

			Extended to August 15, 2023		OMB No. 1545-0047
Forr	" g	90	Return of Organization Exempt From Incon Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priva		2021
Deres			Do not enter social security numbers on this form as it may be made	public.	Open to Public
Interr	al Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the latest informa		Inspection
AF	or th	e 2021 calenda	ar year, or tax year beginning $OCT\ 1$, $\ 2021$ and ending $SEP\ 3$		
	heck if	ole: C Name of	f organization D Em	ployer identifica	tion number
	Addr	ess Heal	thAccess, Inc.		
	Nam chan	_		6-1396133	3
	Initia returi	Number	and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	phone number	
	Final		Stantonsburg Road (252) 847-	-5129
	termi ated	City or to	, , , , , , , , , , , , , , , , , , ,	s receipts \$	13,547,011.
	Amer returi Appli	, Gree		this a group retu	
	tion pend			or subordinates?	
	-	same		e all subordinates inclu	
		empt status:			t. See instructions
		f organization:		roup exemption r	State of legal domicile: NC
	art I				State of legal domicile. INC
	1	-	e the organization's mission or most significant activities: To provide hom	e care ł	lospice
e	'		port services within eastern North Carolina.		
Governance	2		x F if the organization discontinued its operations or disposed of more than 25		<u> </u>
veri	3		ting members of the governing body (Part VI, line 1a)		1
ŝ	4		lependent voting members of the governing body (Part VI, line 1b)		0
ა ა	5		of individuals employed in calendar year 2021 (Part V, line 2a)		237
itie	6		of volunteers (estimate if necessary)		67
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.
<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
			Prio	or Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	0.	0.
Revenue	9	Program servi		91,589.	13,154,906.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	13,935.	392,555.
Ē	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,544.	-450.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14, 5	08,068.	13,547,011.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
es	15			59,021.	14,672,334.
ens	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25)	05 401	4 007 017
				05,401.	<u>4,997,917.</u> 19,670,251.
	18			56,354.	-6,123,240.
<u> </u>	19	Revenue less			
Net Assets or - und Balances	20	Total assets (F		of Current Year 54,308.	End of Year 7,143,294.
Asse Bala	20 21			36,257.	6,548,483.
Vet /	22			81,949.	594,811.
_	nrt II				
			I declare that I have examined this return, including accompanying schedules and statements, and	to the best of mv kr	nowledge and belief. it is
			. Declaration of preparer (other than officer) is based on all information of which preparer has any k		<u> </u>

Sign	Signature of officer		Date					
Here	Andrew K. Zukowski ,	Secretary & Treasurer						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Da						
Paid	Amy Bibby	Amy Bibby 07	/21/23 self-employed P00445891					
Preparer	Firm's name FORVIS , LLP		Firm's EIN 🕨 44-0160260					
Use Only	Firm's address 🕨 500 Ridgefield C	ourt						
	Asheville, NC 28	806	Phone no. (828) 254-2254					
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No					

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Dar	990 (2021) HealthAccess, Inc.	56-1396133 Pag
a	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	[
	Briefly describe the organization's mission: To improve the health and well-being of eastern North	Carolina.
	Did the organization undertake any significant program services during the year which were not listed on th prior Form 990 or 990-EZ?	e Yes X
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program servic	ces? Yes X
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services	·····
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	others, the total expenses, and
a	(Code:)(Expenses \$ 12,560,633. including grants of \$) = ECU Health Home Health provides in-home care services Greenville, Washington, Kenansville, and Windsor agend	from the
	Community Alternatives Program (CAP) services are prov Windsor and Kenansville agency locations. During the 2 home health services were provided to 3,855 patients f 41,491 visits while maintaining a 3.0 Quality Star rat Greenville, Washington & Windsor locations and a 3.5 a location. Greenville, Washington & Windsor recieved a experience star rating and Kenansville received 5 pati star rating.	vided from the 2022 fiscal year, for a total of ting at the at the Kenansville a 4 patient
b	(Code:)(Expenses \$3,388,608. including grants of \$) ECU Health Hospice provides home hospice services from Kenansville, and Ahoskie locations. Inpatient Hospice provided directly by the agency at the 8 bed facility Greenville. During the 2022 fiscal year, hospice care 784 patients for a total of 17,868 days in our 22 cour	services are located in was provided to
	(Code:) (Expenses \$ including grants of \$)	(Revenue \$
	Other program services (Describe on Schedule O.) (Excenses \$ including grants of \$) (Bevenue \$	
c d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 15,949,241.)

