLEDGE THEY HAVE REVIEWED FORMS AND SCHEDULES AND THEN RECOMMEND APPROVAL TO THE BOARD A FINAL COPY IS PROVIDED TO THE BOARD BEFORE FILING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B	Process for determining compensation OF CEO, EXEC DIR , OR Top mgt official REVIEW OF COMPENSATION IS PERFORMED BY AN INDEPENDENT FIRM CEO COMPENSATION IS REVIEWED WITH AN OUTSIDE FIRM EVERY YEAR EVERY THREE YEARS AN EXECUTIVE COMPETITIVE COMPENSATION REVIEW IS PERFORMED ON ALTERNATE YEARS, THE SVP/HR PRESENTS MARKET DATA COMPARISONS TO A BOARD OF DIRECTOR'S COMMITTEE FOR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
AVAILABILITY OF FINANCIAL STMT, CONFLICT OF INTEREST, ORGANIZING DOCS	FORM 990, PART VI, SECTION C, LINE 19 THE 990 IS AVAILABLE BY REQUEST AND IS PUBLISHED ON GUIDESTAR FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE THROUGH THE NC MEDICAL CARE COMMISSION AS IT RELATES TO TAX EXEMPT DEBT THE ANNUAL AUDITED FINANCIAL STATEMENTS AND TRANSFER AGREEMENT ARE PROVIDED EACH YEAR TO WAKE COUNTY COMMISSIONERS AND BECOME PUBLIC INFORMATION ARTICLES OF INCORPORATION ARE AVAILABLE ON THE NC SECRETARY OF STATE WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 TRANSFERS BETWEEN AFFILIATES (1,127,524) TRANSFER OF FIXED ASSETS (194,889) DONATED CAPITAL TO FINANCE PPE 514,671 GIFTS/GRANTS/BEQUESTS/PLEDGES 95,624 FOUNDATION TO WAKEMED 909,125 INTERCO CASH TRANSFERS 1,366,016 PET (2,031,162) ----- TOTAL (468,139)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
WakeMed

Employer identification number
56-6017737

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WAKE SPECIALTY PHYSICIANS LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 26-4169156	MEDICAL OFFIC	NC	146,594,879	-102,513,987	NA
(2) CSAMS NEW BERN AVENUE LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 26-0554927	HEALTHCARE	NC	0	237,298	NA
(3) WAKEMED SPECIALISTS GROUP LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 83-4333066	MEDICAL OFFIC	NC	20,668,852	27,828,986	NA

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)WAKEMED PROPERTY SERVICES 3000 NEW BERN AVENUE RALEIGH, NC 27610 56-1133894	LEASING	NC	501(c)(3)	12B	NA		No
(2)WAKEMED FACULTY PRACTICE PLAN 3000 NEW BERN AVENUE RALEIGH, NC 27610 23-7169178	MEDICAL	NC	501(c)(3)	12b	NA		No
(3)THE VOLUNTEERS AT CARY CAMPUS 3000 NEW BERN AVENUE RALEIGH, NC 27610 56-1798031	VOLUNTEERS	NC	501(c)(3)	12b	NA		No
(4)WAKEMED FOUNDATION 3000 NEW BERN AVENUE RALEIGH, NC 27610 56-1916549	SUPPORT	NC	501(c)(3)	7	NA		No
(5)THE VOLUNTEERS AT RALEIGH CAMPUS 3000 NEW BERN AVENUE RALEIGH, NC 27610 56-0749114	VOLUNTEERS	NC	501(c)(3)	12b	NA		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CAPITAL CITY SURGERY CENTER LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 26-0804803	HEALTHCARE	NC	NA	Related	6,128,083	5,754,053		No	0		No	51 000 %
(2) HOLLY SPRINGS SURGICAL VENTURES LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 47-3753856	HEALTHCARE	NC	NA	Related	-98,729	870,704		No	0		No	42 500 %
(3) WAKE PET SERVICES LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 26-3108205	EQUIPMENT LEASING	NC	WAKEMED	Related				No	0	Yes		100 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) WAKEMED KEY COMMUNITY CARE LLC 3000 NEW BERN AVENUE RALEIGH, NC 27610 46-2853835	COMMUNITY HEALTH	NC	NA	C Corp	-537,700	12,089,931	50 000 %	Yes	
(2) ROCKROOM INSURANCE COMPANY (SPC) LTD 62 FORUM LANE 3 FLOOR PO BOX 30600 CAYMAN JY1-1203 CJ 56-6017737	CAPTIVE INSURANCE	CJ	NA	C Corp	8,372,861	38,502,408	100 000 %	Yes	
(3) QUALITY TEXTILE SERVICES 313 SOUTH ROGERS LANE RALEIGH, NC 27610 56-1943802	TEXTILE SERVICES	NC	NA	C Corp	0	0			No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		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
(1) ROCKROOM	b	7,429,788	CASH-FMV
(2) WAKEMED FOUNDATION	c	1,494,929	CASH-FMV
(3) WAKEMED PROPERTY SERVICES	j	1,063,490	CASH-FMV
(4) WAKEMED PROPERTY SERVICES	k	18,002,178	CASH-FMV
(5) WAKEMED PROPERTY SERVICES	q	426,783	CASH-FMV
(6) QUALITY TEXTILE SERVICES	l	2,261,386	CASH-FMV

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

Additional Data

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

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ROCKROOM	b	7,429,788	CASH-FMV
(1)	WAKEMED FOUNDATION	c	1,494,929	CASH-FMV
(2)	WAKEMED PROPERTY SERVICES	j	1,063,490	CASH-FMV
(3)	WAKEMED PROPERTY SERVICES	k	18,002,178	CASH-FMV
(4)	WAKEMED PROPERTY SERVICES	q	426,783	CASH-FMV
(5)	QUALITY TEXTILE SERVICES	l	2,261,386	CASH-FMV