

Public Disclosure Copy

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOBRIDGE REGIONAL HOSPITAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1401 10TH AVE W City or town, state or province, country, and ZIP or foreign postal code MOBRIDGE, SD 57601 F Name and address of principal officer: JOHN AYOUB SAME AS C ABOVE	D Employer identification number 46-0255944 E Telephone number 605-845-3692 G Gross receipts \$ 23,954,898. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MOBRIDGEHOSPITAL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1959 M State of legal domicile: SD

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: PROVIDING HEALTHCARE TO PEOPLE THROUGHOUT THE REGION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	221
	6	Total number of volunteers (estimate if necessary)	6	175
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	516,966.
9		Program service revenue (Part VIII, line 2g)	23,436,123.	23,151,481.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	204,349.	240,566.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,272.	1,125.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,158,710.	23,954,898.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	13,610,025.	14,569,448.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,157,273.	8,381,069.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,767,298.	22,950,517.	
19	Revenue less expenses. Subtract line 18 from line 12	1,391,412.	1,004,381.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	28,197,894.	39,079,311.
	21	Total liabilities (Part X, line 26)	7,225,036.	17,079,132.
	22	Net assets or fund balances. Subtract line 21 from line 20	20,972,858.	22,000,179.

Part II Signature Block

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

Sign Here	Signature of officer JOHN AYOUB, CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name LAURIE HANSON, CPA	Preparer's signature LAURIE HANSON, CPA	Date 08/10/21	Check if self-employed <input type="checkbox"/>	PTIN P00851848
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958	Phone no. 605-339-1999		
	Firm's address ▶ 200 E. 10TH ST., STE. 500 SIOUX FALLS, SD 57104-6375				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF MOBRIDGE REGIONAL HOSPITAL IS TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES IN A COMPASSIONATE AND PROFESSIONAL MANNER FOR PEOPLE THROUGHOUT THE REGION.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 19,431,526. including grants of \$) (Revenue \$ 23,152,606.) MOBRIDGE REGIONAL HOSPITAL (MRH), A 25-BED CRITICAL ACCESS HOSPITAL, 16 BED ASSISTED LIVING CENTER, 8 BED SENIOR HOUSING CENTER, AND MEDICAL CLINICS, PROVIDES HEALTHCARE SERVICES TO PERSONS THROUGHOUT THE REGION. DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2019, THE HOSPITAL PROVIDED CARE TO THE NORTH CENTRAL REGION OF SOUTH DAKOTA, AND THE SOUTH CENTRAL REGION OF NORTH DAKOTA. THE HOSPITAL HAD: 1,144 PATIENT DAYS 1,028 ACUTE CARE DAYS 847 SWING BED CARE DAYS 3,967 EMERGENCY ROOM VISITS 18,793 RURAL HEALTH CLINIC VISITS 7,864 ASSISTED LIVING DAYS (PRAIRIE SUNSET VILLAGE)

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 19,431,526.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records RENAE TISDALL - 605-845-8164 PO BOX 580, MOBRIDGE, SD 57601

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. DONALD LUCEK SURGEON	40.00 0.00					X	415,589.	0.	21,721.	
(2) DR. MATT SCHAFFER PHYSICIAN	40.00 0.00					X	364,905.	0.	28,231.	
(3) DR. TRAVIS HENDERSON INTERNAL MEDICINE/DIRECTOR	40.00 0.00	X					356,304.	0.	30,828.	
(4) DR. ROBERT MARCIANO FAMILY MD/DIRECTOR	40.00 0.00	X					339,756.	0.	23,717.	
(5) DR. EMILY BODEN PHYSICIAN	40.00 0.00					X	335,253.	0.	24,465.	
(6) DR. JOSH HENDERSON INTERNAL MEDICINE	40.00 0.00					X	303,580.	0.	28,348.	
(7) HOLLY LASHMET CRNA	40.00 0.00					X	271,468.	0.	22,101.	
(8) RENAE TISDALL CFO	40.00 0.00			X			111,376.	0.	25,181.	
(9) BILL BACHMEIER CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(10) LORI HEIL VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(11) PATTI SCHMEICHEL SECRETARY BEGINNING JAN.	1.00 0.00	X		X			0.	0.	0.	
(12) DR. TOM SWANSON SECRETARY UNTIL JAN.	1.00 0.00	X					0.	0.	0.	
(13) HEIDI ROSHAU TREASURER	1.00 0.00	X		X			0.	0.	0.	
(14) ADAM HAYES DIRECTOR BEGINNING JAN.	1.00 0.00	X					0.	0.	0.	
(15) CHRISTOPHER BOHLANDER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) DR. LEONARD LINDE DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) JAKE KRAFT DIRECTOR	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD GROSS DIRECTOR BEGINNING JAN.	1.00 0.00	X						0.	0.	0.
(19) PAT FUHRMAN DIRECTOR	1.00 0.30	X						0.	0.	0.
(20) JOHN AYOUB CEO	40.00 0.00			X				0.	0.	0.
(21) BARB GROSS DIRECTOR UNTIL JAN.	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,498,231.	0.	204,592.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,498,231.	0.	204,592.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **19**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERNER PO BOX 959156, ST. LOUIS, MO 63195	EMR/IT SERVICES	546,411.
CHI ST. ALEXIUS HEALTH 900 EAST BROADWAY, BISMARCK, ND 58501	MANAGEMENT AND ADMIN SERVICES	267,969.
AVERA HEALTH 3900 W AVERA DR, SIOUX FALLS, SD 57108	ECARE SERVICES	218,859.
NORTHERN PLAINS LAB PO BOX 2036, BISMARCK, ND 58502	LAB PROCESSING SERVICES	144,758.
NORTHLAND IMAGING SERVICE 2223 E ROSSER, BISMARCK, ND 58501	MRI SERVICES	136,852.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	9,500.				
	e Government grants (contributions)	1e	428,624.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	123,602.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			561,726.			
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code	621400	22,921,514.	22,921,514.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue		900099	229,967.	229,967.		
	g Total. Add lines 2a-2f			23,151,481.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			240,566.		240,566.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	1,125.			
			(ii) Personal				
	b Less: rental expenses ...	6b		0.			
	c Rental income or (loss)	6c		1,125.			
	d Net rental income or (loss)			1,125.	1,125.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			23,954,898.	23,152,606.	0.	240,566.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
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	904,858.	760,476.	144,382.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,582,421.	9,350,769.	1,231,652.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	349,519.	318,556.	30,963.	
9 Other employee benefits	2,015,071.	1,925,453.	89,618.	
10 Payroll taxes	717,579.	651,191.	66,388.	
11 Fees for services (nonemployees):				
a Management				
b Legal	13,999.		13,999.	
c Accounting	64,702.		64,702.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,558,261.	1,169,150.	389,111.	
12 Advertising and promotion	76,339.	7,668.	68,671.	
13 Office expenses	201,115.	101,282.	99,833.	
14 Information technology	89,971.	17,789.	72,182.	
15 Royalties				
16 Occupancy	262,125.	207,038.	55,087.	
17 Travel	54,560.	50,281.	4,279.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	46,956.	46,956.		
20 Interest	196,550.	196,550.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,302,669.	1,040,981.	261,688.	
23 Insurance	273,596.	17,690.	255,906.	
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 O.)				
a MEDICAL SUPPLIES	2,939,030.	2,857,858.	81,172.	
b EQUIPMENT AND MAINTENAN	1,150,517.	593,495.	557,022.	
c DUES AND SUBSCRIPTIONS	53,015.	27,609.	25,406.	
d _____				
e All other expenses _____	97,664.	90,734.	6,930.	
25 Total functional expenses. Add lines 1 through 24e	22,950,517.	19,431,526.	3,518,991.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	9,437,035.	2	19,733,499.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,891,799.	4	4,003,267.
	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	370,218.	7	311,002.
	8 Inventories for sale or use	484,959.	8	523,956.
	9 Prepaid expenses and deferred charges	207,980.	9	208,652.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,608,235.		
	b Less: accumulated depreciation	10b 24,584,584.	9,951,390.	10c 10,023,651.
	11 Investments - publicly traded securities	1,268,500.	11	1,302,387.
	12 Investments - other securities. See Part IV, line 11	1,852,316.	12	1,700,493.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	733,697.	15	1,272,404.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,197,894.	16	39,079,311.	
Liabilities	17 Accounts payable and accrued expenses	1,445,815.	17	2,312,732.
	18 Grants payable		18	
	19 Deferred revenue		19	7,612,592.
	20 Tax-exempt bond liabilities	1,864,752.	20	1,437,725.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,361,772.	23	3,274,379.
	24 Unsecured notes and loans payable to unrelated third parties		24	1,829,300.
	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	552,697.	25	612,404.
	26 Total liabilities. Add lines 17 through 25	7,225,036.	26	17,079,132.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,065,196.	27	21,069,577.
	28 Net assets with donor restrictions	907,662.	28	930,602.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,972,858.	32	22,000,179.
	33 Total liabilities and net assets/fund balances	28,197,894.	33	39,079,311.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,954,898.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,950,517.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,004,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,972,858.
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	22,940.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,000,179.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