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Form 990 (2021) HealthAccess, Inc.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	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	11d	х	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 11	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
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 Form 990 (2021)
 HealthAccess, Inc.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X 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? If "Yes," complete		37	
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
A	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	1 30	- 23	I
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c		
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Form	990 (2021) HealthAccess, Inc. 56-1396 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	133	P	age 5				
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 237		x					
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 - <i>file.</i> See instructions.			v				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
48	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				
h	If "Yes," enter the name of the foreign country	<u>+a</u>						
	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		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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		<u> </u>				
7	Organizations that may receive deductible contributions under section 170(c).							
а	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_				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├───				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		v				
	to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?							
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8								
-	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	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:							
а	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.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]							
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a						
u	Note: See the instructions for additional information the organization must report on Schedule O.	104						
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							
с	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.	_	000					
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a	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" r	respon	nse			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X			
C	tion A. Governing Body and Management	,		1			
		1	Yes	Nc			
а	Enter the number of voting members of the governing body at the end of the tax year 1a	늬 !					
	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 on Schedule O.						
D		의					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v			
	officer, director, trustee, or key employee?	2		X			
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x			
	of officers, directors, trustees, or key employees to a management company or other person?			X			
	Did the organization make any significant changes to its governing documents since the prior Form 990 was ned?			X			
		6		X			
3		0					
1	more members of the governing body?	7a	х				
,	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		1			
,		7b		x			
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10					
a		8a	Х				
•		8b		x			
	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X			
eC	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
a	Did the organization have local chapters, branches, or affiliates?	10a		X			
	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					
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
)	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
a Did the organization have a written conflict of interest policy? If "No," go to line 13							
C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
;	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	Х				
	Did the organization have a written whistleblower policy?	13	Х				
	Did the organization have a written document retention and destruction policy?	14	Х				
	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?						
	The organization's CEO, Executive Director, or top management official	15a	Х				
C	Other officers or key employees of the organization	15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
a	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			
C	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					
-	tion C. Disclosure						
2	List the states with which a copy of this Form 990 is required to be filed None		ovelle l	ble			
<u>c</u>	- Socian 6104 requires on organization to make its Forms 1009 (1004 or 1004 A. if serilischis) 000 and 000 T (serilischist Fot (s))	is only) a	availa	ne			
C	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3						
	for public inspection. Indicate how you made these available. Check all that apply.						
C	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)	ud financ	leir				
C	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd financ	cial				
C	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other <i>(explain on Schedule O)</i> Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year.	nd financ	cial				
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 	nd financ	cial				
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records	nd financ	cial				
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 		eial	(202			

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Form 990 (2021) HealthAccess, Inc	• 56-1396133 Pa	age 7								
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 an	y line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and	Highest Compensated Employees									
1a Complete this table for all persons required to be listed. Report	compensation for the calendar year ending with or within the organization's tax	year.								

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do			Position neck more than one			Reportable	Reportable	Estimated
	hours per	box	ox, unless pers			is botł	n an	compensation	compensation	amount of
	week		cer ar I	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Michael Waldrum, MD	2.00				-		-			
Chairman	50.00	х						0.	1,408,998.	255,642.
(2) David Hughes	2.00									
Secretary/Treasurer	50.00			Х				0.	673,007.	388,122.
(3) Dan Drake	2.00									
President	40.00			Х				0.	386,255.	199,996.
(4) Jacquelyn Music	40.00									
Admin Home Based Services						X		161,098.	0.	60,970.
(5) James Zambardino	40.00									
Dir, Home Based Services						X		154,053.	0.	42,734.
(6) Thaddis Locklair	40.00									
Clinical Supervisor Therapy Se						X		110,260.	0.	71,332.
(7) Brenda Leigh	40.00									
Dir, Lifestyle Medicine						X		129,900.	513.	31,228.
(8) Louis Hohman	40.00									
Physical Therapist						X		111,325.	0.	14,799.
						<u> </u>				
						<u> </u>				
						-				
			<u> </u>			-				
		1								
						-				
		1								
		1								
		1								
132007 12-09-21										Form 990 (2021)

