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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021 , and ending 12-31-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HEALTHCARE FOUNDATION OF WILSON

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 3697

City or town, state or province, country, and ZIP or foreign postal code
WILSON, NC 27895

D Employer identification number
56-6024172

E Telephone number
(252) 281-2105

G Gross receipts $ 10,473,791

F Name and address of principal officer:
DENISE O'HARA
PO BOX 3697
WILSON, NC 27895

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.HEALTHCAREFOUNDATIONOFWILSON.ORG

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

L Year of formation: 1964

M State of legal domicile: NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO SUPPORT THE HEALTHCARE NEEDS OF THE PEOPLE OF WILSON COUNTY AND NEIGHBORING COMMUNITIES.

Activities & Governance

2	Check this box ▶ ☐		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	11
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	600	3,100
9	Program service revenue (Part VIII, line 2g)	5,503,290	-2,747,282
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,536,881	13,217,973
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,634	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,044,405	10,473,791

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,541,739	14,485,572
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	371,276	387,336
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	349,596	379,491
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,262,611	15,252,399
19	Revenue less expenses. Subtract line 18 from line 12	9,781,794	-4,778,608

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	202,901,907	207,911,505
21	Total liabilities (Part X, line 26)	2,977,017	2,924,525
22	Net assets or fund balances. Subtract line 21 from line 20	199,924,890	204,986,980

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2022-11-08 Date
	DENISE O'HARA EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only				
Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00364912
Firm's name ▶ PYA P C			Firm's EIN ▶ 62-1517792	
Firm's address ▶ 2220 SUTHERLAND AVE KNOXVILLE, TN 37919			Phone no. (865) 673-0844	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2021)

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:

HEALTHCARE FOUNDATION OF WILSON (THE FOUNDATION) INVESTS IN COLLABORATIVE EFFORTS THAT IMPACT AND MEASURABLY IMPROVE THE HEALTH AND WELL-BEING OF WILSON COUNTY RESIDENTS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 15,021,599 including grants of $ 14,485,572) (Revenue $ -2,747,282)

THE FOUNDATION SERVES AS A HEALTH LEGACY CHARITABLE FOUNDATION TO SUPPORT THE HEALTHCARE NEEDS OF ITS COMMUNITY AND MAINTAINS ASSETS ASSOCIATED WITH THE WILSON MEDICAL CENTER, INC. FACILITY. THE FOUNDATION PROVIDES GRANT-MAKING WITH THE OBJECTIVE OF IMPROVING HEALTH AND WELLNESS WITH THE FOLLOWING FOUR FOCUS AREAS:- ADOLESCENT PREGNANCY- ALCOHOL & SUBSTANCE ABUSE- OBESITY- SEXUALLY TRANSMITTED DISEASE PREVENTIONADDITIONALLY, AS DESCRIBED IN DETAIL IN SCHEDULE A, PART VI, THE FOUNDATION RETAINS AN OWNERSHIP INTEREST AND EFFECTIVE CONTROL OF DLP WILSON HOLDING COMPANY, LLC, WHICH OPERATES THE HOSPITAL AND NURSING HOME PREVIOUSLY OWNED AND OPERATED BY THE FOUNDATION. THROUGH ITS OWNERSHIP OF DLP WILSON HOLDING COMPANY, LLC, THE FOUNDATION CONTINUES TO SUPPORT PROGRAMS THAT FOSTER THE DELIVERY, QUALITY, OR AFFORDABILITY OF HEALTHCARE OR HEALTHCARE-RELATED SERVICES AND TO SUPPORT ANY ACTIVITY DESIGNED AND CARRIED ON TO SERVE THE GENERAL HEALTH AND WELL-BEING OF THE COMMUNITY; TO AID IN THE INSTRUCTION AND PROMOTION OF RESEARCH AND SCIENTIFIC INVESTIGATION IN ALL BRANCHES OF MEDICINE AND SURGERY; AND TO SUPPORT ANY EDUCATIONAL ACTIVITIES RELATED TO THE CARE OF THE SICK AND DISABLED, THE PROMOTION OF HEALTH AND PREVENTATIVE MEDICINE, AND THE GENERAL HEALTH AND WELL-BEING OF THE COMMUNITY.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

4d	Other program services (Describe in Schedule O.) (Expenses $	including grants of $	) (Revenue $	)
4e	**Total program service expenses** ▶	15,021,599		

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**		No
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 Rev. Proc. 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**		No
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**	Yes	
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**	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	**11f**	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**	Yes	
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**		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	**14b**		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	**15**		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	**16**		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	**17**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		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	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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**		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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	**25b**		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,*Part III	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . .	**1a**	8		
b	Enter the number of Forms W-2G included on 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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

					Yes	No
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**	2			
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**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for 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**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				

13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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**	15		
	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**	15		
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**		No
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**		No
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**		No
b	Describe on 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 on 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**	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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: ▶DENISE O'HARA PO BOX 3697 WILSON, NC 27895 (252) 281-2105

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) CHRIS HILL CHAIR	1.00	X						0	0	0
(2) VANCE FORBES PAST CHAIR	1.00	X						0	0	0
(3) JOHN ANTHONY VICE CHAIR	1.00	X						0	0	0
(4) PAULA BENSON TREASURER	1.00	X						0	0	0
(5) KRYSTAL COX TRUSTEE	1.00	X						0	0	0

(6) ARTHUR HANSON MD TRUSTEE	1.00	X						0	0	0
(7) KEN JONES TRUSTEE	1.00	X						0	0	0
(8) JESSICA MCKEE MD TRUSTEE	1.00	X						0	0	0
(9) SHARON MELVIN TRUSTEE	1.00	X						0	0	0
(10) PAULA MICHALAK TRUSTEE	1.00	X						0	0	0
(11) ROSARIO OCHOA TRUSTEE	1.00	X						0	0	0
(12) PAUL PEREZ-NAVARRO MD TRUSTEE	1.00	X						0	0	0
(13) KURT SCHMIDT TRUSTEE	1.00	X						0	0	0
(14) JEROME VICK TRUSTEE	1.00	X						0	0	0
(15) JERRY WOODARD MD TRUSTEE	1.00	X						0	0	0
(16) DENISE O'HARA EXECUTIVE DIRECTOR	40.00			X				196,100	0	19,626

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

(A) Name and title	**(B)** Average hours per week (list any hours for related organizations below dotted line)	**(C)** Position (do not check more than one box, unless person is both an officer and a director/trustee)						**(D)** Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	**(E)** Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	196,100	0	19,626

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶ 0

Part VIII **Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts	**1a** Federated campaigns				
	b Membership dues **1b**				
	c Fundraising events **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e**				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 3,100				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f ▶	3,100			
Program Service Revenue	**2a** DISCONTINUED OPERATIONS	Business Code 621110	-517,270	-517,270	
	PATIENT SERVICE REVENUE		-2,230,012	-2,230,012	

Program Service Revenue

		621110				
c						
d						
e						
f	All other program service revenue.					
g	**Total.** Add lines 2a–2f. . . . . ▶	-2,747,282				
3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		13,217,973			13,217,973
4	Income from investment of tax-exempt bond proceeds ▶					
5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
6a	Gross rents **6a**						
b	Less: rental expenses **6b**						
c	Rental income or (loss) **6c**						
d	Net rental income or (loss) . . . . . ▶						

		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory **7a**						
b	Less: cost or other basis and sales expenses **7b**						
c	Gain or (loss) **7c**						
d	Net gain or (loss) . . . . . ▶						