MOBRIDGE REGIONAL HOSPITAL

Employer identification number

46-0255944

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MOBRIDGE REGIONAL HOSPITAL	Employer identification number 46-0255944
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MOBRIDGE REGIONAL HOSPITAL	Employer identification number 46-0255944
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization MOBRIDGE REGIONAL HOSPITAL	Employer identification number 46-0255944
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization **MOBRIDGE REGIONAL HOSPITAL** Employer identification number **46-0255944**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		95,575.		95,575.
b Buildings		15,900,908.	10,000,220.	5,900,688.
c Leasehold improvements				
d Equipment		16,986,884.	13,964,575.	3,022,309.
e Other		1,624,868.	619,789.	1,005,079.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,023,651.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PLAN PAYABLE	612,404.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	612,404.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	23,954,898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	23,954,898.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,954,898.

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

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

1	Total expenses and losses per audited financial statements	1	22,950,517.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	22,950,517.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,950,517.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE HOSPITAL BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE HOSPITAL WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **MOBRIDGE REGIONAL HOSPITAL** Employer identification number **46-0255944**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			111,000.		111,000.	.48%
b Medicaid (from Worksheet 3, column a)			4360621.	2805179.	1555442.	6.78%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			4471621.	2805179.	1666442.	7.26%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			5114945.	1548551.	3566394.	15.54%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			5114945.	1548551.	3566394.	15.54%
k Total. Add lines 7d and 7j			9586566.	4353730.	5232836.	22.80%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MOBRIDGE REGIONAL HOSPITAL

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE 7D</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, LINE 10A NARRATIVE.</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MOBRIDGE REGIONAL HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE NARRATIVE</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE NARRATIVE</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE NARRATIVE</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group MOBRIDGE REGIONAL HOSPITAL

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

Policy Relating to Emergency Medical Care

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

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

Name of hospital facility or letter of facility reporting group MOBRIDGE REGIONAL HOSPITAL

		Yes	No
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p>a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</p> <p>b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>			
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>		23	X
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>		24	X

Part V Facility Information (continued)

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

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 5: THE FACILITY OBTAINED DATA FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT THROUGH SURVEYS AND PERSONAL INTERVIEWS INVOLVING COMMUNITY LEADERS, COMMUNITY HEALTHCARE PROVIDERS, COORDINATING AGENCIES, COMMUNITY MEMBERS AND THE UNDERSERVED POPULATION. ELECTRONIC SURVEYS WERE OBTAINED ALONG WITH PAPER SURVEYS BEING PROVIDED FOR INDIVIDUALS WHO PREFERRED NON-ELECTRONIC MEANS.

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 7D: THE CHNA REPORT IS AVAILABLE AT [HTTP://WWW.MOBRIDGEHOSPITAL.ORG/ABOUT-US/COMMUNITY-ASSESSMENT-REPORT-990/](http://www.mobridgehospital.org/about-us/community-assessment-report-990/)

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 10A
THE HOSPITAL'S IMPLEMENTATION STRATEGY IS POSTED ON THE WEBSITE AT [HTTP://WWW.MOBRIDGEHOSPITAL.ORG/ABOUT-US/COMMUNITY-ASSESSMENT-REPORT-990/](http://www.mobridgehospital.org/about-us/community-assessment-report-990/)
THE IMPLEMENTATION STRATEGY BEGINS ON PAGE 7 OF THE CHNA.

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 11: THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS COMPLETED DURING THE PREVIOUS TAX YEAR. THE FOLLOWING COMMUNITY HEALTH PRIORITY AREAS WERE IDENTIFIED AND THE FOLLOWING ACTIONS WILL BE TAKEN BY THE HOSPITAL. SOME OF THE PRIORITIES MAY BE CONTINUATIONS OF NEEDS ADDRESSED IN THE PRIOR IMPLEMENTATION STRATEGY.

Part V Facility Information *(continued)*

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

PURSUANT TO THE IMPLEMENTATION STRATEGY ADOPTED BY MOBRIDGE REGIONAL HOSPITAL, THE FOLLOWING ACTIONS PLANS HAVE BEEN DEVELOPED.

EDUCATION REGARDING THE DANGERS ASSOCIATED WITH DRUG & ALCOHOL ABUSE

MOBRIDGE REGIONAL HOSPITAL HAS INTERNAL RESOURCES AVAILABLE FOR EDUCATION

AND TREATMENT REFERRAL OPTIONS WITH REGARDS TO DRUG AND ALCOHOL ABUSE;

MORE WORK WILL BE DONE TO MAKE COMMUNITY MEMBERS AWARE OF THE CURRENT

OFFERINGS. IN ADDITION, MRH WILL WORK WITH COMMUNITY PARTNERS TO

IDENTIFY, STRENGTHEN, AND/OR CREATE ADDITIONAL RESOURCES. MRH WILL FOCUS

EFFORTS ON AN EXTERNAL COMMUNITY CAMPAIGN TO PROVIDE NEEDED EDUCATION

REGARDING THE DANGERS ASSOCIATED WITH DRUG AND ALCOHOL ABUSE AND WILL LOOK

FOR ADDITIONAL RESOURCES AND OPPORTUNITIES TO FACILITATE TREATMENT OPTIONS

AND BEHAVIORAL CHANGES TO PROMOTE HEALTH AND WELLNESS IN THIS AREA.

NEED FOR ADDITIONAL NURSING HOME BEDS/OPTIONS

MOBRIDGE REGIONAL HOSPITAL HAS SUCCESSFULLY PARTNERED WITH THE WALWORTH

COUNTY CARE CENTER TO OBTAIN A NURSING HOME INNOVATION GRANT FROM THE

STATE OF SOUTH DAKOTA. MRH WILL FULFILL THE OBLIGATIONS OF THE GRANT TO

QUANTITATIVELY IDENTIFY THE DEFINITIVE NEED, HELP TO EXPAND EXISTING/NEW

SERVICES TO MEET THAT NEED, AND LOOK FOR OPPORTUNITIES TO REDUCE THE NEED

BY FOCUSING ON BOLSTERING OR CREATING OTHER OFFERINGS WITHIN THE LONG-TERM

CARE CONTINUUM FOR THE COMMUNITY.

