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CHANGE OF ACCOUNTING PERIOD

OMB No 1545-0047

990**Return of Organization Exempt From Income Tax****2014**

Open to Public Inspection

Form
Department of the Treasury
Internal Revenue Service

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

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

Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending DEC 31, 2014

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEALTHCARE FOUNDATION OF WILSON F/K/A WILSON MEDICAL CENTER, INC.		D Employer identification number 56-6024172
	Doing business as		E Telephone number 252-281-2105
	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 3697	Room/suite	G Gross receipts \$ 2,897,832.
	City or town, state or province, country, and ZIP or foreign postal code WILSON, NC 27895		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	F Name and address of principal officer: DENISE O'HARA SAME AS C ABOVE		H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HEALTHCAREFOUNDATIONOFWILSON.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1964 M State of legal domicile: NC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DELIVER QUALITY HEALTH CARE FOR THE PEOPLE OF WILSON COUNTY AND NEIGHBORING COMMUNITIES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 3
	6 Total number of volunteers (estimate if necessary)	6 16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 0. Current Year 7,217.
	9 Program service revenue (Part VIII, line 2g)	65,585,788. 131,325.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,415,062. 2,758,228.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,442,608. 1,062.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	75,443,458. 2,897,832.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,600. 12,630.
	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)	48,986,211. 83,725.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0. 0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	64,933,451. 94,794.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	113,950,262. 191,149.
	19 Revenue less expenses. Subtract line 18 from line 12	-38,506,804. 2,706,683.
	20 Total assets (Part X, line 16)	Beginning of Current Year 148,214,014. End of Year 149,892,256.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	8,228,863. 7,553,789.
	22 Net assets or fund balances. Subtract line 21 from line 20	139,985,151. 142,338,467.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	DENISE O'HARA, EXECUTIVE DIRECTOR	11-10-15

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed	PTIN
	DEBORAH O. ERNSBERGER	Deborah O Ernsberger	11-16-15		P00364912
	Firm's name	Firm's EIN			
	PERSHING YOARLEY & ASSOCIATES, P.C.	62-1517792			
	Firm's address	Phone no.			
	2220 SUTHERLAND AVE. KNOXVILLE, TN 37919	865-673-0844			

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

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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H

Z 557

HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.

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Part III Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission
HEALTHCARE FOUNDATION OF WILSON F/K/A WILSON MEDICAL CENTER, INC. (THE FOUNDATION) DELIVERS QUALITY HEALTH CARE FOR THE PEOPLE OF WILSON COUNTY AND NEIGHBORING COMMUNITIES. IN KEEPING WITH OUR COMMITMENT TO SERVE ALL PEOPLE OF OUR COMMUNITY, WE RECOGNIZE THAT NOT ALL
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☒ Yes ☐ No
If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
- 4a (Code) (Expenses \$ 139,240. including grants of \$ 12,630.) (Revenue \$ 131,325.)
TO SUPPORT PROGRAMS THAT FOSTER THE DELIVERY, QUALITY, OR AFFORDABILITY OF HEALTH CARE OR HEALTH CARE-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 GENERAL HEALTH AND WELL-BEING OF THE COMMUNITY. 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 139,240.

**HEALTHCARE FOUNDATION OF WILSON
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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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 85		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 3		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
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		X
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		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 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.	16	
b Enter the number of voting members included in line 1a, above, who are independent	16	
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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	X
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	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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	X

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 Forms 1023 (or 1024 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 - 252-281-2105
P.O. BOX 3697, WILSON, NC 27895