Other Revenue

8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . **8a**					
b	Less: direct expenses . . . **8b**					
c	Net income or (loss) from fundraising events . . ▶					
9a	Gross income from gaming activities. See Part IV, line 19 . . . **9a**					
b	Less: direct expenses . . . **9b**					
c	Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances . . **10a**					
b	Less: cost of goods sold . . **10b**					
c	Net income or (loss) from sales of inventory . . ▶					

Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶					
12 **Total revenue.** See instructions . . . . . ▶		10,473,791	-2,747,282	0	13,217,973

Form **990** (2021)

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	14,485,572	14,485,572		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,099	142,211	53,888	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	99,362	72,057	27,305	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,637	8,439	3,198	
9 Other employee benefits	61,719	44,759	16,960	
10 Payroll taxes	18,519	13,430	5,089	
11 Fees for services (non-employees):				
a Management				
b Legal	55,537	33,399	22,138	
c Accounting	68,050	40,924	27,126	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	54,149	32,564	21,585	
12 Advertising and promotion	55,695	33,494	22,201	
13 Office expenses	3,443	2,582	861	
14 Information technology				
15 Royalties				
16 Occupancy	33,669	24,416	9,253	
17 Travel	80	60	20	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	220	198	22	
23 Insurance	23,821	23,821		
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 DUES & MEMBERSHIPS	71,452	53,582	17,870	
b SUPPLIES	8,700	6,524	2,176	
c BOARD EXPENSES	4,394	3,295	1,099	
d COMMUNITY HEALTH INITIA	246	246		
e All other expenses	35	26	9	
25 **Total functional expenses.** Add lines 1 through 24e	15,252,399	15,021,599	230,800	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 ▶ ☐ if following SOP 98-2 (ASC 958-720).

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,596,255	1	926,615
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		407,231	7	295,592
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,057	9	13,054
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,765			
	b	Less: accumulated depreciation	10b 41,007	0	10c	1,758
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		180,694,932	12	185,002,611
	13	Investments—program-related. See Part IV, line 11		20,047,571	13	21,489,025
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		140,861	15	182,850
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		202,901,907	16	207,911,505
Liabilities	17	Accounts payable and accrued expenses		347,233	17	358,048
	18	Grants payable		0	18	1,929,823
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,629,784	25	636,654
	26	**Total liabilities.** Add lines 17 through 25		2,977,017	26	2,924,525
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		199,830,837	27	204,913,521
	28	Net assets with donor restrictions		94,053	28	73,459
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		199,924,890	32	204,986,980
	33	Total liabilities and net assets/fund balances		202,901,907	33	207,911,505

Part XI **Reconcilliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	10,473,791
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	15,252,399
3	Revenue less expenses. Subtract line 2 from line 1	**3**	-4,778,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	**4**	199,924,890
5	Net unrealized gains (losses) on investments	**5**	6,172,715
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	3,667,983
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	**10**	204,986,980

Part XII **Financial Statements and Reporting**

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

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

Additional Data

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

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).)

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 on 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A (Form 990) 2021**

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

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

(Complete only if you checked the box on line 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						

	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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** 2021	**(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2021.** 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—2020.** 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 . . . . ▶ ☐

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *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.*	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)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	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)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	**4a**		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	**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)? *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.*	**4c**		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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).*	**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? *If "Yes," provide detail in* ***Part VI.***	**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? *If "Yes," complete Part I of Schedule L (Form 990) .*	**7**		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	**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))? *If "Yes," provide detail in* ***Part VI.***	**9a**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	**9b**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	**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)? *If "Yes," answer line 10b below.*	**10a**		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	**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 on lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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? *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.*	**1**		
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? *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.*	**2**		

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)? *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). | 1 | | |

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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Schedule A (Form 990) 2021

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in* ***Part VI***):			

2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2	Enter 85% of line 1	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4	Enter greater of line 2 or line 3	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Schedule A (Form 990) 2021

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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			

c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Return Reference	Explanation
PART 1, LINE 3	THE HEALTHCARE FOUNDATION OF WILSON AND WILMED GENERATIONS, INC. ENTERED INTO AN AGREEMENT WITH DLP HEALTHCARE, LLC, IN 2014 TO FORM A JOINT VENTURE, DLP WILSON HOLDING COMPANY, LLC, THAT WOULD OPERATE THE HOSPITAL AND NURSING HOME PREVIOUSLY OWNED AND OPERATED BY THE FOUNDATION AND WILMED GENERATIONS, INC. THE FOUNDATION THEREFORE CEASED DIRECTLY PROVIDING HEALTH CARE SERVICES AND PROVIDES MEDICAL SERVICES INDIRECTLY THROUGH THE JOINT VENTURE. THE GOVERNING DOCUMENTS OF THE JOINT VENTURE REQUIRE THAT THE JOINT VENTURE OPERATE THE HOSPITAL IN A MANNER AS TO SATISFY THE CHARITABLE PURPOSES GENERALLY REQUIRED OF HOSPITALS RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING THE FOLLOWING: - ACCEPT MEDICARE AND MEDICAID PATIENTS' - MAINTAIN AN EMERGENCY DEPARTMENT THAT ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, - ADOPT THE CHARITY CARE POLICIES UTILIZED BY THE FOUNDATION PRIOR TO THE TRANSFER OF THE HOSPITAL TO THE JOINT VENTURE, AND - COMPLY WITH THE REQUIREMENTS OF SECTION 501(R) OF THE INTERNAL REVENUE CODE REGARDING CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES AND THE CONDUCTING OF COMMUNITY HEALTH NEEDS ASSESSMENTS. THE GOVERNING DOCUMENTS OF THE JOINT VENTURE INCLUDE PROVISIONS WHICH PROVIDE THE FOUNDATION, THROUGH ITS REPRESENTATIVES ON THE GOVERNING BODY OF THE JOINT VENTURE, WITH THE POWER TO ENFORCE COMPLIANCE WITH THESE CHARITABLE HOSPITAL REQUIREMENTS. THE FOUNDATION WAS ALSO A "PUBLIC HOSPITAL" PURSUANT TO CHAPTER 131E, ARTICLE 2, OF THE NORTH CAROLINA GENERAL STATUTES (PUBLIC HOSPITAL STATUTES). THE PUBLIC HOSPITAL STATUTES AT THE TIME OF CREATION OF THE JOINT VENTURE REQUIRED THAT ANY TRANSFER OF A PUBLIC HOSPITAL FACILITY MUST BE MADE TO A CORPORATION, AND THE PUBLIC HOSPITAL STATUTES DID NOT PERMIT THE TRANSFER OF A PUBLIC HOSPITAL FACILITY TO A LIMITED LIABILITY COMPANY. WITH THE CREATION OF THE JOINT VENTURE IN MIND, THE NORTH CAROLINA GENERAL ASSEMBLY PASSED A TECHNICAL CORRECTION STATUTE WHICH ENABLED THE TRANSFER OF A PUBLIC HOSPITAL FACILITY TO BE MADE TO A LIMITED LIABILITY COMPANY, AS WELL AS TO A CORPORATION. THE EFFECTIVE DATE OF THE NORTH CAROLINA GENERAL ASSEMBLY'S CHANGE TO THE PUBLIC HOSPITAL STATUTE WAS AFTER THE CREATION OF THE JOINT VENTURE. IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE PUBLIC HOSPITAL STATUTE AT THAT TIME, THE HOSPITAL FACILITY WAS TRANSFERRED TO DLP WILSON MEDICAL CENTER, INC., WHICH WAS WHOLLY OWNED BY THE JOINT VENTURE, WITH THE INTENTION THAT DLP WILSON MEDICAL CENTER, INC. WOULD BE CONVERTED TO A LIMITED LIABILITY COMPANY AFTER THE ENACTMENT OF THE NORTH CAROLINA GENERAL ASSEMBLY'S TECHNICAL CORRECTION TO THE NORTH CAROLINA PUBLIC HOSPITAL STATUTES. AFTER THE CONVERSION OF THE DLP WILSON MEDICAL CENTER, INC. TO A LIMITED LIABILITY COMPANY, IT WAS TREATED AS A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES, AND THE JOINT VENTURE IS TREATED AS OPERATING THE HOSPITAL DIRECTLY. THE NORTH CAROLINA HOSPITAL STATUTES ALSO REQUIRE THAT THE JOINT VENTURE, AS THE TRANSFEREE OF THE PUBLIC HOSPITAL FACILITY, CONTINUES TO PROVIDE THE SAME HOSPITAL SERVICES, INDIGENT CARE, FINANCIAL ASSISTANCE POLICIES, AND MEDICARE AND MEDICAID SERVICES AS WERE PROVIDED BY THE FOUNDATION PRIOR TO THE TRANSFER, AND THE JOINT VENTURE IS REQUIRED TO PROVIDE AN ANNUAL REPORT THAT SHOWS COMPLIANCE WITH THIS REQUIREMENT. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL CAUSE THE HOSPITAL FACILITY TO REVERT TO WILSON COUNTY.