NEED FOR ADDITIONAL MENTAL & BEHAVIORAL HEALTH SERVICES

MOBRIDGE REGIONAL HOSPITAL HAS DONE A LOT OF WORK IN THIS AREA AND HAS

MADE SIGNIFICANT STRIDES SINCE THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT,

Part V Facility Information *(continued)*

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

BUT SIGNIFICANT OPPORTUNITIES STILL REMAIN. IN ADDITION TO THE PSYCHIATRY SERVICES ESTABLISHED AND THE TELEMEDICINE LINKAGES AVAILABLE, MRH WILL WORK TO IDENTIFY OPPORTUNITIES TO OFFER ADDITIONAL MENTAL AND BEHAVIORAL HEALTH SERVICES WITHIN THE COMMUNITIES, BOTH PHYSICALLY AND ELECTRONICALLY. EFFORTS TO INCREASE AWARENESS OF CURRENT OFFERINGS WILL TAKE PLACE TO ENSURE THOSE WHO NEED SERVICES KNOW WHAT IS ALREADY AVAILABLE. IN ADDITION, MRH WILL WORK WITH EXISTING MENTAL AND BEHAVIORAL HEALTH PROFESSIONALS TO ENSURE WE CONTINUE TO FUNCTION COLLABORATIVELY AND EXPLORE THE PROVISION OF ADDITIONAL SERVICES TO MEET THE GREAT NEEDS IDENTIFIED.

COMMUNITY TRANSPORTATION

MOBRIDGE REGIONAL HOSPITAL WILL WORK TO IDENTIFY AND ENGAGE COMMUNITY MEMBERS AND STAKEHOLDERS WHO ARE WILLING TO COME TOGETHER TO CREATE AND IMPLEMENT A LONG-TERM PLAN TO ADDRESS THIS NEED. THIS WILL BEGIN WITH THE IDENTIFICATION OF ALL CURRENT OPTIONS, OFFERINGS, AND SERVICE PROVIDING ORGANIZATIONS. ADDITIONAL LOCAL, REGIONAL, AND STATE RESOURCES WILL BE IDENTIFIED AND A GAP ANALYSIS WILL BE CONDUCTED TO DETERMINE AN APPROPRIATE AND REALISTIC STATE TO TRY TO ACHIEVE AND A TIMELINE IN WHICH TO ACHIEVE IT. DUE TO THE COVID-19 HEALTH PANDEMIC, COMMUNITY TRANSPORTATION WAS NOT FOCUSED ON DURING THIS FISCAL YEAR.

CERTAIN ISSUES WERE IDENTIFIED AS IMPORTANT, BASED ON COMMUNITY INPUT AND DISCUSSIONS, BUT MRH HAS NOT ADDRESSED THEM IN THIS PLAN AS THESE NEEDS ARE BETTER ADDRESSED BY OTHER ORGANIZATIONS WITHIN OUR COMMUNITY. MRH HAS A WILLINGNESS TO WORK WITH OTHER ENTITIES WITHIN THE COMMUNITY TO LOOK AT PROVIDING APPROPRIATE PROGRAMS, BUT WILL NOT TAKE THE LEAD ON THE

Part V Facility Information *(continued)*

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

FOLLOWING ISSUES:

DAYCARE AND OTHER CHILDCARE SERVICES

INCREASE LOCAL INCOME/DECREASE POVERTY LEVEL - ECONOMIC DEVELOPMENT

INCREASE STAFFING AND LOCAL WORKFORCE DEVELOPMENT

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 13H: THE ORGANIZATION QUALIFIES FREE VERSUS DISCOUNTED CARE BASED ON PROFESSIONAL FEES VERSUS TECHNICAL FEES. WE OFFER 100% OF FREE CARE FOR PROFESSIONAL FEES AND UP TO AN 95% DISCOUNT FOR TECHNICAL FEES. BOTH ARE CALCULATED BASED ON FEDERAL POVERTY GUIDELINES IN THE FAP.

PRESUMPTIVE ELIGIBILITY MAY BE USED AS A LAST RESORT.

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 16J: PART V, LINE 16A, FAP WEBSITE:
[HTTP://WWW.MOBRIDGEHOSPITAL.ORG/PATIENTS-AND-VISITORS/PAY-A-BILL/FINANCIAL-ASSISTANCE/](http://www.mobridgehospital.org/patients-and-visitors/pay-a-bill/financial-assistance/)

PART V, LINE 16B, FAP APPLICATION WEBSITE:
[HTTP://WWW.MOBRIDGEHOSPITAL.ORG/PATIENTS-AND-VISITORS/PAY-A-BILL/FINANCIAL-ASSISTANCE/](http://www.mobridgehospital.org/patients-and-visitors/pay-a-bill/financial-assistance/)

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

Part V Facility Information *(continued)*

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

HTTP://WWW.MOBRIDGEHOSPITAL.ORG/PATIENTS-AND-VISITORS/PAY-A-BILL/FINANCIAL-ASSISTANCE/

PART V, LINE 16J:

A FINANCIAL ASSISTANCE NOTICE IS MADE PART OF THE BILLING INVOICE. A FINANCIAL ASSISTANCE NOTICE IS POSTED IN THE EMERGENCY ROOM, WAITING ROOMS, AND ADMISSIONS OFFICE, AND THE FULL POLICY IS MADE AVAILABLE UPON REQUEST AND ON THE WEBSITE.

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 20E: PROVIDED FINANCIAL ASSISTANCE INFORMATION WITH PATIENT DISCHARGE MATERIALS.

MOBRIDGE REGIONAL HOSPITAL:

PART V, SECTION B, LINE 24: THE HOSPITAL FINANCIAL ASSISTANCE POLICY DOES NOT COVER ELECTIVE PROCEDURES. THE HOSPITAL MAY HAVE CHARGED FAP ELIGIBLE PATIENTS GROSS CHARGES FOR SERVICES THAT ARE NOT COVERED UNDER THE FINANCIAL ASSISTANCE POLICY.

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

THE ORGANIZATION QUALIFIES FREE VERSUS DISCOUNTED CARE BASED ON PROFESSIONAL FEES VERSUS TECHNICAL FEES. WE OFFER 100% OF FREE CARE FOR PROFESSIONAL FEES AND UP TO AN 95% DISCOUNT FOR TECHNICAL FEES. BOTH ARE CALCULATED BASED ON FEDERAL POVERTY GUIDELINES IN THE FAP.

IN ADDITION TO FPG, THE HOSPITAL USES AN ASSET TEST, REVIEWS MEDICAL INDIGENCY, AND CONSIDERS INSURANCE STATUS IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE. PRESUMPTIVE ELIGIBILITY MAY BE USED AS A LAST RESORT.

PART I, LINE 7:

CHARITY CARE EXPENSE WAS CONVERTED TO COST ON LINE 7A BASED ON AN OVERALL COST-TO-CHARGE RATIO ADDRESSING ALL PATIENT SEGMENTS. LINE 7B WAS DETERMINED USING THE MEDICAID PS&R REPORT AND THE GENERAL LEDGER ACCOUNTING SYSTEM. LINE 7G WAS DETERMINED USING THE MEDICARE COST REPORT FOR FISCAL YEAR ENDING 9/30/20.

Part VI Supplemental Information (Continuation)

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDES NET COSTS OF \$3,220,808 ATTRIBUTABLE TO PHYSICIAN CLINICS.

PART III, LINE 2:

THE AMOUNT ON LINE 2 REPRESENTS IMPLICIT PRICE CONCESSIONS. THE HOSPITAL DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THE RESPECTIVE CLASS OF PATIENTS AND RESIDENTS.