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLETHA WARD TRUSTEE	1.00	X						0.	0.	0.
(2) CARROLL COLEMAN TRUSTEE	1.00	X						0.	0.	0.
(3) FRANK BATTEN, DVM CHAIR	1.00	X						0.	0.	0.
(4) GEORGE ISAACS, MD TRUSTEE	1.00	X						0.	0.	0.
(5) HUITT MATTOX, MD TRUSTEE	1.00	X						0.	0.	0.
(6) JEROME VICK TRUSTEE	1.00	X						0.	0.	0.
(7) JOHN ANTHONY TRUSTEE	1.00	X						0.	0.	0.
(8) JONATHON DEWALD, MD TRUSTEE	1.00	X						0.	0.	0.
(9) LEESA LAWRENCE, MD TRUSTEE	1.00	X						0.	0.	0.
(10) TOMMY SHINGLETON TRUSTEE	1.00	X						0.	0.	0.
(11) JERRY WOODARD, MD TRUSTEE	1.00	X						0.	0.	0.
(12) KEITH LERRO, MD TRUSTEE	1.00	X						0.	0.	0.
(13) THOMAS LUCAS TRUSTEE	1.00	X						0.	0.	0.
(14) SHERYLETTA LACEWELL SECRETARY	1.00	X						0.	0.	0.
(15) JOHN TILTON TREASURER	1.00	X						0.	0.	0.
(16) VANCE FORBES VICE CHAIR	1.00	X						0.	0.	0.
(17) DENISE O'HARA EXECUTIVE DIRECTOR	40.00			X				188,450.	0.	37,250.

**HEALTHCARE FOUNDATION OF WILSON
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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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								188,450.	0.	37,250.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								188,450.	0.	37,250.

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

- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
5		X

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
WOMBLE CARLYLE SANDRIDGE & RICE P.O. BOX 601879, CHARLOTTE, NC 28260	LEGAL SERVICES	393,519.
WILSON RADIATION ONCOLOGY ASSOC P.O. BOX 601358, CHARLOTTE, NC 28260	MEDICAL SERVICES	165,197.

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 2

HEALTHCARE FOUNDATION OF WILSON
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Form 990 (2014)

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Part VIII Statement of Revenue

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

		(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	1 a Federated campaigns	1a			
	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 7,217.			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		7,217.		
Program Service Revenue	2 a PATIENT REVENUE	Business Code 621110	131,325.	131,325.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		131,325.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,758,228.		2,758,228.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
	b Less direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities See Part IV, line 19	a			
	b Less direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code			
11 a MISCELLANEOUS REVENUE	900099	1,062.		1,062.	
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		1,062.			
12 Total revenue. See instructions.		2,897,832.	131,325.	0.	2,759,290.

**HEALTHCARE FOUNDATION OF WILSON
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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

☒ **X**

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	12,630.	12,630.		
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	38,484.	34,636.	3,848.	
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	11,780.	10,602.	1,178.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,735.	6,062.	673.	
9 Other employee benefits	20,803.	18,723.	2,080.	
10 Payroll taxes	5,923.	5,331.	592.	
11 Fees for services (non-employees)				
a Management				
b Legal	38,714.		38,714.	
c Accounting				
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 Sch O.)	26,543.	23,889.	2,654.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	238.	238.		
17 Travel				
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	7,601.	7,601.		
23 Insurance	13,637.	12,273.	1,364.	
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 PENSION LIQUIDATION	5,424.	4,882.	542.	
b MISCELLANEOUS	2,608.	2,347.	261.	
c SUPPLIES	29.	26.	3.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	191,149.	139,240.	51,909.	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)

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Form 990 (2014)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,545,400.	1	10,760,376.
	2 Savings and temporary cash investments	11,751,223.	2	11,755,666.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,063,261.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	4,958,049.	7	1,575,160.
	8 Inventories for sale or use	0.	8	
	9 Prepaid expenses and deferred charges	83,952.	9	74,317.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	34,446.		
	10b Less accumulated depreciation	34,446.	10c	0.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	108,318,292.	12	110,235,814.
	13 Investments - program-related See Part IV, line 11	14,907,003.	13	14,907,003.
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	579,233.	15	583,920.
16 Total assets. Add lines 1 through 15 (must equal line 34)	148,214,014.	16	149,892,256.	
Liabilities	17 Accounts payable and accrued expenses	6,913,797.	17	1,409,954.
	18 Grants payable		18	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		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	1,315,066.	25	6,143,835.
	26 Total liabilities. Add lines 17 through 25	8,228,863.	26	7,553,789.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	139,985,151.	27	142,338,467.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	139,985,151.	33	142,338,467.
	34 Total liabilities and net assets/fund balances	148,214,014.	34	149,892,256.