Additional Data

Return to Form

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SCHEDULE C (Form 990)

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

2021

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	Employer identification number
HEALTHCARE FOUNDATION OF WILSON	56-6024172

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))

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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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)** Yes	**(a)** No	**(b)** 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)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	

f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		2,678
j	Total. Add lines 1c through 1i			2,678
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to 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
PART II-B, LINE 1:	NON-DEDUCTIBLE LOBBYING EXPENSE FROM A PASS-THROUGH ENTITY

Schedule C (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

efile Public Visual Render | ObjectId: 202243139349304464 - Submission: 2022-11-09 | TIN: 56-6024172

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 instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

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 FASB 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 FASB 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 FASB 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:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

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

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

		Yes	**No**
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" 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				
b Buildings				
c Leasehold improvements				
d Equipment		42,765	41,007	1,758
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,758

Schedule D (Form 990) 2021

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) INVESTMENTS	185,002,611	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	185,002,611	

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) INVESTMENT IN DLP WILSON HOLDING COMPANY, LLC	21,489,025	F
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	21,489,025	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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	
DEFERRED COMPENSATION	200,457
ENVIRONMENTAL REMEDIATION LIABILITY	436,197

ENVIRONMENTAL REMEDIATION LIABILITY	436,197
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	636,654

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 ☑

Schedule D (Form 990) 2021

Page 4

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**	20,298,758
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	**2a**	6,172,715		
b	Donated services and use of facilities	**2b**			
c	Recoveries of prior year grants	**2c**			
d	Other (Describe in Part XIII.)	**2d**	3,652,252		
e	Add lines **2a** through **2d**			**2e**	9,824,967
3	Subtract line **2e** from line **1**			**3**	10,473,791
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**	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			**5**	10,473,791

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**	15,236,668
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**	0
3	Subtract line **2e** from line **1**			**3**	15,236,668
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**	15,731		
c	Add lines **4a** and **4b**			**4c**	15,731
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			**5**	15,252,399

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
PART X, LINE 2:	THE FOUNDATION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE FOUNDATION DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2021. IT IS THE FOUNDATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2021 OR 2020 THAT WOULD REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PARTNERSHIP BOOK-TAX DIFFERENCE 3,652,252.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PARTNERSHIP BOOK-TAX DIFFERENCE 15,731.

Schedule D (Form 990) 2021

Additional Data

Return to Form

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Software Version:

efile Public Visual Render | ObjectId: 202243139349304464 - Submission: 2022-11-09 | TIN: 56-6024172

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	**1a**	Yes	
b	If "Yes," was it a written policy?	**1b**	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☐ 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: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	**3a**	Yes	
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: ☐ 200% ☐ 250% ☑ 300% ☐ 350% ☐ 400% ☐ Other _____ %	**3b**	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	**4**	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	**5a**	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	**5b**	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	**5c**		No
6a	Did the organization prepare a community benefit report during the tax year?	**6a**		No
b	If "Yes," did the organization make it available to the public?	**6b**		
	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)			599,988		599,988	2.170 %
b Medicaid (from Worksheet 3, column a)			2,415,453	1,778,805	636,648	2.310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			3,015,441	1,778,805	1,236,636	4.480 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			14,489,208		14,489,208	52.460 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			15,672		15,672	0.060 %
j **Total.** Other Benefits			14,504,880		14,504,880	52.520 %
k **Total.** Add lines 7d and 7j			17,520,321	1,778,805	15,741,516	57.000 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50192T **Schedule H (Form 990) 2021**

Part II Community Building Activities

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						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						

6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	Total						

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	34,652,090		
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	6,057,685		
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	32,542,272
6	Enter Medicare allowable costs of care relating to payments on line 5	6	30,497,137
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,045,135
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
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					
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? **1**

	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
1	DLP WILSON MEDICAL CENTER INC 1705 TARBORO STREET SW WILSON, NC 27893 H0210	X	X					X			

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)

Name of hospital facility or letter of facility reporting group DLP WILSON MEDICAL CENTER INC

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			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.	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): HTTPS://HEALTHCAREFOUNDATIONOFWILSON.ORG			
b	☑ Other website (list url): SEE PART V SECTION C FOR LINE 7D			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ 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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url): HTTPS://WWW.WILSONMEDICAL.COM/CONTENT/UPLOADS/WILSON%20MEDICAL/FILES/CHNA%2			
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)

DLP WILSON MEDICAL CENTER INC

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?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 300.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ 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?	**15**	Yes	
	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):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.WILSONMEDICAL.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-INFORMATION			
b	☑ The FAP application form was widely available on a website (list url): WWW.WILSONMEDICAL.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-INFORMATION			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.WILSONMEDICAL.COM/PATIENTS-AND-VISITORS/PATIENT-FINANCIAL-INFORMATION			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ 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	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

DLP WILSON MEDICAL CENTER INC

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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ 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 ☐ Reporting to credit agency(ies)
- b ☐ Selling an individual's debt to another party
- c ☐ 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 ☐ Actions that require a legal or judicial process
- e ☐ 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 ☑ 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 (if not, describe in Section C)
- b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
- c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)
- d ☐ Made presumptive eligibility determinations (if not, describe in Section C)
- e ☐ Other (describe in Section C)
- f ☐ 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 ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group DLP WILSON MEDICAL CENTER INC

		Yes	No
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?	**23**		No
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?	**24**		No
If "Yes," explain in Section C.			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
DLP WILSON MEDICAL CENTER, INC.	PART V, SECTION B, LINE 5: HEALTHCARE FOUNDATION OF WILSON WAS PART OF A COMMUNITY BASED HEALTH NEEDS ASSESSMENT CONDUCTED COLLABORATIVELY BY HEALTHCARE FOUNDATION OF WILSON, THE WILSON COUNTY HEALTH DEPARTMENT AND DLP WILSON MEDICAL CENTER. IN ADDITION, HEALTH CARE LEADERS ACROSS EASTERN NORTH CAROLINA (ENC) PARTNERED TO STANDARDIZE THE CHNA PROCESS FOR HEALTHCARE FOUNDATIONS, HEALTH DEPARTMENTS AND HOSPITALS IN THE REGION. THIS ENC COLLABORATIVE ALSO INCLUDED HEALTH ENC, CONDUENT HEALTH COMMUNITIES INSITUTE (HCI), AND THE DUKE ENDOWMENT. WE ARE HOPEFUL THIS ENC COLLABORATIVE WILL CREATE OPPORTUNITIES FOR NEW AND BETTER WAYS TO COLLABORATE AND PARTNER WITH ONE ANOTHER. THE HEALTH ASSESSMENT NEEDS OF THE COMMUNITY WERE DETERMINED BY THE WILSON COUNTY COMMUNITY. IN 2019, HEALTH ASSESSMENT SURVEYS WERE DISTRIBUTED THROUGHOUT THE COUNTY IN ENGLISH AND SPANISH VERSIONS. IN ADDITION, THE SURVEY WAS ALSO OFFERED ONLINE AT THE WEBSITE OF THE THREE