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	990 (2021) HealthAcc									56-13	9613	3	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,	and (C		ghes	t C		, ,			<u>(=)</u>	
	(A) Name and title	Average hours per week	week officer and					an	(D) Reportable compensation from	(E) Reportable compensation from related	I	Esti amo	(F) mate ount ther	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)	C/	orga	m the nizati relate	e ion ed
1h	Subtotal							<u> </u>	666,636	2,468,77	3. 1	06	483	23.
с	Total from continuation sheets to Part VII	, Section A					I		0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no							> o re		2,468,77 000 of reportable	3. 1	.06	48.	23.
	compensation from the organization											<u> </u>	Yes	17 No
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	oyee	e, or	hig	hest compensated emp	oyee on			res	NO
	line 1a? If "Yes," complete Schedule J for su										📑	3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a	ccrue compen	satio	, on fr	om a	any	unre	late	ed organization or individ	lual for services				
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .				!	5		Х
1	Complete this table for your five highest cor	-									ensatior	1 fror	n	
	the organization. Report compensation for t (A)	he calendar ye	ear e	ndin	ng wi	ith c	or wit	hin	<u>i the organization's tax y</u> (B)	ear.		(C)		
Tra	Name and business lependent Rehab Group I							_	Description of s	ervices	Corr	npens	satio	n
<u>255</u>	0 Arthur Modlin Rd, Ja Healthcare Inc		e,	N	C :	27	840	5	OT & PT Serv	ices		32	,68	86.
PO	Box 281923, Atlanta, G Neheath Advantage Inc	A 30384						_	Temporary Sta	affing	2	252	,64	45.
	Box 1076, Kaysville, U	т 84037						_	DX Coding		1	.71	, 31	13.
								_						
2	Total number of independent contractors (ir	0	ot lin	nitec	d to t	_		ed	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation 🕨				3)						00 //	

га	rt V	ш	Statement of Re	venue							
			Check if Schedule O	contains	a respo	nse oi	r note to any lin		(5)	(2)	
								(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 ;	а	Federated campaigns		1 a						
	1	b	Membership dues		. 1b						
	(с	Fundraising events		. 1c						
Sift: ar /		d	Related organizations		. 1d						
imil	(е	Government grants (contr	ributions)	1e						
er S	1	f	All other contributions, gifts,	grants, ar	nd						
ibu			similar amounts not included								
ontr of D	9	-	Noncash contributions included in		1g \$						
ũ đ		h	Total. Add lines 1a-1f								
			Name Neelth Game			_	Business Code	0 000 076	0 000 076		
ice	2 8	-	Home Health Care Hospice Care				621610 621610	8,808,076.	8,808,076.		
ue v			LifeStyle Medicine (Clinic			900099	3,898,243. 448,587.	3,898,243. 448,587.		
ven S	(Ŭ.	TITESCALE MEGICINE (CIIIIC			300033	440,507.	440,507.		
Program Service Revenue		d									
Pro		e f	All other program service	revenue			621610				
_			Total. Add lines 2a-2f					13,154,906.			
	3		Investment income (includ					, ,			
			other similar amounts)					4,344.			4,344.
	4		Income from investment of					· · · · · ·			
	5		Royalties								
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
	I	b	Less: rental expenses	6b							
	(с	Rental income or (loss)	6c							
	(d	Net rental income or (loss)	s) <u> </u>			►				
	7 :	а	Gross amount from sales of	(i)	Securit		(ii) Other				
			assets other than inventory	7a	388,2	211.					
	I		Less: cost or other basis								
Revenue			and sales expenses			0.					
evel			Gain or (loss)	7c	388,2			200 011			200 011
<u> </u>			Net gain or (loss)				▶	388,211.			388,211.
Othe	8 8		Gross income from fundraising in all reliance the								
0			including \$								
			contributions reported on			8a					
			Part IV, line 18 Less: direct expenses			8b					
			Net income or (loss) from								
			Gross income from gamin								
	•		Part IV, line 19	-		9a					
			Less: direct expenses			9b					
			Net income or (loss) from			S	►				
			Gross sales of inventory, I								
			and allowances			10a					
	1		Less: cost of goods sold			10b					
			Net income or (loss) from			ry	►				
							Business Code				
si out	11 a	а	Other				900099	-450.			-450.
scellaneo Revenue	I	b									
cell seve		с									
Miscellaneous Revenue		d	All other revenue			L					
-	(Total. Add lines 11a-11d					-450.			
	12		Total revenue. See instruction	ons			🕨	13,547,011.	13154906.	0.	392,105. Form 990 (2021

HealthAccess, Inc.