Form **990** (2014)

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Form 990 (2014)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,897,832.
2	Total expenses (must equal Part IX, column (A), line 25)	2	191,149.
3	Revenue less expenses Subtract line 2 from line 1	3	2,706,683.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	139,985,151.
5	Net unrealized gains (losses) on investments	5	-356,282.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2,915.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	142,338,467.

Part XII Financial Statements and Reporting

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

1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
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	X
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	

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2014

Open to Public
Inspection

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

Name of the organization **HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

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

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. 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 ☐

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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 (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.

3 Parent of Supported Organizations. Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

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.

	Yes	No
2a		
2b		
3a		
3b		

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 or 990-EZ) 2014

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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

FORM 990, SCHEDULE A, PART I, LINE 3

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 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

HEALTHCARE FOUNDATION OF WILSON

Schedule A (Form 990 or 990-EZ) 2014 F/K/A WILSON MEDICAL CENTER, INC.

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

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 CORRECTIONS 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.

Schedule A (Form 990 or 990-EZ) 2014 **F/K/A WILSON MEDICAL CENTER, INC.**

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12

432028 09-17-14

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014Open to Public
InspectionName of the organization **HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**Employer identification number
56-6024172**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

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

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Schedule D (Form 990) 2014

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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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

- | | (a) Current year | (b) Prior year | (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** Temporarily restricted endowment ☐ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|------------------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		34,446.	34,446.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Schedule D (Form 990) 2014

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Schedule D (Form 990) 2014

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	110,235,814.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	110,235,814.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN DLP WILSON		
(2) HOLDING COMPANY, LLC	14,907,003.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	14,907,003.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(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" to 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	
(2) DEFERRED COMPENSATION	310,396.
(3) DUE TO THIRD PARTY	5,833,439.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	6,143,835.

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) 2014

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

► **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization **HEALTHCARE FOUNDATION OF WILSON**
F/K/A WILSON MEDICAL CENTER, INC.

Employer identification number
56-6024172

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
- 1b** If "Yes," was it a written policy?
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
- 2** ☐ 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 _____ %
- 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 _____ %
- 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"?
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Did the organization prepare a community benefit report during the tax year?
- b** If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			669,327.		669,327.	1.78%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			669,327.		669,327.	1.78%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			22,328.		22,328.	.06%
f Health professions education (from Worksheet 5)			52,338.		52,338.	.14%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			12,630.		12,630.	.03%
j Total Other Benefits			87,296.		87,296.	.23%
k Total Add lines 7d and 7j			756,623.		756,623.	2.01%

F/K/A WILSON MEDICAL CENTER, INC.

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			9,853.		9,853.	.03%
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			9,853.		9,853.	.03%

Part III	Bad Debt, Medicare, & Collection Practices
----------	--

Section A. Bad Debt Expense

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

- 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.

- 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.

- 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)

- 6** Enter Medicare allowable costs of care relating to payments on line 5

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

- 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?

- 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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)		02	00	
---	--	----	----	--

[illegible]

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

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)

432093 12-29-14

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Schedule H (Form 990) 2014

56-6024172 Page 4

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	X
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	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	X
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>HTTPS://HEALTHCAREFOUNDATIONOFWILSON.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>HTTP://WWW.WILSON-CO.COM/85/HEALTH-DEPARTMENT</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url) <u>HTTPS://HEALTHCAREFOUNDATIONOFWILSON.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
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	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Schedule H (Form 990) 2014

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Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

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

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V</u>		
b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Schedule H (Form 990) 2014

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Schedule H (Form 990) 2014

56-6024172 Page 6

Part V Facility Information (continued)

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

- 19** Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes", check all actions in which the hospital facility or a third party engaged

- a ☐ Reporting to credit agency(ies)
b ☐ Selling an individual's debt to another party
c ☐ Actions that require a legal or judicial process
d ☐ Other similar actions (describe in Section C)

	Yes	No
19		X

- 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 ☒ Notified individuals of the financial assistance policy on admission
b ☒ Notified individuals of the financial assistance policy prior to discharge
c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
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?