ONLINE AT THE WEBSITE OF THE THREE FACILITIES COLLABORATING ALONG WITH OTHER BUSINESSES. PAPER SURVEYS WERE ALSO COLLECTED AT SEVERAL SITES THROUGHOUT THE COMMUNITY INCLUDING THE HEALTH DEPARTMENT AND DEPARTMENT OF SOCIAL SERVICES. THREE (3) FOCUS GROUP DISCUSSIONS AND A COMMUNITY HEALTH SUMMIT WERE ALSO HELD TO OBTAIN COMMUNITY INPUT.OVER 600 WILSON COUNTY RESIDENTS CONTRIBUTED THEIR INPUT ON THE COMMUNITY'S HEALTH AND HEALTH RELATED NEEDS, BARRIERS, AND OPPORTUNITIES, WITH SPECIAL FOCUS ON THE NEEDS OF VULNERABLE AND UNDERSERVED POPULATIONS.SECONDARY DATA USED FOR THIS ASSESSMENT WERE COLLECTED AND ANALYZED FROM CONDUENT HCI'S COMMUNITY INDICATOR DATABASE. THE DATABASE, MAINTAINED BY RESEARCHERS AND ANALYSTS AT CONDUENT HCI, INCLUDES OVER 100 COMMUNITY INDICATORS FROM VARIOUS STATE AND NATIONAL DATA SOURCES SUCH AS THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, THE CENTERS FOR DISEASE CONTROL AND PREVENTION, AND THE AMERICAN COMMUNITY SURVEY. OTHER CONSIDERATIONS IN WEIGHING RELATIVE AREAS OF NEED INCLUDED COMPARISONS TO NORTH CAROLINA STATE VALUES, COMPARISONS TO NATIONAL VALUES, TRENDS OVER TIME, HEALTHY PEOPLE 2020 TARGETS AND HEALTHY NORTH CAROLINA 2020 TARGETS.BASED ON THE PRIMARY AND SECONDARY DATA, THE COMMUNITY HEALTH SUMMIT PROVIDED AN OPPORTUNITY FOR EACH COMMUNITY MEMBER PRESENT TO RANK THE TOP THREE CONCERNS OF THE COMMUNITY. THIS DATA WAS COMPILED TO DETERMINE THE HEALTH PRIORITIES FOR THE COUNTY. THE TOP THREE IDENTIFIED HEALTH PRIORITY AREAS ARE:- OBESITY- FITNESS/NUTRITION- MENTAL HEALTH - INCLUDING ALCOHOL AND SUBSTANCE MISUSETHE FOLLOWING INDIVIDUALS SERVED AS MEMBERS OF THE HEALTHCARE FOUNDATION OF WILSON BOARD OF DIRECTORS DURING 2019:- CHRIS HILL, CHAIR- VANCE FORBES- SHERYLETTA LACEWELL, SECRETARY- JOHN ANTHONY, TREASURER- PAULA BENSON- KRYSTAL COX- ARTHUR "SKIP" HANSON, MD- GEORGE ISAACS, MD- KEN JONES- ROSARIO OCHOA- JESSICA MCKEE, MD- PAULA MICHALAK- KURT SCHMIDT- JEROME VICK- JERRY WOODARD, MDIMPLEMENTATION PLANS WERE DEVELOPED BY EACH COLLABORATING ORGANIZATION. THE HEALTHCARE FOUNDATION OF WILSON BOARD OF DIRECTORS APPROVED THIS ASSESSMENT AND THE IMPLEMENTATION PLAN ON JANUARY 23, 2019. THE WILSON COUNTY HEALTH DEPARTMENT BOARD OF HEALTH APPROVED THIS ASSESSMENT AND THE IMPLEMENTATION PLAN ON MARCH 26, 2019. THE WILSON MEDICAL CENTER BOARD OF TRUSTEES APPROVED THIS ASSESSMENT AND THE IMPLEMENTATION PLAN ON MARCH 25, 2019.HEALTHCARE FOUNDATION OF WILSON'S IMPLEMENTATION STRATEGY, WHICH WAS UPDATED IN 2019 AFTER THE COMPLETION OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT INCLUDES INITIATIVES IN EACH OF THE TOP THREE SIGNIFICANT HEALTH NEEDS IDENTIFIED. THE INITIAVES INCLUDE, BUT ARE NOT LIMITED TO:OBESITY:- HEALTHCARE FOUNDATION OF WILSON HAS APPROVED A STRATEGIC GRANT INITIATIVE - FUNDING AN AFTER-SCHOOL PROGRAM FOR MIDDLE SCHOOL STUDENTS, WHICH WILL PROVIDE OPPORTUNITIES TO ADDRESS OBESITY, FITNESS & NUTRITION, ALCOHOL AND SUBSTANCE ABUSE AND ADOLESCENT PREGNANCY FOR ALL MIDDLE SCHOOL STUDENTS IN THE COMMUNITY.- HEALTHCARE FOUNDATION OF WILSON WILL FUND GRANTS WITHIN THE COMMUNITY TO ADDRESS OBESITY TARGETS, SPECIFICALLY WITH THE WILSON COUNTY SCHOOLS, WILSON COUNTY DEPARTMENT OF SOCIAL SERVICES, AND NON-PROFITS IN THE COMMUNITY.- WILSON MEDICAL CENTER WILL CONTINUE ITS WORK WITH THE WILSON COUNTY SCHOOLS TO ADDRESS OBESITY EDUCATION. THE WILSON COUNTY HEALTH DEPARTMENT WILL PARTNER WITH THE DEPARTMENT OF SOCIAL SERVICES TO CONTINUE IMPLEMENTATON OF THE COUNTY WIDE EVIDENCED BASED EAT SMART MOVE MORE INITIATIVE WITH AN EMPHASIS ON PHYSICAL ACTIVITY AND NUTRITION. THE WILSON COUNTY HEALTH DEPARTMENT WILL CONTINUE TO OFFER THE EVIDENCE BASED DIABETES PREVENTION PROGRAM. THE HEALTH DEPARTMENT WILL OFFER CLASSES WITH A SPECIFIC FOCUS ON THE MINORITY POPULATION AND WILL ALSO WORK IN PARTNERHSIP WITH THE LOCAL YMCA TO OFFER THE PROGRAM TO THE COMMUNITY.FITNESS AND NUTRITION:- HEALTHCARE FOUNDATION OF WILSON HAS APPROVED A STRATEGIC GRANT INITIATIVE - FUNDING AN AFTER-SCHOOL PROGAM FOR MIDDLE SCHOOL STUDENTS, WHICH WILL PROVIDE OPPORTUNITIES TO ADDRESS OBESITY, FITNESS & NUTRITION, ALCOHOL AND SUBSTANCE ABUSE AND ADOLESCENT