PART III, LINE 4:

FOOTNOTE FROM FINANCIAL STATEMENTS: PLEASE SEE NOTE 1, FINANCIAL STATEMENT, PATIENT AND RESIDENT SERVICE REVENUE ON PAGES 13-14.

PART III, LINE 8:

MEDICARE ALLOWABLE COST OF CARE WAS CALCULATED FROM THE MEDICARE COST REPORT FOR THE FISCAL YEAR ENDING 9/30/2020. MEDICAL SERVICES ARE PROVIDED TO PATIENTS WITH MEDICARE COVERAGE REGARDLESS OF WHETHER OR NOT A SURPLUS OR DEFICIT IS REALIZED. PROVIDING MEDICARE SERVICES PROMOTES ACCESS TO HEALTHCARE SERVICES WHICH ARE VITALLY NEEDED BY OUR COMMUNITY. THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS SET FORTH BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.

PART III, LINE 9B:

THE PATIENT ACCOUNT SPECIALIST AT THE MOBRIDGE REGIONAL HOSPITAL KEEPS ON FILE ALL GUARANTORS WHO HAVE QUALIFIED FOR FINANCIAL ASSISTANCE AND APPLIES THE FINANCIAL ASSISTANCE TO ALL ACCOUNTS WHEN THE GUARANTOR BALANCE BECOMES DUE. UPDATED FINANCIAL INFORMATION IS REQUESTED ANNUALLY

Part VI Supplemental Information (Continuation)

FOR ANY CHANGES IN FINANCIAL ASSISTANCE THAT MAY APPLY.

IF AN ACCOUNT GOES TO COLLECTION AND OUR COLLECTION AGENCY IDENTIFIES THAT A PATIENT IS MEETING FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA, THE PATIENT'S ACCOUNT MAY BE CONSIDERED FOR FINANCIAL ASSISTANCE. COLLECTION ACTIVITY WILL BE SUSPENDED ON ACCOUNTS, AND THE FINANCIAL ASSISTANCE APPLICATION WILL BE REVIEWED. IF THE ENTIRE ACCOUNT BALANCE IS ADJUSTED, THE ACCOUNT WILL BE RETURNED. IF A PARTIAL ADJUSTMENT OCCURS, THE PATIENT FAILS TO COOPERATE WITH THE FINANCIAL ASSISTANCE PROCESS, OR IF THE PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, COLLECTION ACTIVITY WILL RESUME.

PART VI, LINE 2:

MOBRIDGE REGIONAL HOSPITAL (MRH) IS COMMITTED TO PROVIDING HIGH QUALITY HEALTHCARE SERVICES TO ALL PEOPLE THROUGHOUT THE REGION. THE FACILITY PROVIDES FAMILY MEDICINE, INTERNAL MEDICINE, OB, ICU, ALS, AMBULANCE SERVICE, EMERGENCY CARE, AND SURGICAL SERVICES TO ALL PEOPLE WHO ARE IN NEED OF THOSE SERVICES. MRH CURRENTLY IS WORKING IN COLLABORATION WITH WALWORTH COUNTY AND THE STATE OF SOUTH DAKOTA TO PROVIDE COMMUNITY HEALTH SERVICES, INCLUDING FAMILY PLANNING SERVICES, ADULT HEALTH, AND CHILD IMMUNIZATIONS. MRH'S MANAGEMENT STRIVES TO LISTEN TO THE COMMUNITY NEEDS. IF NEW HEALTHCARE NEEDS ARISE, ADMINISTRATION WILL COMPLETE AN ANALYSIS OF COST/BENEFIT FOR THE NEW SERVICE TO BE OFFERED. MRH'S ADMINISTRATION BELIEVES IN BEING OUT IN THE PUBLIC AT EVENTS TO ANSWER QUESTIONS THAT MAY SURFACE ABOUT THE FACILITY.

PART VI, LINE 3:

MRH POSTS ITS FINANCIAL ASSISTANCE POLICY, OR A SUMMARY THEREOF, AND

Part VI Supplemental Information (Continuation)

FINANCIAL ASSISTANCE CONTACT INFORMATION IN THE ADMISSIONS AREAS AND CLINIC AREAS IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT. THE FACILITY PROVIDES A COPY OF THE POLICY, OR A SUMMARY THEREOF, AND FINANCIAL ASSISTANCE CONTACT INFORMATION TO PATIENTS WITH DISCHARGE MATERIALS. THE PATIENTS ACCOUNT MANAGER DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS THE PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE.

PART VI, LINE 4:

MRH IS LOCATED IN A SMALL RURAL COMMUNITY IN WALWORTH COUNTY, SOUTH DAKOTA, KNOWN AS MOBRIDGE. WALWORTH COUNTY HAS A POPULATION OF 5,351 PEOPLE RACIALLY COMPRISED OF MAINLY CAUCASIAN (80.08%) AND NATIVE AMERICANS/ALASKAN NATIVE (10.87%). THE COMMUNITY BORDERS THE STANDING ROCK RESERVATION AND THE CHEYENNE RIVER RESERVATION WHICH ACCOUNTS FOR THE LARGER NATIVE AMERICAN POPULATION AND RELATIONS WITH INDIAN HEALTH SERVICES. THE MEDIAN FAMILY INCOME IS \$51,549. APPROXIMATELY 11.3% OF THE POPULATION IS BELOW THE FEDERAL POVERTY LEVEL. THE FACILITY OWNS AND OPERATES CLINICS IN MOBRIDGE, MCLAUGHLIN, TIMBER LAKE AND SELBY. THESE FACILITIES SERVE PATIENTS FROM A SIX COUNTY AREA (WALWORTH, ZIEBACH, CORSON, DEWEY, CAMPBELL AND POTTER). MOBRIDGE REGIONAL HOSPITAL PROVIDES OBSTETRICS, FAMILY AND INTERNAL MEDICINE, AND SURGICAL SERVICES. IT IS APPROXIMATELY ONE HUNDRED MILES FROM ANOTHER HOSPITAL WITH A HIGHER LEVEL OF CARE OFFERED.

PART VI, LINE 5:

THE MOBRIDGE REGIONAL HOSPITAL IS COMMITTED TO THE PATIENTS WE SERVE, REGARDLESS OF RACE, COLOR, RELIGION, SEX, DISABILITY, OR ABILITY TO PAY.

Part VI Supplemental Information (Continuation)

THE ORGANIZATION'S FINANCIAL ASSISTANCE ADJUSTMENTS HAVE CONTINUED TO TREND UP OVER THE PAST FEW YEARS, AND WE CONTINUE TO FOCUS BUDGET EFFORTS TO CONTINUE THIS TREND. MRH IS 100 MILES FROM ANOTHER HEALTHCARE FACILITY WITH A HIGHER LEVEL OF CARE AND PARTICIPATES IN THE NORTH DAKOTA AND SOUTH DAKOTA TRAUMA SYSTEMS WITH LEVEL III AND LEVEL IV CERTIFICATIONS, RESPECTIVELY. MRH CONTINUES A BROAD LEVEL OF BOARD INVOLVEMENT FOR CORSON, DEWEY, AND WALWORTH COUNTIES TO MONITOR COMMUNITY NEEDS IN THOSE AREAS. MRH CONTINUES TO BE A POPULAR PLACE FOR MEDICAL STUDENTS TO COMPLETE CLINICAL ROTATIONS, AND WE CONTINUE TO OFFER A WIDE VARIETY OF CERTIFICATION CLASSES TO NURSES AND THE MEMBERS OF THE COMMUNITY INCLUDING EMT-B, PALS, ACLS, TNCC, ALSO, NALS, EMT-I, AND CPR.