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)

	Yes	No
21	X	

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

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

- a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
c ☒ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
d ☐ Other (describe in Section C)

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		X
24		X

Schedule H (Form 990) 2014

HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.

Schedule H (Form 990) 2014

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Part V Facility Information (continued)

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

DLP WILSON MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: WILSON MEDICAL CENTER WAS A PART OF COMMUNITY-BASED ASSESSMENT CONDUCTED BY THE WILSON COUNTY COMMUNITY HEALTH ASSESSMENT TEAM. THE HEALTH ASSESSMENT NEEDS OF THE COMMUNITY WERE DETERMINED BY THE WILSON COUNTY COMMUNITY. IN 2013, 1,000 WILSON COUNTY HEALTH ASSESSMENT SURVEYS WERE DISTRIBUTED THROUGHOUT THE COUNTY. FIVE HUNDRED AND THIRTEEN (513) RESIDENTS COMPLETED AND RETURNED THE SURVEY. THE DATA WAS COMPILED AND FORMAL PRESENTATIONS WERE MADE TO THE WILSON COUNTY BOARD OF HEALTH AND WILSON MEDICAL CENTER HOSPITAL BOARD OF DIRECTORS. EACH TEAM MEMBER WAS PROVIDED WITH THE OPPORTUNITY TO VOTE ON THE TOP THREE (3) CONCERNS OF THE COMMUNITY OUT OF THE TOP TEN (10) CONCERNS. THE SURVEY WAS ANALYZED BY SURVEY MONKEY. THE WILSON COUNTY BOARD OF HEALTH INCLUDED DR. WILLIAM BOLES, III, DDS, DR. ERNESTINE FITCH, MD, DR. MARIE GLENNON, DVM, MICHAEL LAMONDS, GEORGE LEACH, THOMAS LUCAS, DR. JESSICA MCKEE, DR. RUSSELL STONE, OD, RON SUTTON AND SAMUEL TERUEL-VELEZ. THE WILSON COUNTY BOARD OF DIRECTORS INCLUDED JIM PRIDGEN, PAGE THOMAS SMITH, CARLETHA WARD, CARROLL COLEMAN, WILLIAM BYNUM, IV, MD, JONATHON DEWALD, MD, SHERYLETTA LACEWELL, LEESA LAWRENCE, MD, THOMAS LUCAS, REV. WILLIAM PRESNELL, TOMMY SHINGLETON, JOHN TILTON, AND DAVID WEST.

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) ACCESS TO CARE, 2) OBESITY, AND 3) SUBSTANCE ABUSE. ACTION PLANS ARE IN PLACE TO

Part V Facility Information (continued)

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

ADDRESS THESE NEEDS. OTHER BEHAVIORAL, AT-RISK BEHAVIOR IDENTIFIED IN THE CHNA, SUCH AS GANG VIOLENCE HAS BEEN ADDRESSED BY LAW ENFORCEMENT, AS THEY ARE EQUIPPED AND TRAINED TO DEAL WITH THIS ISSUE. THE ORGANIZATION WILL PROVIDE SUPPORT TO THE LAW ENFORCEMENT DEPARTMENTS AS NEEDED.

DLP WILSON MEDICAL CENTER, INC.

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.WILSONMEDICAL.COM/ABOUT-US/CHARITY-CARE-POLICY](http://WWW.WILSONMEDICAL.COM/ABOUT-US/CHARITY-CARE-POLICY)

DLP WILSON MEDICAL CENTER, INC.

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTP://WWW.WILSONMEDICAL.COM/ABOUT-US/CHARITY-CARE-POLICY](http://WWW.WILSONMEDICAL.COM/ABOUT-US/CHARITY-CARE-POLICY)

Part V	Facility Information <i>(continued)</i>
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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? 0

[illegible]

Schedule H (Form 990) 2014

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

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.