	PREGNANCY FOR ALL MIDDLE SCHOOL STUDENTS IN THE COMMUNITY.- HEALTHCARE FOUNDATION OF WILSON WILL FUND GRANTS WITHIN THE COMMUNITY TO PROVIDE SUPPORT FOR NUTRITIONAL EDUCATION AND HEALTHY COOKING. AT THE CURRENT TIME FIVE GRANTS ARE BEING REVIEWED WHICH WILL IMPLEMENT OUTCOMES ASSOCIATED WITH POSITIVE IMPACTS FOR FITNESS AND NUTRITION IN THE WILSON COMUNITY.- WILSON MEDICAL CENTER WILL CONTINUE TO SPONSOR AND FACILITATE VARIOUS EVENTS WITHIN THE AREA TO EDUCATE AND PROMOTE HEALTY LIVING. THESE EVENTS INCLUDE, BUT ARE NOT LIMITED TO, HEALTH FAIRS, SUPPORT GROUPS, WELLNESS SCREENINGS, EXERCISE PROGRAMS AND LUNCH N' LEARNS.MENTAL HEALTH, INCLUDING ALCOHOL AND SUBSTANCE ABUSE:- HEALTHCARE FOUNDATION OF WILSON HAS APPROVED A STRATEGIC GRANT INITIATIVE - FUNDING AN AFTER-SCHOOL PROGRAM FOR MIDDLE SCHOOL STUDENTS, WHICH WILL PROVIDE OPPORTUNITIES TO ADDRESS OBESITY, FITNESS & NURTRITION, ALCOHOL AND SUBSTANCE ABUSE AND ADOLESCENT PREGNANCY FOR ALL MIDDLE SCHOOL STUDENTS IN THE COMMUNITY.- HEALTHCARE FOUNDATION OF WILSON WILL PROVIDE FUNDING THROUGH ONE OF THE FUNDRAISING GROUPS TO ADDRESS MENTAL HEALTH NEEDS, PARTICULARLY FOR WOMEN AND CHILDREN AT ONE OF THE LOCAL 501(C)(3) ORGANIZATIONS. ADDITIONAL SUBSTANCE ABUSE GRANTS IDENTIFIED WILL BE REVIEWED AND ASSESSED FOR FUNDING. - WILSON MEDICAL CENTER WILL CONTINUE TO PROVIDE EMERGENCY SERVICES TO PATIENTS THAT PRESENT TO THE EMERGENCY DEPARTMENT WITH EMERGENT MEDICAL CONDITIONS THAT HAVE RESULTED FROM SUBSTANCE ABUSE.- WILSON MEDICAL CENTER WILL OFFER COMPREHENSIVE HOSPITAL BASED BEHAVIORAL HEALTH SERVICES FOR VOLUNTARILY AND INVOLUNTARILY COMMITTED PATIENTS.- WILSON MEDICAL CENTER WILL FOCUS ON INTEGRATION WITH COMMUNITY RESOURCES TO ENSURE A CARE CONTINUUM IS AVAILABLE FOR PATIENTS WITH BEHAVIORAL HEALTH DIAGNOSES.- WILSON MEDICAL CENTER WILL ACTIVELY RECRUIT PSYCHIATRISTS TO STAFF AN INPATIENT PSYCHIATRIC UNIT; HEALTHCARE FOUNDATION OF WILSON HAS HELPED TO FUND THE PHASE 1 RENOVATION OF THE HOSPITAL WHICH INCLUDED AN INPATIENT PSYCHIATRIC UNIT THAT WILL INCLUDE GERIATRIC AND ADULT SERVICES TO HELP ADDRESS THIS NEED.- THE WILSON COUNTY HEALTH DEPARTMENT WILL CONTINUE TO OFFER A SYRINGE EXCHANGE PROGRAM IN PARTNERSHIP WITH THE HEALTHCARE FOUNDATION OF WILSON, OIC, INC., THE CITY OF WILSON POLICE DEPARTMENT, THE WILSON COUNTY SHERIFF'S DEPARTMENT, AND THE WILSON COUNTY SUBSTANCE ABUSE PREVENTION COALITION.- THE WILSON COUNTY HEALTH DEPARTMENT WILL OFFER TOBACCO CESSATION CLASSES.- THE WILSON COUNTY HEALTH DEPARTMENT WILL HIRE A LCSW TO PROVIDE COUNSELING SERVICES TO PATIENTS WHO ARE SUFFERING FROM SUBSTANCE MISUSE DISORDER WHO ARE POST DETOXIFICATION OR REHABILITATION.[CONTINUED AT THE END OF PART V, SECTION C]
DLP WILSON MEDICAL CENTER, INC.	PART V, SECTION B, LINE 6A: DLP WILSON MEDICAL CENTER
DLP WILSON MEDICAL CENTER, INC.	PART V, SECTION B, LINE 6B: WILSON COUNTY HEALTH DEPARTMENT
DLP WILSON MEDICAL CENTER, INC.	PART V, SECTION B, LINE 7D: THE CHNA IS ALSO AVAILABLE ON THE DLP WILSON MEDICAL CENTER WEBSITE ATHTTPS://WWW.WILSONMEDICAL.COM/CONTENT/UPLOADS/WILSON%20MEDICAL/FILES/2019%20WILSON_COUNTY%20CHNA%20REPORT-FINAL%202.PDF
DLP WILSON MEDICAL CENTER, INC.	PART V, SECTION B, LINE 11: WILSON MEDICAL CENTER REVIEWED THE HEALTHCARE NEEDS AND THREE PRIORITY AREAS WERE IDENTIFIED. THEY ARE 1) OBESITY, 2) FITNESS/NUTRITION, AND 3) MENTAL HEALTH - INCLUDING ALCOHOL AND SUBSTANCE MISUSE. ACTION PLANS ARE IN PLACE TO ADDRESS THESE NEEDS AS DESCRIBED IN THE NARRATIVE FOR LINE 5 ABOVE.WILSON MEDICAL CENTER HAS A PHYSICIAN REFERRAL LINE, COORDINATES EDUCATIONAL TALKS FOR THE COMMUNITY, WORKS WITH EMS ON STROKE EDUCATION, PARTICIPATES IN WILSON COUNTY SCHOOL EVENTS AND HEALTH FAIRS PROMOTING VARIOUS HEALTH TOPICS, INCLUDING OBESITY AND FITNESS/NUTRITION. WILSON MEDICAL CENTER CONTINUES TO CARE FOR THOSE PATIENTS WITH MENTAL HEALTH DIAGNOSES, AND IS WORKING ON ADDITIONAL RECRUITMENT OF PSYCHIATRIC PROVIDERS FOR INPATIENT AND OUTPATIENT SERVICES. IN ADDITION TO THE MENTAL HEALTH SERVICES OFFERED AT WILSON MEDICAL CENTER, COMMUNITY ORGANIZATIONS, SUCH AS THE WILSON CRISIS CENTER, ARE UTILIZED FREQUENTLY TO ASSIST WITH PATIENTS WITH THESE DIAGNOSES.