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		loo of floto to arry line in			·····
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
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				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	11,222,962.	9,090,599.	2,132,363.	
7	Other salaries and wages	11,222,902.	9,090,399.	2,132,303.	
8	Pension plan accruals and contributions (include	750,620.	608,002.	142,618.	
9	section 401(k) and 403(b) employer contributions)	1,883,584.	1,525,703.	357,881.	
	Other employee benefits	815,168.	660,286.	154,882.	
10 11	Payroll taxes Fees for services (nonemployees):	515,100.	500,200.	131,0020	
a	Management				
a b	Legal	243.	197.	46.	
c	Accounting	11,805.	9,562.	2,243.	
d	Lobbying	,		_/	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	1,924,938.	1,559,200.	365,738.	
12	Advertising and promotion	9,668.	7,831.	1,837.	
13	Office expenses	113,422.	91,872.	21,550.	
14	Information technology	240,359.	194,691.	45,668.	
15	Royalties				
16	Occupancy	697,184.	564,719.	132,465.	
17	Travel	344,517.	279,059.	65,458.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,430.	8,448.	1,982.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization \dots	103,140.	83,543.	19,597.	
23	Insurance	76,399.	61,883.	14,516.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) Medical Supplies	1 176 979	953,271.	223,607.	
a L	Membership Dues	<u>1,176,878.</u> 202,943.	164,384.	38,559.	
D	Bad Debt	85,991.	85,991.		
c d		05,991.	0,391.		
a e	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	19,670,251.	15,949,241.	3,721,010.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here \blacktriangleright if following SOP 98-2 (ASC 958-720)				

Part IX Statement of Functional Expenses

Form 990 (2021)

HealthAccess, Inc.

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

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

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m 990 art X	(2021) HealthAccess, Inc.		56-3	1396133 Page 1
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	1,012,678.	2	1,212,580
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,815,298.	4	3,634,127
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	15,523.	8	14,980
9	Prepaid expenses and deferred charges	62,837.	9	65,407
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 3,297,997.			
b	Less: accumulated depreciation 10b 2,714,984.	212,262.	10c	583,013
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	20,374.	14	20,374
15	Other assets. See Part IV, line 11	1,615,336.	15	1,612,813
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,754,308.	16	7,143,294
17	Accounts payable and accrued expenses	6,491,752.	17	4,618,226
18	Grants payable		18	
19	Deferred revenue	326,049.	19	224,079
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
i 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	218,456.	25	1,706,178
26	Total liabilities. Add lines 17 through 25	7,036,257.	26	6,548,483
	Organizations that follow FASB ASC 958, check here 🕨 🔀			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-281,949.	27	594,811
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
27 28 29 30 31 32	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	-281,949.	32	594,811
33	Total liabilities and net assets/fund balances	6,754,308.	33	7,143,294 Form 990 (20)

Form 990 (2021)

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	1990 (2021) HealthAccess, Inc.	56-1	.396133	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,547		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,670		
3	Revenue less expenses. Subtract line 2 from line 1	-6,123			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	-281	L,94	<u>49.</u>	
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,000),0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	594	1,8:	<u>11.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L
			_	nn	/ ···

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public

	Ins	spection	ו
-			-

Nan	ne of t	he organization		_					identification number	
De				Inc.					6-1396133	
Ра	rt I	Reason for Public	Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructions	S.		
The	organ	ization is not a private found	dation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	nurches, or associatio	n of churches described	l in sectio	n 170(b) (1	1)(A)(i).			
2		A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	zation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated f	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental ur	it describe	ed in	
			section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	\square	An organization that norma	-					e general r	oublic described in	
•		section 170(b)(1)(A)(vi). (0			onn a gove			general		
8		A community trust describ		1)(A)(vi) (Complete Par	+ 11)					
9	\square	An agricultural research or				ad in conii	unction with a	and grant	college	
3		or university or a non-land-	-			-		-	-	
		university:	grant college of agrici			name, ony	, and state of t	ne college		
10				than 22 1/20/ of its supp	ort from o	optribution	na mambarahi	n food on	d aroos respirate from	
10		An organization that norma								
		activities related to its exer								
		income and unrelated busi		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	Inter June 30, 1975.	
		See section 509(a)(2). (Co			(
11		An organization organized								
12	X	An organization organized								
		more publicly supported of							check the box on	
		lines 12a through 12d that								
а		Type I. A supporting org		-	• • • •	-				
		the supported organizati			majority o	of the direc	tors or trustee	s of the su	ipporting	
		organization. You must								
b	X	Type II. A supporting or	ganization supervised	or controlled in connect	tion with its	s supporte	ed organizatior	i(s), by hav	ving	
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported	
		organization(s). You mus	st complete Part IV,	Sections A and C.						
С		Type III functionally inte	egrated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,	
		its supported organizatio	on(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functional	y integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ed organiz	zation(s)	
		that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е		Check this box if the org	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	, Type III		
		functionally integrated, o	r Type III non-functior	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported	organizations						2	
g		vide the following informatio								
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
		County								
Me	mor	ial Hospital	56-0585243	3	X			0.	7,966,451.	
UH	SEC	(D.B.A. ECU								
He	alti	h)	56-2141073	3	X			0.	7,966,452.	
					1					
Tota	al							0.	15,932,903.	
									-,,,	