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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

JOINT VENTURE IN MIND, THE NORTH CAROLINA GENERAL ASSEMBLY PASSED A TECHNICAL CORRECTIONS 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 THIS SCHEDULE H IS INCLUDED FOR INTERNAL PRESENTATION PURPOSES. AS NOTED PREVIOUSLY, DURING THE PERIOD COVERED

Part VI Supplemental Information (Continuation)

BY THIS FORM 990, THE HOSPITAL WAS TEMPORARILY BEING OWNED AND OPERATED BY A CORPORATION THAT WAS TREATED AS A C CORPORATION FOR FEDERAL INCOME TAX PURPOSES BECAUSE OF CERTAIN REQUIREMENTS OF STATE LAW, AND THIS INFORMATION IS NOT REQUIRED TO BE REPORTED ON SCHEDULE H.

FORM 990, SCHEDULE H, PART I, LINE 7

THE SHORT YEAR FORM 990 FOR THE PERIOD OCTOBER 1, 2014 THROUGH DECEMBER 31, 2014 REFLECTS NO FINANCIAL INFORMATION FOR FINANCIAL ASSISTANCE, MEANS-TESTED GOVERNMENT PROGRAMS, AND COMMUNITY HEALTH IMPROVEMENT SERVICES. AS SUCH ACTIVITY WAS CONDUCTED WITHIN THE CORPORATION DLP WILSON MEDICAL, INC. AND NO ACTIVITY WAS REFLECTED WITHIN THE LLC FOR THE PERIOD OCTOBER 1, 2014 THROUGH DECEMBER 31, 2014, LINE 7 ACTIVITY FOR THE SHORT PERIOD WAS UNAVAILABLE. THE ORGANIZATION'S 20 PERCENT SHARE OF SUCH ACTIVITY AS CONDUCTED WITHIN THE LLC WILL BE REFLECTED ON SCHEDULE H, PART I, LINE 7 BEGINNING JANUARY 1, 2015.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE "WILSON CHAMBER OF COMMERCE" PROGRAM PROVIDES FOR THE DEVELOPMENT AND GROWTH OF THE CITY OF WILSON, NORTH CAROLINA.

PART III, LINE 4:

THE WILSON MEDICAL CENTER, INC. PROVIDES SERVICES TO THE RESIDENTS OF WILSON AND SURROUNDING COUNTIES WITHOUT COLLATERAL. AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS PROVIDED IN AN AMOUNT EQUAL TO THE ESTIMATED LOSSES TO BE INCURRED IN COLLECTION OF THE RECEIVABLES.

PART III, LINE 8:

Part VI Supplemental Information (Continuation)

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 OFF AS CHARITY CARE AND ARE NOT SUBJECTED TO COLLECTION EFFORTS.

PART VI, LINE 4:

BASED ON THE 2013 CENSUS ESTIMATES FOR WILSON COUNTY THERE ARE 81,667
PEOPLE; 31,932 HOUSEHOLDS; AND 21,292 FAMILIES. THE POPULATION DENSITY WAS
220.6 PEOPLE PER SQUARE MILE. THERE WERE 35,514 HOUSING UNITS. THE RACIAL
MAKEUP OF THE COUNTY WAS WHITE ALONG (NOT HISPANIC/LATINO), 48.8%; BLACK
OR AFRICAN AMERICAN, 39.6%; NATIVE AMERICAN, .5%; ASIAN, 1%; PACIFIC
ISLANDER, .1%; HISPANIC OR LATINO, 10%. PEOPLE OF TWO OR MORE RACES
ACCOUNTED FOR 1.4%. OF THE 31,932 HOUSEHOLDS, 28.2% FAMILIES WITH CHILDREN
OF THEIR OWN WERE UNDER 18 YEARS OLD. 45% OF THEM WERE MARRIED COUPLES
LIVING TOGETHER. 16.4% HAD A FEMALE HEAD OF HOUSEHOLD WITH NO HUSBAND
PRESENT. 33.3% WERE NON FAMILIES. 11.1% OF THE HOUSEHOLDS WERE MADE UP OF
SOMEONE LIVING ALONE WHO IS 65 YEARS OLD AND OLDER. THE AVERAGE HOUSEHOLD
SIZE WAS 2.48. THE AVERAGE FAMILY SIZE WAS 3.05. THE 81,667 PEOPLE WERE
BROKEN DOWN IN THESE AGE GROUPS: 19,429 WERE UNDER THE AGE OF 18, 7,425
ARE AGED 18 TO 24 YEARS OLD, 19,416 ARE AGED 25 TO 44 YEARS OLD, 22,342
WERE AGED 46 TO 64 YEARS OLF, 13,055 WERE 65 YEARS OLD AND OLDER, AND
1,627 ARE PEOPLE AGED 85 YEARS OLD AND OLDER. THE MEDIAN AGE IS 39.8. OF
THE 81,667 PEOPLE, 38,881 WERE MALE AND 42,786 WERE FEMALE. OF THE 62,238
PEOPLE AGED 18 AND OLDER, 28,913 WERE MALE AND 33,325 WERE FEMALE. THE
MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS \$38,398. THE MEDIAN INCOME
FOR FAMILY WAS \$47,647. MALES HAD A MEDIAN INCOME OF \$38,297 VERSUS

HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.

Schedule H (Form 990)

56-6024172 Page 9

Part VI Supplemental Information (Continuation)

\$30,861 FOR FEMALES. THE PERCAPITA INCOME FOR THE COUNTY WAS \$20,671. 17% OF THE FAMILIES IN THE COUNTY LIVE BELOW THE POVERTY LINE. 22.8% OF THE POPULATION LIVES BELOW THE POVERTY LINE. 19.1% OF THOSE OVER THE AGE OF 18 LIVE BELOW THE POVERTY LINE. 12.6% OF THOSE AGED 65 AND OLDER LIVE BELOW THE POVERTY LINE.

PART VI, LINE 5:

DLP WILSON MEDICAL CENTER, INC. HAS AN OPEN MEDICAL STAFF. THE BOARD OF DIRECTORS IS COMPRISED OF INDIVIDUALS THAT ARE ACTIVE IN OTHER ORGANIZATIONS IN THE COMMUNITY. SURPLUS FUNDS ARE RE-INVESTED IN THE FACILITY AND EQUIPMENT THAT PROVIDE HEALTHCARE SERVICES.

PART VI, LINE 6:

N/A

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► **Attach to Form 990.**

2014

Open to Public Inspection

Name of the organization

HEALTHCARE FOUNDATION OF WILSON

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

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILSON COUNTY HEALTH DEPARTMENT 1801 GLENDALE DRIVE WILSON, NC 27893	56-6000351	501(C)(3)	12,630.	0.			BREAST AND CERVICAL CANCER CONTROL PROGRAM

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

$$\frac{1.}{0.}$$

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

Schedule I (Form 990) (2014)

HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Employer identification number

56-6024172

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,
trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

a The organization?

b Any related organization?

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

a The organization?

b Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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Schedule J (Form 990) 2014

HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.

Schedule J (Form 990) 2014

56-6024172

Page 3

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.

PART I, LINE 4A:

DENISE O'HARA, EXECUTIVE DIRECTOR - \$54,790 SEVERANCE IN RELATION TO
DUTIES PERFORMED FOR WILSON MEDICAL CENTER, INC. PRIOR TO THE OWNERSHIP
CHANGE AS DESCRIBED IN FURTHER DETAIL IN SCHEDULES A, H, AND O.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization

HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.