PART V, SECTION B, LINE 5 CONTINUED:	ADDITIONAL NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH WERE ADDRESSED IN THE IMPLEMENTATION PLAN FOR HEALTHCARE FOUNDATION OF WILSON INCLUDES ACCESS TO HEALTHCARE. TO ADDRESS THIS NEED:- HEALTHCARE FOUNDATION OF WILSON WILL CONTINUE GRANTS TO THE WILSON COUNTY HEALTH DEPARTMENT AND CAROLINA FAMILY HEALTH CENTERS (A FQHC) TO SUBSIDIZE MAMMOGRAMS AND SURGICAL CONSULTATIONS TO WOMEN WHO DO NOT HAVE HEALTH INSURANCE COVERAGE.- HEALTHCARE FOUNDATION OF WILSON WILL FUND A GRANT TO THE WILSON COUNTY HEALTH DEPARTMENT, WILSON COUNTY SCHOOLS, AND WILSON COUNTY DEPARTMENT OF SOCIAL SERVICES TO SUPPORT A SCHOOL HEALTH CLINIC IN THE LARGEST MIDDLE SCHOOL IN THE COUNTY AND AN ADDITIONAL SCHOOL CLINIC WHICH WILL SUPPORT BEDDINGFIELD AND THE WILSON ACADEMY OF APPLIED TECHNOLOGY HIGH SCHOOLS LOCATED IN WILSON COUNTY.- FLU VACCINATIONS WILL BE PROVIDED TO THE UNINSURED BY WILSON COUNTY HEALTH DEPARTMENT, FUNDED BY HEALTHCARE FOUNDATION OF WILSON.- WILSON MEDICAL CENTER WILL ASSIST PATIENTS AND THEIR FAMILIES WITH THE MEDICAID ELIGIBILITY PROCESS TO ACHIEVE ADDITIONAL COVERAGE FOR FAMILIES.- WILSON MEDICAL CENTER WILL CONTINUE TO RECRUIT PROVIDERS WITH A FOCUS ON PRIMARY CARE, GASTROENTEROLOGY, PULMONOLOGY, UROLOGY AND ORTHOPEDICS.- WILSON MEDICAL CENTER WILL REMAIN FOCUSED ON DUKE CONNECTED CARE DEVELOPMENT AND INTEGRATION OF EMPLOYED AND NON-EMPLOYED PHYSICIANS.- DUKE UNIVERSITY HEALTH SYSTEM AND WILSON MEDICAL CENTER WILL CONTINUE TO COLLABORATE AROUND TELE-STROKE SERVICES AND CANCER CARE SERVICES. THESE COLLABORATIONS ENSURE PATIENTS ARE ABLE TO RECEIVE THE HIGHEST QUALITY AND SAFEST CARE WITHOUT HAVING TO LEAVE THEIR COMMUNITY.- WILSON MEDICAL CENTER WILL CONTINUE TO DEVELOP AND GROW THEIR TRANSITIONAL CARE PROGRAM. THIS PROGRAM ENSURES UNDERINSURED AND UNINSURED PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE RESOURCES AFTER THEY ARE DISCHARGED FROM THE HOSPITAL TO HOME.- THE WILSON COUNTY HEALTH DEPARTMENT WILL CONTINUE TO PROVIDE PRIMARY CARE ON A SLIDING FEE SCALE FOR ADULTS AND CHILDREN.

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

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

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

Name and address		Type of Facility (describe)
1	1 - WILSON OUTPATIENT IMAGING 1701 MEDICAL PARK DR WILSON, NC 27893	CLINIC
2	2 - WILSON REGIONAL ORTHOPEDICS 1700 TARBORO STREET SUITE 103 WILSON, NC 27893	CLINIC
3	3 - WILSON WOUND HEALING CENTER 1701 MEDICAL PARK DR WILSON, NC 27893	CLINIC
4	4 - WILSON NEW HOPE PRIMARY CARE	CLINIC

	2508 WARD BLVD WILSON, NC 27893	
5	5 - WILSON RADIATION ONCOLOGY 1703 MEDICAL PARK DR WILSON, NC 27893	CLINIC
6	6 - WILSON UROLOGY 2509 WOOTEN BLVD SW WILSON, NC 27893	CLINIC
7	7 - WILSON NEUROLOGY 1700 TARBORO STREET SUITE 102 WILSON, NC 27893	CLINIC
8	8 - WILSON GASTROENTEROLOGY 1700 TARBORO STREET SUITE 205 WILSON, NC 27893	CLINIC
9	9 - BAILEY PRIMARY CARE 6321 DEANS DTREET BAILEY, NC 27807	CLINIC
10	10 - WILSON PRIMARY CARE 1700 TARBORO STREET SUITE 200 WILSON, NC 27893	CLINIC
11	11 - WILSON FAMILY CARE 1701 TARBORO STREET SUITE 100 WILSON, NC 27893	CLINIC
12	12 - STANTONSBURG 312 S MAIN STREET STANTONSBURY, NC 27883	CLINIC
13	13 - WILSON REHABILITATION & NURSING CENTER 1705 TARBORO STREET SW WILSON, NC 27893	NURSING HOME
14	14 - WILSON PULMONOLOGY 1700 TARBORO STREET SUITE 202 WILSON, NC 27893	CLINIC

Schedule H (Form 990) 2021

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
PART I, LINE 3C:	ELIGIBILITY IS GENERALLY DETERMINED BY MEASURING THE GROSS FAMILY INCOME AGAINST THE FEDERAL POVERTY INCOME GUIDELINES. IN ADDITION, OTHER RELEVANT NON-INCOME RESOURCES, INCLUDING BUT NOT LIMITED TO REAL ESTATE, SAVINGS, LIFE INSURANCE, MOTOR VEHICLES, ETC., WILL BE CONSIDERED IN REACHING A DETERMINATION OF ELIGIBILITY. ELIGIBILITY GUIDELINES WILL ALSO TAKE INTO CONSIDERATION CATASTROPHIC EVENTS FOR PATIENTS WHOSE INCOME FALLS OUTSIDE THE GUIDELINES. PATIENTS WHOSE GROSS INCOME IS LESS THAN THREE TIMES THE FEDERAL POVERTY INCOME GUIDELINES MAY BE ELIGIBLE FOR REDUCED MONTHLY PAYMENTS OR UNCOMPENSATED SERVICES IN PART OR IN FULL.
PART I, LINE 7:	THE ORGANIZATION'S TWENTY PERCENT SHARE OF SUCH ACTIVITY, AS CONDUCTED WITHIN THE LLC FOR FISCAL YEAR 2021, IS REFLECTED ON SCHEDULE H.
FORM 990, SCHEDULE H	EFFECTIVE MARCH 1, 2014, WILSON MEDICAL CENTER, INC. AND WILMED GENERATIONS, INC. ENTERED INTO AN AGREEMENT WITH DLP HEALTHCARE, LLC TO FORM A JOINT VENTURE, DLP WILSON HOLDING COMPANY, LLC, THAT WOULD OPERATE THE HOSPITAL AND NURSING HOME PREVIOUSLY OWNED AND OPERATED BY WILSON MEDICAL CENTER, INC. AND WILMED GENERATIONS, INC. WILSON MEDICAL CENTER, INC. THEREFORE CEASED DIRECTLY PROVIDING HEALTH CARE SERVICES ON FEBRUARY 28, 2014 AND IS PROVIDING MEDICAL SERVICES INDIRECTLY THROUGH THE JOINT VENTURE. EFFECTIVE OCTOBER 1, 2014, WILSON MEDICAL CENTER, INC. CHANGED ITS NAME TO HEALTHCARE FOUNDATION OF WILSON (THE "FOUNDATION"). THE GOVERNING DOCUMENTS OF THE JOINT VENTURE REQUIRE THAT THE JOINT VENTURE OPERATE THE HOSPITAL IN A MANNER AS TO SATISFY THE CHARITABLE PURPOSES GENERALLY REQUIRED OF HOSPITALS RECOGNIZED AS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, INCLUDING THAT THE HOSPITAL ACCEPT MEDICARE AND MEDICAID PATIENTS, MAINTAIN AN EMERGENCY DEPARTMENT THAT ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, ADOPT THE CHARITY CARE POLICIES UTILIZED BY WILSON MEDICAL CENTER, INC. PRIOR TO THE TRANSFER OF THE HOSPITAL TO THE JOINT VENTURE, AND COMPLY WITH THE REQUIREMENTS OF SECTION 501(R) OF THE CODE REGARDING CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES AND THE CONDUCTING OF COMMUNITY HEALTH NEEDS ASSESSMENTS. THE GOVERNING DOCUMENTS OF THE JOINT VENTURE INCLUDE PROVISIONS WHICH PROVIDE THE FOUNDATION, THROUGH ITS REPRESENTATIVES ON THE GOVERNING BODY OF THE JOINT VENTURE, WITH THE POWER TO ENFORCE COMPLIANCE WITH THESE CHARITABLE HOSPITAL REQUIREMENTS. WILSON MEDICAL CENTER, INC. WAS ALSO A "PUBLIC HOSPITAL" PURSUANT TO CHAPTER 131E, ARTICLE 2, OF THE NORTH CAROLINA GENERAL STATUTES (THE "PUBLIC HOSPITAL STATUTES"). THE PUBLIC HOSPITAL STATUTES AT THE TIME OF CREATION OF THE JOINT VENTURE REQUIRED THAT ANY TRANSFER OF A PUBLIC HOSPITAL FACILITY MUST BE MADE TO A CORPORATION, AND THE PUBLIC HOSPITAL STATUTES DID NOT PERMIT THE TRANSFER OF A PUBLIC HOSPITAL FACILITY TO A LIMITED LIABILITY COMPANY. WITH THE CREATION OF THIS JOINT VENTURE IN MIND, THE NORTH CAROLINA GENERAL ASSEMBLY PASSED A TECHNICAL CORRECTION STATUTE WHICH ENABLED THE TRANSFER OF A PUBLIC HOSPITAL FACILITY TO BE MADE TO A LIMITED LIABILITY COMPANY, AS WELL AS TO A CORPORATION. THE EFFECTIVE DATE OF THE NORTH CAROLINA GENERAL ASSEMBLY'S CHANGE TO THE PUBLIC HOSPITAL STATUTE WAS OCTOBER 1, 2014, WHICH WAS AFTER THE CREATION OF THE JOINT VENTURE. IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE PUBLIC HOSPITAL STATUTE AT THAT TIME, THE HOSPITAL FACILITY WAS TRANSFERRED TO DLP WILSON MEDICAL CENTER, INC., WHICH WAS WHOLLY OWNED BY THE JOINT VENTURE, WITH THE INTENTION THAT DLP WILSON MEDICAL CENTER, INC. WOULD BE CONVERTED TO A LIMITED LIABILITY COMPANY AFTER THE ENACTMENT OF THE NORTH CAROLINA GENERAL ASSEMBLY'S TECHNICAL CORRECTION TO THE NORTH CAROLINA PUBLIC