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization'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						
Ŭ	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,						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	(a) 2017	(6) 2010	(0) 2013	(0) 2020	(e) 2021	
	Gross income from interest,						
8							
	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	, ,		,			12	
13	First 5 years. If the Form 990 is for the	0	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	. —
0.00	organization, check this box and stop						····· ▶
	tion C. Computation of Publi		•				
. –	Public support percentage for 2021 (I		•	())		14	%
15	Public support percentage from 2020					15	%
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		0				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	6	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	nd see instructions	; ▶∟

Schedule A (Form 990) 2021

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HealthAccess, Inc.

Section A. Public Support

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

HealthAccess, Inc.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	-		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
_							
	ction C. Computation of Public						
	Public support percentage for 2021 (I					15	%
	Public support percentage from 2020 ction D. Computation of Invest					16	%
	•			no 10. ookumn (f))		17	0/
17 18	Investment income percentage for 20 Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
13202	23 01-04-22		1 7			Scheo	lule A (Form 990) 2021

<u>HealthAcces</u>s, Inc.

Yes No

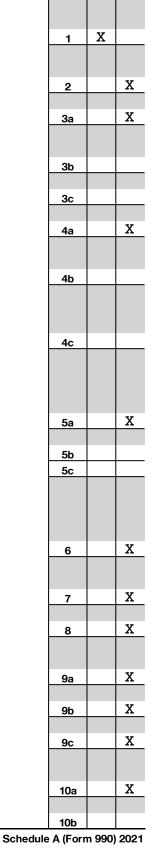
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990) 2021	HealthAccess,	II
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Sche	edule A (Form 990) 2021 HealthAccess, Inc. 56	-139613	<u>3 Pa</u>	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office 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 support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	rs, ed		
	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		
Sec	tion 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	Х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the o	ganization used to satisf	fy the Integral Part Test du	iring the year (see instructions).
---	---	---------------------------	------------------------------	------------------------------------

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	of each of its s	supported organi	izations. Complete	line 3 below.
---	--	------------------	------------------	------------------	------------------	--------------------	---------------

c 🗌	The orgai	nization supported	l a governmer	ntal entity.	Describe in	Part VI how	you supported a	governmental entity	(see instruction	s).
-----	-----------	--------------------	---------------	--------------	-------------	-------------	-----------------	---------------------	------------------	-----

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- 2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

З

2a

2b

3a

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations mu	st complete S	ections 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 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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		
 Check here if the current year is the organization's first as a non-function 		Type III supporting orga	nization (see

Schedule A (Form 990) 2021

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instructions).

Schedule A (Form 990) 2021

HealthAccess, Inc.	,
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HealthAccess. Inc.

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Sche	dule A (Form 990) 2021 HealthAccess,			5	6-1396133 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	;	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 He	althAccess,	Inc.		56-1396133 Page 8
Part VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and	, 3c, 4b, 4c, 5a, 6, 9a, ? and 3; Part IV, Sectic	9b, 9c, 11a, 11b, and n E, lines 1c, 2a, 2b, 3	11c; Part IV, Section B, lines a, and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
	(See instructions.)				
132028 01-04-22			22		Schedule A (Form 990) 202 ⁻