MRH HAS DEVELOPED A WORKSITE WELLNESS PROGRAM WITHIN THE ORGANIZATION AND HAS GOALS TO WORK WITH OTHER BUSINESSES IN THE COMMUNITY TO PROMOTE OVERALL HEALTHY LIFESTYLES.

MRH PROVIDES VARIOUS HEALTH SCREENINGS AVAILABLE TO THE COMMUNITY AND SURROUNDING COMMUNITIES THROUGHOUT THE YEAR. THE HEALTH SCREENINGS INCLUDE FREE CHOLESTEROL CHECKS, BMI, BLOOD PRESSURE AND WAIST/HIP RATIOS. THESE PREVENTATIVE HEALTH SCREENINGS PROMOTE THE GENERAL HEALTH OF THE COMMUNITY.

THE HOSPITAL HAS A BOARD OF DIRECTORS COMPRISED OF VOLUNTEERS WHO RESIDE IN THE SERVICE AREA. MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL QUALIFIED PHYSICIANS IN THE AREA. ALL QUALIFIED PHYSICIANS WHO SHOW AN INTEREST MUST GO THROUGH A CREDENTIAL REVIEW AND BOARD APPROVAL. SURPLUS FUNDS, IF AVAILABLE, ARE REINVESTED IN THE FACILITIES TO IMPROVE PATIENT CARE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

MOBRIDGE REGIONAL HOSPITAL

Employer identification number

46-0255944

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2019

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-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. DONALD LUCEK SURGEON	(i)	412,763.	2,826.	0.	9,204.	12,649.	437,442.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. MATT SCHAFFER PHYSICIAN	(i)	324,187.	40,718.	0.	11,200.	17,421.	393,526.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. TRAVIS HENDERSON INTERNAL MEDICINE/DIRECTOR	(i)	314,424.	41,880.	0.	11,200.	20,078.	387,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DR. ROBERT MARCIANO FAMILY MD/DIRECTOR	(i)	298,657.	41,099.	0.	11,200.	12,810.	363,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. EMILY BODEN PHYSICIAN	(i)	234,082.	101,171.	0.	1,797.	22,766.	359,816.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DR. JOSH HENDERSON INTERNAL MEDICINE	(i)	261,761.	41,819.	0.	11,200.	17,562.	332,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HOLLY LASHMET CRNA	(i)	271,468.	0.	0.	10,653.	11,861.	293,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE CEO IS COMPENSATED THROUGH A MANAGEMENT AGREEMENT WITH CHI ST. ALEXIUS MEDICAL CENTER IN BISMARCK, ND. THE EXECUTIVE COMMITTEE OF MOBRIDGE REGIONAL HOSPITAL REVIEWS THE MANAGEMENT AGREEMENT AND MAKES A DETERMINATION AS TO WHETHER THE COMPENSATION FOR THE CEO'S SERVICES IS REASONABLE.

PART I, LINE 7:

THE PHYSICIANS ARE PAID BASED ON RELATIVE VALUE UNIT BASED PRODUCTION.

Supplemental Information on Tax-Exempt Bonds

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

Name of the organization **MOBRIDGE REGIONAL HOSPITAL** Employer identification number **46-0255944**

Part I	Bond Issues	SEE PART VI FOR COLUMN (F) CONTINUATIONS											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
	A	CITY OF MOBRIDGE, SOUTH DAKOTA	46-6000320	607429BA4	05/08/07	5,773,898.	REFINANCE BONDS ISSUED 1997 USED		X		X		X
	B												
	C												
	D												

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired	4,300,000.							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	5,773,898.							
4	Gross proceeds in reserve funds	265,908.							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	88,005.							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	1,000,000.							
11	Other spent proceeds	4,416,499.							
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2019

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government00	%			%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government00	%			%		%
6 Total of lines 4 and 500	%			%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CITY OF MOBRIDGE, SOUTH DAKOTA

(F) DESCRIPTION OF PURPOSE:

REFINANCE BONDS ISSUED 1997 USED FOR CONSTRUCTION; PURCHASE CT, CLINIC & EM

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CITY OF MOBRIDGE, SOUTH DAKOTA

DATE THE REBATE COMPUTATION WAS PERFORMED: 08/15/2017

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

MOBRIDGE REGIONAL HOSPITAL

Employer identification number

46-0255944

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIRMAN OF THE BOARD, WHO SHALL ACT AS CHAIRMAN OF SAID COMMITTEE, THE SECRETARY, VICE-CHAIRMAN, AND TREASURER. THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD, PROVIDED ANY ACTION TAKEN SHALL NOT CONFLICT WITH THE POLICIES OF THE EXPRESSED WISHES OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 3:

MRH CURRENTLY HAS A MANAGEMENT AGREEMENT WITH CHI ST. ALEXIUS MEDICAL CENTER IN BISMARCK, ND. THE MANAGEMENT AGREEMENT PROVIDES THAT CHI ST. ALEXIUS HEALTH WILL PROVIDE MANAGEMENT AND ADMINISTRATIVE SERVICES. THE AGREEMENT REMAINS IN EFFECT IN PERPETUITY BUT MAY BE CANCELLED BY THE HOSPITAL FOLLOWING A 90-DAY NOTICE. JOHN AYOUB, CEO, RECEIVED COMPENSATION OF \$203,074 AND ESTIMATED BENEFITS OF \$21,204 DURING CALENDAR YEAR 2019. THE CEO OVERSEES ALL DAILY OPERATIONAL ACTIVITIES AND REPORTS TO THE ORGANIZATION'S BOARD OF DIRECTORS. THE CEO WORKS VERY CLOSELY WITH ALL DEPARTMENT SUPERVISORS TO ENSURE THAT ALL AREAS OF THE HOSPITAL ARE RUNNING EFFICIENTLY AND SMOOTHLY. THE CEO IS RESPONSIBLE FOR PHYSICIAN CONTRACTING AND WORKS VERY CLOSELY WITH HUMAN RESOURCES FOR RECRUITMENT OF PROFESSIONAL MEDICAL STAFF.

FORM 990, PART VI, SECTION A, LINE 6:

THERE IS ONLY ONE CLASS OF MEMBER; ALL MEMBERS HAVE ONE VOTE (SAME VOTING RIGHTS). EACH PERSON WHO DONATES \$100 OR MORE IS A MEMBER ENTITLED TO ONE VOTE.

Name of the organization

MOBRIDGE REGIONAL HOSPITAL

Employer identification number

46-0255944

FORM 990, PART VI, SECTION A, LINE 7A:

THE NOMINATING COMMITTEE NOMINATES CANDIDATES FOR ELECTION. THE MEMBERS VOTE ON CANDIDATES AT THE ANNUAL MEETING.

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

THE CEO, CFO, AND BOARD OF DIRECTORS WILL REVIEW THE FORM 990 VIA ELECTRONIC TRANSMISSION PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS THE ENTIRE BOARD OF DIRECTORS. IF A CONFLICT SHOULD ARISE, IT WOULD FIRST GO TO THE CEO FOR EVALUATION, THEN TO THE BOARD OF DIRECTORS FOR FINAL EVALUATION. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR MAKING THE FINAL DECISION IN DETERMINING IF A CONFLICT EXISTS. IF A CONFLICT IS FOUND, THE PERSON(S) INVOLVED WOULD BE REQUIRED TO ABSTAIN FROM DISCUSSIONS AND VOTING ON THE ITEM CAUSING THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE FINANCE COMMITTEE DETERMINES AND APPROVES THE PHYSICIAN CONTRACTS, INCLUDING COMPENSATION. THE CEO'S SALARY IS DETERMINED USING A SALARY SURVEY AND DISCUSSIONS WITH THE MANAGEMENT COMPANY. THE EXECUTIVE COMMITTEE APPROVES THE SALARY OF THE CEO ANNUALLY.