	HOSPITAL STATUTES, AND THE CONVERSION WAS COMPLETED EFFECTIVE ON DECEMBER 31, 2014. AFTER THE CONVERSION OF THE DLP WILSON MEDICAL CENTER, INC., TO A LIMITED LIABILITY COMPANY, IT WAS TREATED AS A DISREGARDED ENTITY FOR FEDERAL TAX PURPOSES, AND THE JOINT VENTURE IS TREATED AS OPERATING THE HOSPITAL DIRECTLY. THE NORTH CAROLINA PUBLIC HOSPITAL STATUTES ALSO REQUIRE THAT THE JOINT VENTURE, AS THE TRANSFEREE OF THE PUBLIC HOSPITAL FACILITY, CONTINUE TO PROVIDE THE SAME HOSPITAL SERVICES, INDIGENT CARE, FINANCIAL ASSISTANCE POLICIES, AND MEDICARE AND MEDICAID SERVICES AS WERE PROVIDED BY WILSON MEDICAL CENTER, INC. PRIOR TO THE TRANSFER, AND THE JOINT VENTURE IS REQUIRED TO PROVIDE AN ANNUAL REPORT THAT SHOWS COMPLIANCE WITH THIS REQUIREMENT. FAILURE TO COMPLY WITH THIS REQUIREMENT WILL CAUSE THE HOSPITAL FACILITY TO REVERT TO WILSON COUNTY.THE INFORMATION REPORTED ON SCHEDULE H REPRESENTS FINANCIAL DATA AS PROVIDED BY THE JOINT VENTURE HOSPITAL AND NON-HOSPITAL FACILITIES. PERCENTAGES OF COMMUNITY BENEFIT REPRESENT COMMUNITY BENEFIT (AT COST) AS A PERCENTAGE OF TOTAL JOINT VENTURE EXPENSES, INCLUDING DLP WILSON MEDICAL CENTER, LLC, DLP WILMED NURSING CARE AND REHABILITATION CENTER, LLC AND DLP WILSON PHYSICIAN PRACTICES, LLC.
PART III, LINE 2:	BAD DEBT CALCULATED USING A HISTORICAL COLLECTION ANALYSIS TO DETERMINE PERCENTAGE COLLECTED TO CHARGED. PERCENTAGE IS THEN USED TO RESERVE BAD DEBT MONTHLY.
PART III, LINE 3:	THE AMOUNT ATTRIBUTABLE TO CHARITY CARE IS $6,057,685.
PART III, LINE 4:	THE FOLLOWING TEXT IS FROM THE FOOTNOTES OF THE DLP WILSON HOLDING COMPANY, LLC, AUDITED FINANCIAL STATEMENTS:"SUBSEQUENT ADJUSTMENTS THAT ARE DETERMINED TO BE THE RESULT OF AN ADVERSE CHANGES IN THE PATIENT'S OR THE PAYER'S ABILITY TO PAY ARE RECOGNIZED AS BAD DEBT EXPENSE. WITH THE ADOPTION OF ASC 606, BAD DEBT EXPENSE IS INCLUDED UNDER THE CAPTION "OTHER OPERATING EXPENSES" IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF INCOME, INSTEAD OF SEPARATELY AS A DEDUCTION TO REVENUES. BAD DEBT EXPENSE WAS NOT MATERIAL FOR THE COMPANY DURING ANY OF THE PERIODS PRESENTED IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF INCOME."
PART III, LINE 8:	COSTS ARE DETERMINED USING THE STEP-DOWN METHODOLOGY FROM THE MEDICARE COST REPORT.
PART III, LINE 9B:	PATIENTS IDENTIFIED AS QUALIFYING FOR CHARITY CARE HAVE THEIR ACCOUNTS ADJUSTED AND ARE NOT SUBJECTED TO COLLECTION EFFORTS.
PART VI, LINE 2:	THE HEALTHCARE FOUNDATION OF WILSON ASSESSES THE HEALTHCARE NEEDS OF THE COMMUNITY THROUGH PARTICIPATION IN COMMUNITY EVENTS & HEALTH FAIRS, SUPPORT GROUPS, PATIENT ADMISSIONS, MAINTAINING AN EMERGENCY DEPARTMENT, PHYSICIAN REFERRAL LINE CALLERS, AND RESPONDING TO MEDIA.
PART VI, LINE 3:	THE 501(R) PLAIN LANGUAGE SUMMARY IS DISPLAYED AT EVERY REGISTRATION DESK AND A COPY IS PROVIDED TO EVERY PATIENT.WILSON MEDICAL CENTER HAS INFORMATION POSTED IN ALL PATIENT ACCESS POINTS, AS WELL AS VERBAGE ON PATIENT STATEMENTS AND ON THE HOSPITAL WEBSITE TO INFORM AND EDUCATE PATIENTS AND PERSONS ABOUT THEIR ELIGIBILITY. WILSON MEDICAL CENTER HAS FINANCIAL COUNSELORS IN-HOUSE WHO ALSO INFORM AND EDUCATE PATIENTS REGARDING THEIR ELIGIBILITY. THIS INFORMATION IS ALSO PROVIDED TO THE WILSON COUNTY HEALTH DEPARTMENT.
PART VI, LINE 4:	BASED ON THE 2016 CENSUS ESTIMATES FOR WILSON COUNTY THERE ARE 81,661 PEOPLE. THE RACIAL MAKEUP OF THE COUNTY WAS WHITE (NOT HISPANIC/LATINO), 56.0%; BLACK OR AFRICAN AMERICAN, 40.6%; NATIVE AMERICAN, 0.6%; ASIAN, 1.1%; HISPANIC OR LATINO, 10.0%. PEOPLE OF TWO OR MORE RACES ACCOUNTED FOR 1.5%. FOR THIS REASON, THE PERCENTAGES ARE GREATER THAN 100% WHEN TOTALED.THE 81,661 PEOPLE WERE BROKEN DOWN IN THESE AGE GROUPS: 32.0% WERE UNDER THE AGE OF 24, 11.8% ARE AGED 25 TO 34, 11.6% ARE AGED 35 TO 44 YEARS OLD, 13.4% WERE AGED 45 TO 54 YEARS OLD, 13.9% WERE 55 TO 64 YEARS OLD , AND 17.3% ARE PEOPLE AGED 65 YEARS OLD AND OLDER. THE MEDIAN AGE IS 38.2 FOR MALES AND 42.2 FOR FEMALES.THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS $40,260 AND 86.4% OF THE POPULATION HAS SOME TYPE OF HEALTH INSURANCE COVERAGE. THE RATE OF POVERTY WAS 22.5%.
PART VI, LINE 5:	DLP WILSON MEDICAL CENTER, INC. HAS AN OPEN MEDICAL STAFF. THE BOARD OF TRUSTEES IS COMPRISED OF INDIVIDUALS THAT ARE ACTIVE IN OTHER ORGANIZATIONS IN THE COMMUNITY. SURPLUS FUNDS ARE REINVESTED IN THE FACILITY AND EQUIPMENT THAT PROVIDE HEALTHCARE SERVICES. HEALTHCARE FOUNDATION OF WILSON'S (HFW) BOARD OF DIRECTORS IS ALSO COMPRISED OF INDIVIDUALS ACTIVE IN OTHER ORGANIZATIONS IN THE COMMUNITY. IN ADDITION, HFW, IN COLLABORATION WITH THE LOCAL HEALTH DEPARTMENT, PROVIDES FREE FLU VACCINATIONS TO INDIVIDUALS IN THE COMMUNITY WHO DO NOT HAVE HEALTH INSURANCE COVERAGE. VACCINATIONS ARE PROVIDED FREE OF CHARGE, THEREBY REINVESTING IN HEALTHCARE SERVICES TO PROMOTE THE HEALTH OF THE COMMUNITY.
PART VI, LINE 6:	N/A