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SC	HEDULE D	Supplementa	al Financial	Statement	S		0MB No. 1545-0047
(Forn	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10					2021
Depart	ment of the Treasury		Attach to Form 990				Open to Public
-	Revenue Service	Go to www.irs.gov/Form9	90 for instructions a	nd the latest inform	mation.		Inspection
Nam	e of the organization	MealthAccess, Inc.					ntification number
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Othe	r Similar Funds	s or Ac		
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor ad	vised funds	(b) Funds and oth	ner accounts
1	Total number at er	nd of year					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	t end of year					
5	-	on inform all donors and donor advisors in v	-				
	are the organizatio	n's property, subject to the organization's	exclusive legal contro	ol?		L	Yes No
6		on inform all grantees, donors, and donor a					
		oses and not for the benefit of the donor o		•		-	
De		ate benefit?					Yes No
Par		ation Easements. Complete if the org			, Part IV,	line 7.	
1		servation easements held by the organization					
		of land for public use (for example, recrea	tion or education)			rically important	
		f natural habitat		Preservation of	of a certif	ied historic struc	cture
~		of open space	"	to the other and the other states			
2	day of the tax year	through 2d if the organization held a qualit	lied conservation con	tribution in the form	n of a cor		e End of the Tax Year
-							
a L		onservation easements				2a	
b	•		usture included in (a)			2b	
ر ام		vation easements on a certified historic stru				2c	
d		vation easements included in (c) acquired a				2d	
3		al Register vation easements modified, transferred, rel					tax
3	year ►	valion easements modified, transferred, rei	easeu, extinguisneu,	or terminated by th	e organiz	ation during the	
4		where property subject to conservation easily as a subject to c	sement is located				
5		tion have a written policy regarding the per		pection, handling of	-		
		orcement of the conservation easements it		, J			Yes No
6	•	r hours devoted to monitoring, inspecting,					ring the year
			C C	, C			0
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and	d enforcing conserv	ation eas	ements during t	he year
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 170	0(h)(4)(B)(i)	
	and section 170(h)	(4)(B)(ii)?					Yes No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its re	evenue and expense	e stateme	ent and	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization	on's financial staten	nents tha	t describes the	
_		ounting for conservation easements.					
Par	_	ations Maintaining Collections of		Freasures, or O	ther Si	milar Assets	5.
		the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 95	•				;
		easures, or other similar assets held for put				ce of public	
	· •	Part XIII the text of the footnote to its finar					
b		elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education	n, or research in fur	inerance	of public service	э,
	-	ng amounts relating to these items:					
		ded on Form 990, Part VIII, line 1				► \$ ► \$	
0			asuros, or other simil			· · · · ·	
2		received or held works of art, historical tre-			a gain, p	iovide	
~	-	unts required to be reported under FASB A on Form 990, Part VIII, line 1	-			▶ \$	
		Form 990, Part X				► \$	
		eduction Act Notice, see the Instructions					D (Form 990) 2021
	10-28-21					Concude	_ (1 0.111 000) 2021

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INC.

PartIIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Simila Assets (continued) 3 Using the organization accusation, and other records, check any of the following that make significant use of its continued) a Public exhibition d Loan or exchange program b Choining the year. did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year. did the organization's collection? Yes No Particle asset price rating that the not to be maintained as part of the organization's collection? Yes No Particle and Custodial Arrangements. Complete if the organization's collection? Yes No b The organization any entity. Use the organization's collection? Yes No b "Second an anount on form 900, Part X, line 21. Yes No No b "Yes," explain the arrangement in Part XIII and complete the following table: Amount Iso the organization anount on Form 990, Part X, line 21. Yes No b Differing balance (a) Current Yest (b) Prior year (c) Provy years back (d) Intro years back a Baigning of year balance (a) Current Yest (b) Prior year (c) Provyears back (d) Intro years back			ccess, Inc						56-13			ge 2
collection lems (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ued)	
a Public exhibition d □ can or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing that	: make sig	nificant u	se of its			
b Scholary research e Other		collection items (check all that apply):										
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 XII. 5 During the year, did the organization solid to receive donations of art, historical treasures, or other similar assets	а	Public exhibition	c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 900, Part X? Is a list organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability? Is a list management in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization anowered "Yes" on Form 990, Part X, line 20. Is designated or quasi-endowment two part XIII. Beginning of year balance is orbitaribus or the investment earnings, gains, and bases is a deard designated or quasi-endowment two parts is a deard designated or quasi-endowment two parts is a deard organization. is a deard organization in the possession of the organization flat were the analyse, and the possession of the organization in the possession of the organization flat were the endowment two parts is additioned organization in the possession of the organization flat were the organization sendowment fluce is addition part of possession of the organization sendowment fluce is addition as addited organization asendore flat organiz	b	Scholarly research	e		Other							
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b Contributions	4.0	Designing of year balance	(a) Ourient year		nor year		IS DUCK (Cars Dack	(e) i oui	ycars i	aux
c Net investment earnings, gains, and losses	1a 5											
d Grants or scholarships	D											
e Other expenditures for facilities and programs	C h											
and programs												
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations by: (i) (ii) Related organizations (iii) Related organizations 3a(ii) 3a(ii) 3b												
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investiment) (b) Cost or other basis (o				l 0 (lipo 1 c) hold as:						
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Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par											
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					47	3,891.		67,69	99.	406	,19	2.
				X. colur	nn (B), line 10)c.)				583	,01	3.