SALARIES FOR OTHER OFFICERS OR MEMBERS OF MANAGEMENT ARE DETERMINED BY THE CEO THROUGH THE USE OF SALARY SURVEY INFORMATION FROM SDAHO AND EMPLOYEE SERVICE AND EXPERIENCE FILES.

THIS PROCESS IS UNDERTAKEN ANNUALLY.

Name of the organization MOBRIDGE REGIONAL HOSPITAL	Employer identification number 46-0255944
---	---

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

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FOUNDATION INTEREST	22,940.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **MOBRIDGE REGIONAL HOSPITAL** Employer identification number **46-0255944**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOBRIDGE REGIONAL HEALTHCARE FOUNDATION - 46-0416693, PO BOX 580, MOBRIDGE, SD 57601	OUTREACH FOR MOBRIDGE REGIONAL HOSPITAL	SOUTH DAKOTA	501(C)(3)	LINE 12C, III-FI	MOBRIDGE REGIONAL HOSPITAL		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MOBRIDGE REGIONAL HOSPITAL	Taxpayer identification number (TIN) 46-0255944
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1401 10TH AVE W	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MOBRIDGE, SD 57601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RENAE TISDALL

- The books are in the care of ▶ **PO BOX 580 - MOBRIDGE, SD 57601**
Telephone No. ▶ **605-845-8164** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Electronic Filing PDF Attachment



Financial Statements
September 30, 2020 and 2019
Mobridge Regional Hospital

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Independent Auditor's Report

The Board of Directors
Mobridge Regional Hospital
Mobridge, South Dakota

Report on the Financial Statements

We have audited the accompanying financial statements of Mobridge Regional Hospital, which comprise the balance sheets as of September 30, 2020 and 2019, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mobridge Regional Hospital as of September 30, 2020 and 2019, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Eide Bailly LLP

Sioux Falls, South Dakota
February 26, 2021

Mobridge Regional Hospital

Balance Sheets

September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 19,733,499	\$ 9,363,595
Assets limited as to use	536,000	533,000
Receivables		
Patient and resident	3,975,386	3,864,520
Other	156,336	88,283
Estimated third-party payor settlements	660,000	191,000
Supplies	523,956	484,959
Prepaid expenses	201,370	194,664
Total current assets	<u>25,786,547</u>	<u>14,720,021</u>
Assets Limited as to Use		
Designated by board for funded depreciation	-	268,986
Under indenture agreements	233,891	216,108
Interest in net assets of Mobridge Regional Healthcare Foundation	930,602	907,662
Total assets limited as to use, net of current portion	<u>1,164,493</u>	<u>1,392,756</u>
Property and Equipment, Net	<u>10,023,651</u>	<u>9,951,389</u>
Other Assets		
Other investments	1,302,387	1,268,500
Other receivables	182,547	309,215
Prepaid expenses	7,282	13,316
Deferred compensation plan	612,404	542,697
Total other assets	<u>2,104,620</u>	<u>2,133,728</u>
Total assets	<u>\$ 39,079,311</u>	<u>\$ 28,197,894</u>

Mobridge Regional Hospital

Balance Sheets

September 30, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 550,400	\$ 522,400
Paycheck Protection Program loan	1,829,300	-
Accounts payable	862,469	362,156
Accrued expenses		
Salaries and wages	688,264	415,931
Vacation	737,749	636,228
Interest	24,250	31,500
Deposits	-	10,001
Contract liability - Medicare advance payments	3,904,815	-
Refundable advance	3,707,777	-
	<u>12,305,024</u>	<u>1,978,216</u>
Total current liabilities		
Long-term Liabilities		
Long-term debt, net of current maturities, unamortized debt issuance costs, and bond premiums	4,161,704	4,704,123
Deferred compensation payable	612,404	542,697
	<u>4,774,108</u>	<u>5,246,820</u>
Total long-term liabilities		
	<u>17,079,132</u>	<u>7,225,036</u>
Total liabilities		
Net Assets		
Without donor restrictions	21,069,577	20,065,196
With donor restrictions	930,602	907,662
	<u>22,000,179</u>	<u>20,972,858</u>
Total net assets		
	<u>\$ 39,079,311</u>	<u>\$ 28,197,894</u>
Total liabilities and net assets		

Mobridge Regional Hospital
Statements of Operations
Years Ended September 30, 2020 and 2019

	2020	2019
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient and resident service revenue	\$ 22,921,514	\$ 22,173,309
Other revenue	337,809	454,327
Federal stimulus revenue	428,624	-
Net assets released from restrictions for operations	-	10,170
Total revenues, gains, and other support without donor restrictions	23,687,947	22,637,806
Expenses		
Salaries and wages	11,414,703	10,656,588
Employee benefits	3,144,790	2,918,609
Professional services	1,558,261	1,419,142
Supplies	3,114,278	3,153,862
General and administrative	438,185	390,487
Insurance	273,596	255,702
Utilities and telephone	335,041	311,492
Other	1,039,472	1,029,950
Rental	67,507	40,839
Travel, education, and meetings	65,465	105,732
Depreciation	1,302,669	1,340,927
Interest	196,550	223,227
Total expenses	22,950,517	21,846,557
Operating Income	737,430	791,249
Other Income		
Investment income	240,566	204,349
Contributions without donor restrictions	26,385	388,984
Total other income	266,951	593,333
Revenues in Excess of Expenses and Change in Net Assets Without Donor Restrictions	\$ 1,004,381	\$ 1,384,582

Mobridge Regional Hospital
 Statements of Changes in Net Assets
 Years Ended September 30, 2020 and 2019

	2020	2019
Net Assets Without Donor Restrictions		
Revenues in excess of expenses and change in net assets without donor restrictions	\$ 1,004,381	\$ 1,384,582
Net Assets With Donor Restrictions		
Change in interest in net assets of foundation	22,940	46,920
Net assets released from restrictions	-	(10,170)
Change in net assets with donor restrictions	22,940	36,750
Change in Net Assets	1,027,321	1,421,332
Net Assets, Beginning of Year	20,972,858	19,551,526
Net Assets, End of Year	\$ 22,000,179	\$ 20,972,858

Mobridge Regional Hospital
Statements of Cash Flows
Years Ended September 30, 2020 and 2019

	2020	2019
Operating Activities		
Change in net assets	\$ 1,027,321	\$ 1,421,332
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation	1,302,669	1,340,927
Amortization of debt issuance costs and bond premiums	7,973	7,974
Undistributed portion of change in interest in net assets of Mobridge Regional Healthcare Foundation	(22,940)	(46,920)
Changes in assets and liabilities		
Receivables	(52,251)	(327,057)
Estimated third-party payor settlements	(469,000)	(87,484)
Supplies	(38,997)	(55,064)
Prepaid expenses	(672)	(22,122)
Accounts payable	142,301	(36,299)
Accrued expenses	366,604	105,211
Deposits	(10,001)	-
Contract liability - Medicare advance payments	3,904,815	-
Refundable advance	3,707,777	-
Net Cash from Operating Activities	9,865,599	2,300,498
Investing Activities		
Purchase of property and equipment	(1,016,919)	(683,839)
Purchase of other investments	(33,887)	-
Net Cash used for Investing Activities	(1,050,806)	(683,839)
Net Cash used for Financing Activities		
Proceeds from the Paycheck Protection Program loan	1,829,300	-
Principal payments on long-term debt	(522,392)	(504,497)
Net Cash from (used for) Financing Activities	1,306,908	(504,497)
Net Change in Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents	10,121,701	1,112,162
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, Beginning of Year	10,381,689	9,269,527
Cash, Cash Equivalents, Restricted Cash, and Restricted Cash Equivalents, End of Year	\$ 20,503,390	\$ 10,381,689