Employer identification number
56-6024172

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INDIVIDUALS CAN PURCHASE ESSENTIAL MEDICAL SERVICES. THEREFORE, FREE

AND/OR SUBSIDIZED CARE, CARE PROVIDED TO PERSONS COVERED BY

GOVERNMENTAL PROGRAMS AT BELOW COST, HEALTH PROGRAMS AND ACTIVITIES ARE

CONSIDERED WHERE THE NEED AND/OR INDIVIDUAL'S INABILITY TO PAY

COEXISTS. SUCH ACTIVITIES AVAILABLE TO THE COMMUNITY INCLUDE WELLNESS

PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR

UNDERSERVED AUDIENCES AND A BROAD RANGE OF SUPPORT THROUGH MANY MORE

COMMUNITY SERVICE EVENTS AND ACTIVITIES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

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 CODE, INCLUDING

THAT THE HOSPITAL ACCEPT MEDICARE AND MEDICAID PATIENTS, MAINTAIN AN

EMERGENCY DEPARTMENT THAT ACCEPTS ALL PATIENTS REGARDLESS OF THEIR

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization	HEALTHCARE FOUNDATION OF WILSON F/K/A WILSON MEDICAL CENTER, INC.	Employer identification number	56-6024172
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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 CORRECTIONS 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

Name of the organization	HEALTHCARE FOUNDATION OF WILSON F/K/A WILSON MEDICAL CENTER, INC.	Employer identification number 56-6024172
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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.

FORM 990, LINE 12B

HEALTHCARE FOUNDATION OF WILSON IS FILING A SHORT PERIOD TAX RETURN FOR THE PERIOD OCTOBER 1, 2014 THROUGH DECEMBER 31, 2014 IN ORDER TO CHANGE ITS YEAR-END FROM SEPTEMBER 30 TO DECEMBER 31. AUDITED FINANCIAL STATEMENTS AS ATTACHED TO THIS RETURN ARE DATED SEPTEMBER 30, 2014. DUE TO THE CHANGE IN YEAR-END, THE ORGANIZATION WILL RECEIVE AUDITED FINANCIAL STATEMENTS FOR THE PERIOD OCTOBER 1, 2014 THROUGH DECEMBER 31, 2014 WITH ITS 2015 AUDIT (I.E., A COMBINED AUDIT WILL OCCUR INCLUDING THE SHORT YEAR 2014 AND CALENDAR YEAR 2015). AUDIT FINANCIAL STATEMENTS FOR THIS PERIOD WILL BE ATTACHED TO THE 2015 FORM 990.

FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND LEGAL COUNSEL WHO REVIEW THE DRAFT PRIOR TO FILING WITH THE IRS.

Name of the organization **HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

Employer identification number
56-6024172

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 HR COMMITTEE OF THE BOARD REVIEWS THE DATA AND DETERMINES IF ANY ADJUSTMENTS SHOULD BE MADE. THIS PROCESS LAST TOOK PLACE DURING 2014.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	23,467.
MANAGEMENT AND GENERAL EXPENSES	2,607.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,074.

Name of the organization	HEALTHCARE FOUNDATION OF WILSON F/K/A WILSON MEDICAL CENTER, INC.	Employer identification number 56-6024172
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BANK FEES:

PROGRAM SERVICE EXPENSES	422.
MANAGEMENT AND GENERAL EXPENSES	47.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	469.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	26,543.

FORM 990

WILSON MEDICAL CENTER, INC. CHANGED ITS NAME TO THE HEALTHCARE
FOUNDATION OF WILSON ON OCTOBER 1, 2014. THE NAME CHANGE WAS FILED
WITH THE NC DEPARTMENT OF THE SECRETARY OF STATE AND ACCEPTED.
THEREFORE, WILSON MEDICAL CENTER, INC. IS DOING BUSINESS AS HEALTHCARE
FOUNDATION OF WILSON.

Schedule R (Form 990) 2014

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

[illegible]

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

[illegible]

**HEALTHCARE FOUNDATION OF WILSON
F/K/A WILSON MEDICAL CENTER, INC.**

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

[illegible]

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

DLP WILSON HOLDING COMPANY, LLC

PRIMARY ACTIVITY: PROVIDING HEALTH CARE AND OTHER HEALTH RELATED SERVICES