Schedule D (Form 990) 2021

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Part VII	Investments	- Other Securities.	
Schedule [D (Form 990) 2021	HealthAccess,	lnc

(a) Description of security or category (including name of security)

(c) Method of valuation: Cost or end-of-year market value

(1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) <u>(9)</u> Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 136,698 (1) Other Assets Deferred Pension Outflows 1,476,115 (2) (3) (4) (5) (6) (7) (8) (9) 1,612,813. Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes 1,706,178. (2) Deferred Pension Inflows

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

(b) Book value

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,706,178.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 HealthAccess, Inc.		56-1396133 _{Page} 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

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

Part X, Line 2:

HealthAccess, Inc. has been determined to qualify as a tax-exempt
organization under Section 501(c)(3) of the Internal Revenue Code.
HealthAccess, Inc. has reviewed its tax positions for all open years and
has concluded that no material liabilities exist as of September 30, 2022
and 2021. HealthAccess, Inc. files tax returns with the U.S. federal
jurisdictions. With few exceptions, HealthAccess, Inc. is no longer
subject to U.S. federal examinations by tax authorities for years before
2019.

132054 10-28-21

(continued)	
	Schedule D (Form 990) 2021
132055 10-28-21	

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SC	HEDULE J		OMB No. 1	545-004	47	
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	91	
		Compensated Employees		20		l
Dono	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.				
Nam	e of the organization			identificatio		nber
_		HealthAccess, Inc.	56-1	139613	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
	_	ation and gross-up payments	S			
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	la dia ata udaia la lifa.					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati				
	Compensation	ation of the CEO/Executive Director, but explain in Part III.				
	·					
	·	compensation consultant Compensation survey or study ther organizations Compensation survey or study	ommittoo			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
	•	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
	contingent on the r					
						X
b		ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			77
_				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021

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56-1396133

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Michael Waldrum, MD	(i)	0.	0.	0.	0.	0.	0.	0.
Chairman	(ii)	1,108,020.	285,793.	15,185.	204,321.	51,321.	1,664,640.	0.
(2) David Hughes	(i)	0.	0.	0.	0.	0.	0.	0.
Secretary/Treasurer	(ii)	579,725.	93,282.	0.	347,501.	40,621.	1,061,129.	0.
(3) Dan Drake	(i)	0.	0.	0.	0.	0.	0.	0.
President	(ii)	331,920.	54,335.	0.	155,725.	44,271.	586,251.	0.
(4) Jacquelyn Music	(i)	152,056.	9,042.	0.	37,027.	23,943.	222,068.	0.
Admin Home Based Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) James Zambardino	(i)	152,553.	1,500.	0.	28,079.	14,655.	196,787.	0.
Dir, Home Based Services	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Thaddis Locklair	(i)	109,260.	1,000.	0.	32,409.	38,923.	181,592.	0.
Clinical Supervisor Therapy Se	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Brenda Leigh	(i)	128,400.	1,500.	0.	1,969.	29,254.	161,123.	0.
Dir, Lifestyle Medicine	(ii)	513.	0.	0.	5.	0.	518.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Inc.



Employer identification number 56-1396133

Form 990, Part VI, Section A, line 7a:

HealthAccess,

Board of University Health Systems of Eastern Carolina elects board members

of HealthAccess.

Form 990, Part VI, Section A, line 8b:

The organization did not have any committees for the fiscal year. Only one

board member served during the fiscal year.

Form 990, Part VI, Section B, line 11b:

The Form 990 is made available to Board Members by posting to a Board Member's website. Any Board Member who does not have the ability to access the return in this manner will receive a copy via electronic or regular mail. The return is also reviewed by the Chief Financial Officer, Chief General Counsel and the Chief Audit and Compliance Officer of University Health Systems of Eastern Carolina (D/B/A ECU Health) prior to filing with the Internal Revenue Service.

Form 990, Part VI, Section B, Line 12c:

As described in the Conflict of Interest policy maintained by ECU Health, all Officers, Board Members and Key Employees are required to complete a yearly comprehensive conflict of interest questionnaire. These are reviewed by legal counsel and any potential or actual conflicts are brought to the Board for disposition. Board Members are instructed to report any potential conflicts arising during the year for review. Board Members are required to recuse themselves from voting on issues in which they are deemed to have a

conflict.

Form 990, Part VI, Section B, Line 15:

The compensation is determined by the Compensation and Benefits Committee of the ECU Health Board using comparative data from like organizations and input from consultants. This process is performed every year. Compensation of other officers and key employees is also determined by the Compensation and Benefits Committee of the ECU Health Board using comparative data from like organizations and input from consultants. This process is performed every year. All compensation discussions and actions are documented and approved in the minutes of the Committee.

Form 990, Part VI, Section C, Line 19:

The governing documents, conflict of interest policy and financial

statements are available upon request for the same period of disclosure as

set forth in IRC Section 6104(d).