Mobridge Regional Hospital
 Statements of Cash Flows
 Years Ended September 30, 2020 and 2019

	2020	2019
Cash and Cash Equivalents	\$ 19,733,499	\$ 9,363,595
Restricted Cash and Cash Equivalents included in Assets Limited as to Use	769,891	1,018,094
Total cash, cash equivalents, restricted cash, and restricted cash equivalents	\$ 20,503,390	\$ 10,381,689
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	\$ 195,827	\$ 222,253
Supplemental Disclosure of Non-cash Investing and Financing Activity		
Accounts payable for construction	\$ 358,012	\$ -

Note 1 - Organization and Significant Accounting Policies

Organization

Mobridge Regional Hospital (Hospital) operates a 25-bed critical access hospital, a 16-bed assisted living center, an 8-bed senior housing center in Mobridge, South Dakota, and medical clinics located in Mobridge, Timber Lake, McLaughlin, and Selby, South Dakota.

Income Taxes

The Hospital is a South Dakota nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Hospital is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Hospital is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Hospital has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990T) with the IRS.

The Hospital believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements. The Hospital would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized patient, resident, and third-party payor obligations. The Hospital does not charge interest on delinquent accounts. Payments of patient and resident receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Patient and resident accounts receivable are stated net of any contractual and implicit price concessions and then further reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Hospital analyzes accounts for adverse changes in a patient's and resident's or third-party payor's ability to pay that may have occurred subsequent to recognition. Management regularly reviews specific data about receivable balances and its past history with similar cases to estimate contractual and implicit price concessions, and any allowances uncollectible accounts.

The Hospital has not adjusted the promised amount of consideration from patients and residents and third-party payors for the effects of a significant financial component due to the Hospital's expectation that the period between the time the service is provided to a patient or resident and the time that the patient or resident or third-party payor pays for that service will be one year or less. However, the Hospital does, in certain instances, enter into payment arrangements with patients and residents that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Physician and Employee Notes Receivable

The Hospital issues notes to physicians and employees as part of its recruitment process. Notes are repayable over a minimum of a two-year period to a maximum of a three-year period. The notes are issued with forgiveness provisions over the life of the note to encourage retention. Based on historical analysis, it is anticipated that the balance of the notes will be forgiven. At September 30, 2020 and 2019, notes receivable from physicians and employees were \$311,002 and \$370,218. The physician and employee notes receivable are included in other receivables on the balance sheets.

Supplies

Supplies are stated at lower of cost or net realizable value on a first-in, first-out basis.

Assets Limited as to Use

Assets limited as to use include assets held by trustees under indenture agreements, assets restricted under loan agreements, and assets set aside by the Board of Directors for funded depreciation to be used for future capital expenditures, over which the Board retains control and may, at its discretion, subsequently use for other purposes. Assets limited as to use that are required for obligations classified as current liabilities are reported in current assets.

Interest in Net Assets of Foundation

Mobridge Regional Health Care Foundation (Foundation), an affiliate of the Hospital, solicits contributions and holds funds on behalf of the Hospital. The Hospital's interest in these funds is recorded as assets limited as to use in the accompanying financial statements as net assets with donor restrictions if donors have placed restrictions on the use of the funds. Changes in the funds held by the Foundation are recorded as changes in net assets of foundation in the accompanying financial statements.

Investments and Investment Income

Investments with readily determinable market values are stated at fair value. The fair value of all debt and equity securities with readily determinable fair values are based on quotations from national and foreign securities exchanges. Certificates of deposit are recorded at historical costs, plus accrued interest. All investments are classified as trading securities, therefore investment income or loss (including interest income, dividends, net changes in unrealized gains and losses, and net realized gains and losses) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law.

Fair Value Measurements

The Hospital has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provides a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

A fair value hierarchy has been established, which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the Hospital has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

Property and Equipment

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of property and equipment are as follows:

Land improvements	8 - 20 years
Buildings and improvements	10 - 40 years
Equipment	3 - 25 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to net assets without donor restrictions, and are excluded from revenues in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

The Hospital considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended September 30, 2020 and 2019.

Unamortized Debt Issuance Costs and Bond Premiums

Unamortized debt issuance costs and bond premiums are amortized to interest expense over the period the related obligation is outstanding using the straight-line method, which is a reasonable estimate of the effective interest method. Debt issuance costs and bond premiums are included within the long-term debt on the balance sheets. Amortization of debt issuance costs is included in interest expense in the accompanying financial statements.

Donor-Restricted Gifts

The Hospital reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of changes in net assets as net assets released from restrictions.

Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met.

Net Assets with Donor Restrictions

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Deferred Compensation

The Hospital has a non-qualified deferred compensation plan that permits eligible employees to defer a portion of their compensation in accordance with the applicable provisions of the Internal Revenue Code. Deferred amounts are not available to employees until a distribution event occurs, as defined in the plan document. The assets are held in the name of the Hospital until paid or made available to the plan participant. The related assets are reported in other noncurrent assets, and the corresponding liability is recorded in other noncurrent liabilities.

Patient and Resident Service Revenue

Patient and resident service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient and resident care. These amounts are due from patients or residents, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Hospital bills the patients or residents and third-party payors several days after the services are performed and/or the patient or resident is discharged from the facilities. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patient care in the hospital and clinic settings and residents receiving skilled nursing services. The Hospital measures the performance obligation associated with inpatient acute services from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. The Hospital measures the performance obligation for outpatient and medical clinic services over the patient encounter, which is generally short in duration. The Hospital measures the performance obligation associated with residents receiving skilled nursing services from the beginning of the performance period, generally admission or the beginning of the month, to the sooner of completion of services to that resident, discharge or the end of the month. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided, and the Hospital does not believe it is required to provide additional goods or services to the patient or resident.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to not disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services or skilled nursing services to residents at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged or for residents, the sooner of completion of services, discharge or the end of the month, which generally occurs within days or weeks of the end of the reporting period.

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients and residents in accordance with the Hospital's policy, and/or implicit price concessions provided to uninsured patients and residents. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience applied to a portfolio of accounts. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with the respective class of patients and residents.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations.

Consistent with the Hospital's mission, care is provided to patients and residents regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and residents and patients and residents with other uninsured balances (for example, co-pays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and residents and the amounts the Hospital expects to collect based on its collection history with those patients and residents.

To fulfill its mission of community service, the Hospital provides care to patients and residents who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient and resident service revenue. The estimated cost of providing these services was \$111,000 and \$172,000 for the years ended September 30, 2020 and 2019, calculated by multiplying the ratio of cost to gross charges for the Hospital by the gross uncompensated charges associated with providing charity care to its patients or residents.

Other Operating Revenues

Other revenue is recognized at an amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing goods and services. The amounts recognized reflect consideration due from customers, third-party payors, and others. Other operating revenues are recognized at a point in time. Primary categories of other revenue include income from other retail revenue, cafeteria revenue, certain facility rent and lease revenue, operating grants and other operating transactions.

Revenues in Excess of Expenses

Revenues in excess of expenses is the performance indicator and excludes transfers of assets to and from related parties for other than goods and services, and contributions of long-lived assets, including assets acquired using contributions which were restricted by donors.

Advertising Costs

Costs incurred for producing and distributing advertising are expensed as incurred. The Hospital incurred \$76,314 and \$77,087 for advertising costs for the years ended September 30, 2020 and 2019.