Schedule H (Form 990) 2021

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

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) WILSON COUNTY SCHOOLS 116 NE TARBORO STREET WILSON, NC 27894		115	97,500	0			GENERAL SUPPORT
(2) LOVE A SEA TURTLE 105 BISHOP DRIVE WINTERVILLE, NC 28590	81-0983311	501(C)(3)	15,000	0			GENERAL SUPPORT
(3) WILSON YOUTH UNITED INC 910 TARBORO ST W WILSON, NC 27893	27-1604121	501(C)(3)	134,800	0			GENERAL SUPPORT
(4) WILSON COUNTY DEPARTMENT OF SOCIAL SERVICES 100 GOLD STREET WILSON, NC 27894		115	70,000	0			GENERAL SUPPORT
(5) WILSON COUNTY HEALTH DEPARTMENT 1801 GLENDALE DRIVE WILSON, NC 27893	56-6000351	115	186,716	0			GENERAL SUPPORT
(6) WILSON COUNTY SUBSTANCE PREVENTION COALITION PO BOX 8082 WILSON, NC 27893	26-4582699	501(C)(3)	12,000	0			GENERAL SUPPORT
(7) WESLEY SHELTER 106 VANCE STREET WILSON, NC 27893	56-1383462	501(C)(3)	7,800	0			GENERAL SUPPORT
(8) OPPORTUNITIES INDUSTRIALIZATION CENTERS OF WILSON INC PO BOX 547 WILSON, NC 27894	56-1100476	501(C)(3)	65,000	0			GENERAL SUPPORT
(9) TOWN OF STANTONSBURG PO BOX 10 STANTONSBURG, NC 27883		115	65,000	0			GENERAL SUPPORT
(10) WILSON PARKS & RECREATION 500 SUNSET ROAD WILSON, NC 27893		115	138,000	0			GENERAL SUPPORT
(11) WILSON COUNTY TRANSPORTATION PO BOX 1728 WILSON, NC 27894		115	11,070	0			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P **Schedule I (Form 990) 2021**

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)					
(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
PART I, LINE 2:	THE ORGANIZATION PROVIDES FUNDS IN SUPPORT OF ITS MISSION OF PROVIDING QUALITY HEALTH CARE WITHIN ITS COMMUNITY. THE EXECUTIVE DIRECTOR OVERSEES EXPENDITURES OF ALL FUNDS, AND REPORTS ARE PRESENTED AT BOARD MEETINGS.

Schedule I (Form 990) 2021

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

Part I Questions Regarding Compensation

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T **Schedule J (Form 990) 2021**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		**(B)** Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			**(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				
1 DENISE O'HARA EXECUTIVE DIRECTOR	**(i)**	195,600	500	0	7,844	11,782	215,726	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2021

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
PART I, LINE 4B	DENISE O'HARA, EXECUTIVE DIRECTOR, PARTICIPATES IN A 457(B) PLAN. THE EMPLOYER CONTRIBUTIONS ARE REPORTED IN PART II, COLUMN (C).

Schedule J (Form 990) 2021

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND LEGAL COUNSEL WHO REVIEW THE DRAFT PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ONCE A YEAR, EACH PERSON IS REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY. IF THERE IS A CONFLICT OF INTEREST, THE EXECUTIVE DIRECTOR IS NOTIFIED AND A DISCUSSION SHOULD OCCUR AT THAT TIME TO DETERMINE THE EXTENT, WHETHER POTENTIAL OR ACTUAL. BOARD MEMBERS WITH CONFLICTS ARE RECUSED FROM VOTING.
FORM 990, PART VI, SECTION B, LINE 15	AT LEAST EVERY TWO YEARS, AN INDEPENDENT SURVEY IS UTILIZED TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE BOARD DETERMINES A STRATEGY AND GUIDELINES AS TO WHAT PERCENTILE AT WHICH THEY WOULD PLACE SALARY FOR THE EXECUTIVE DIRECTOR. UPON RECEIPT OF THE INDEPENDENT DATA, THE HUMAN RESOURCES COMMITTEE OF THE BOARD REVIEWS THE DATA AND DETERMINES IF ANY ADJUSTMENTS SHOULD BE MADE. EXECUTIVE DIRECTOR SALARY DATA IS REVIEWED ANNUALLY WITH THE MOST RECENT OCCURRING IN JANUARY 2021.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	PARTNERSHIP BOOK-TAX DIFFERENCE 3,667,983.

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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

2021

Open to Public Inspection

Name of the organization
HEALTHCARE FOUNDATION OF WILSON

Employer identification number
56-6024172

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y **Schedule R (Form 990) 2021**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DLP WILSON HOLDING COMPANY LLC 330 SEVEN SPRINGS WAY BRENTWOOD, TN 37027 90-1034226	PROVIDING HEALTH CARE AND OTHER HEALTH RELATED SERVICES	NC	N/A	RELATED	-2,210,799	35,181,951		No			No	20.000 %

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	(i) No

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2021

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Schedule R (Form 990) 2021

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