Form 990, Part XI, line 9, Changes in Net Assets:

ECU Health Capital Contribution

7,000,000.

Form 990, Part XII, Line 2C

This process has not changed from the prior year.

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public

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

Inspection Employer identification number 56-1396133

Name of the organization

Department of the Treasury Internal Revenue Service

HealthAccess, Inc.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
University Health Systems of Eastern							
Carolina D/B/A ECU Health - 56-2141073, 2100				Line 12c,			
Stantonsburg Road, Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	III-FI	N/A		Х
Pitt County Memorial Hospital, Inc. D/B/A							
ECU Health Medical Center - 56-058, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
The Outerbanks Hospital, Inc 56-2112733							
2100 Stantonsburg Road					East Carolina		
Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	Health		х
PCMH Management, Inc D/B/A ECU Health							
Properties - 56-1690740, 2100 Stantonsburg	Medical Property						
Road, Greenville, NC 27835	Management	North Carolina	501(c)(2)		ECU Health		х

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

See Part VII for Continuations

Schedule R (Form 990) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
East Carolina Health, INC. D/B/A ECU Health							
Community Hospitals - Central - , 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		Х
Vidant Medical Group, LLC D/B/D ECU Health							
Physicians - 38-3740839, 2100 Stantonsburg							
Road, Greenville, NC 27835	Healthcare	North Carolina	501(c)(3)	Line 10	ECU Health		Х
East Carolina Health-Bertie D/B/A ECU Health							
Bertie Hospital - 56-2072002, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health-Chowan D/B/A ECU Health							
Chowan Hospital - 56-2101090, 2100							
Stantonsburg Road, Greenville, NC 27835	Hospital	North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health-Heritage D/B/A ECU							
Health Edgecombe Hospital - 56-20937, 2100	_						
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health-Beaufort D/B/A ECU							
Health Beaufort Hospital - 45-243627, 2100	_						
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
Duplin General Hospital D/B/A ECU Health							
Duplin Hospital - 56-6011594, 2100	-						
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
East Carolina Health, Inc. D/B/A ECU Health							
Roanoke-Chowan Hospital - 26-463, 2100	-						
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
Access East, Inc 56-1949493							
2410 Stantonsburg Rd., Stanton Square	-						
Greenville, NC 27834		North Carolina	501(c)(3)	Line 10	ECU Health		х
Halifax Regional Medical Center, Inc. D/B/A							
ECU Health North Hospital - 56-0, 2100	-						
Stantonsburg Road, Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
Roanoke Valley Health Services - 56-1925492							
2100 Stantonsburg Road	-						
Greenville, NC 27835		North Carolina	501(c)(3)	Line 3	ECU Health		х
							<u> </u>
	1						
	1						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Legal omicile state or oreign	e or entity (Telateu, unitelateu,	Share of total Share income end-of-		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	io	
											<u> </u>	
											<u> </u>	
	-											
	-											
	1											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	l contr	i) b)(13) rolled ity?	
		country)						Yes	No	
								\square		

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
		1		
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
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)			
<u>(3)</u>			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 HealthAccess, Inc.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	(f) Share of total income	(g) Share of end-of-year assets	(h Dispr tior alloca Yes	opor- iate iions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	l or ^{ing} vr? o wner) ntage rship

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 HealthAccess, Inc.

Part VII Supplemental Information

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

Part II, Identification of Related Tax-Exempt Organizations:

Name, Address, and EIN of Related Organization:

Pitt County Memorial Hospital, Inc. D/B/A ECU Health

<u>Medical Center</u>

EIN: 56-0585243

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health, INC. D/B/A ECU Health Community

<u>Hospitals - Central</u>

EIN: 56-2003393

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health-Heritage D/B/A ECU Health Edgecombe

Hospital

EIN: 56-2093700

2100 Stantonsburg Road

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health-Beaufort D/B/A ECU Health Beaufort

Hospital

EIN: 45-2436270

2100 Stantonsburg Road

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Schedule R (Form 990) 2021

HealthAccess, Inc. Schedule R (Form 990) 2021

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

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

East Carolina Health, Inc. D/B/A ECU Health Roanoke-Chowan

Hospital

EIN: 26-4634725

2100 Stantonsburg <u>Road</u>_____

Greenville, NC 27835

Name, Address, and EIN of Related Organization:

Halifax Regional Medical Center, Inc. D/B/A ECU Health

North Hospital

EIN: 56-0989789

2100 Stantonsburg Road_____

Greenville, NC 27835

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