Functional Allocation of Expenses

The financial statements report categories that are attributed to program service activities or supporting activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The functional expenses report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and amortization, interest, and other occupancy costs, and certain employee benefit costs are allocated to a function based on a square-footage, usage, salaries, units-of-service basis while the remainder of expenses are allocated on the basis of estimates of time and effort. Note 14 presents the natural classification detail of expenses by function.

Reclassifications

Certain reclassifications of amounts previously reported have been made to the accompanying financial statements to maintain consistency between periods presented. The reclassifications had no impact on previously reported net assets or changes in net assets.

Note 2 - Net Patient and Resident Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare – Hospital: The Hospital is licensed as a Critical Access Hospital (CAH). The Hospital is reimbursed for most acute care services under a cost reimbursement methodology with final settlement determined after submission of annual cost reports by the Hospital and are subject to audits thereof by the Medicare intermediary. The Hospital's Medicare cost reports have been audited by the Medicare Administrative Contractor through the year ended September 30, 2018.

Medicare – Clinics: The Mobridge Medical Clinic (Mobridge, SD), West Dakota Health Center (Timber Lake, SD) and West River Health Clinic (McLaughlin, SD) are designated as Provider-Based Rural Health Clinics (RHC) by the Medicare program. As a result, clinical services rendered to Medicare program beneficiaries are reimbursed under a cost reimbursement methodology.

Medicaid: Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Clinical and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a prospectively determined reimbursement methodology based on historical costs. There are no retroactive settlements resulting from the Medicaid program. The Hospital is reimbursed for Medicaid assisted living resident services at established billing rates as prescribed by the South Dakota Department of Social Services regulations.

Wellmark Blue Cross and Blue Shield: Inpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. Outpatient services are reimbursed at outpatient payment fee screens or at charges less a prospectively determined discount. The prospectively determined discount is not subject to retroactive adjustment.

The Hospital has also entered into payment agreements with certain commercial and managed care insurance carriers and other organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Concentration of revenues by major payor accounted for the following percentages of the Hospital's patient and resident service revenues for the years ended September 30, 2020 and 2019:

	2020	2019
Medicare	41.7%	41.7%
Medicaid	16.7%	16.7%
Commercial insurance	32.8%	32.8%
Other third-party payors, patients, and residents	8.8%	8.8%
	<u>100.0%</u>	<u>100.0%</u>

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. In addition, the ability to estimate the collectability of uninsured and other self-pay patients is contingent on the patient's ability or willingness to pay for the services provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient and resident service revenue for the years ended September 30, 2020 and 2019, decreased approximately \$218,000 and increased approximately \$101,000, respectively, due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer likely subject to audits, reviews, and investigations and changes in estimated settlements.

The Hospital has potential settlements with third-party payors for retroactive adjustments that are considered variable consideration and included in the determination of the estimated transaction price for providing patient care. As a result, there is an ongoing level of uncertainty relative to the estimated liability for prior period cost reports.

Generally, patients and certain residents who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients and residents with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions.

The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient and resident service revenue in the period of the change. The ability to estimate the collectability of uninsured and other self-pay patients is contingent on the patient's ability or willingness to pay for the services provided. Subsequent changes that are determined to be the result of an adverse change in the patient's and resident's ability to pay are recorded as provision for bad debts. The provision for bad debts for the years ended September 30, 2020 and 2019 was not significant.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Health Center considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient and resident) have different reimbursement/payment methodologies
- Length of the patient's and resident's service/episode of care
- Geography of the service location
- Health Center's line of businesses that provided the service (for example, hospital, physician services, etc.)

Contract Liability – Medicare Advanced Payments

The contract liability for Medicare advanced payments consists of unapplied advanced payments received from the Centers for Medicare & Medicaid Services (CMS), in order to increase cash flow for Medicare Part A providers who were impacted by the COVID-19 pandemic. The Hospital received \$3,904,815 in advanced payments during the year ending September 30, 2020, which will be recouped through reductions to payments for future Medicare claims. The U.S. Congress and CMS have extended the repayment of these advance payments on multiple occasions and repayment terms remain subject to additional modifications from congressional and regulatory action. Repayment of the \$3,904,815 received under this program are currently expected to be during the year ended September 30, 2021, one year after the Hospital received the advanced payments, and outstanding balances are currently not required to be paid in full for 29 months from the date the first payment under the program was received, at which time interest would accrue at 4% of the outstanding balance. Due to the continuing legislative changes and uncertainty of the ultimate timing and nature of repayment and future management considerations as to timing of repayment, the Hospital has classified this liability as a current liability. The Hospital did not have a contract liability balance prior to the CMS advance payment program.

Note 3 - Liquidity and Availability

The Hospital continually determines the necessary amount of funds to hold in cash and cash equivalents to meet operational needs. Cash in excess of operating requirements or funding needed for capital improvements is generally invested. Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following as of September 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 19,733,499	\$ 9,363,595
Assets limited as to use		
Designated by board as funded depreciation	-	268,986
Patient and resident receivables	3,975,386	3,864,520
Estimated third-party payor settlements	<u>660,000</u>	<u>191,000</u>
	<u>\$ 24,368,885</u>	<u>\$ 13,688,101</u>

Assets limited as to use that are considered available for general expenditure consist of amounts designated by the Board for future capital improvements. Although the Hospital does not intend to use these funds for general expenditures, these amounts could be made available if necessary.

Note 4 - Investments and Investment Income

Assets Limited as to Use

The composition of assets limited as to use at September 30, 2020 and 2019, is shown in the following table.

	<u>2020</u>	<u>2019</u>
Under bond indenture agreement - held by trustee		
Bond sinking fund - Cash equivalents	\$ 267,750	\$ 267,750
Bond reserve fund - Cash equivalents	408,745	407,918
Debt reserve fund - Cash	<u>93,396</u>	<u>73,440</u>
	<u>769,891</u>	<u>749,108</u>
Less amount shown as current	<u>536,000</u>	<u>533,000</u>
	<u>\$ 233,891</u>	<u>\$ 216,108</u>
Designated by board as funded depreciation		
Cash and cash equivalents	<u>\$ -</u>	<u>\$ 268,986</u>

Other Investments

Long-term investments include certificates of deposit of approximately \$1,302,000 and \$1,268,000 as of September 30, 2020 and 2019.

Other assets also include deferred compensation assets which are invested in mutual funds and totaled \$612,404 and \$542,697 as of September 30, 2020 and 2019.

Investment Income

Investment income and gains and losses on assets limited as to use, cash equivalents, short-term investments, and other investments consists of the following for the years ended September 30, 2020 and 2019:

	2020	2019
Interest and dividend income	\$ 240,566	\$ 204,349

Note 5 - Fair Value Measurements

Fair Values of Assets and Liabilities

Assets measured at fair value on a recurring basis at September 30, 2020 and 2019, respectively, are as follows:

	Level 1	Level 2	Level 3	Total
<u>September 30, 2020</u>				
Deferred compensation plan				
Mutual funds	\$ 612,404	\$ -	\$ -	\$ 612,404
<u>September 30, 2019</u>				
Deferred compensation plan				
Mutual funds	\$ 542,697	\$ -	\$ -	\$ 542,697

The fair value for these securities is determined by reference to quoted market prices.

Financial Instruments

The Hospital considers the carrying amount of significant classes of financial instruments on the balance sheets, including cash and cash equivalents, net accounts receivable, assets limited as to use, other assets, accounts payable, accrued liabilities, and other current and long-term liabilities to be reasonable estimates of fair value due to the length of maturity underlying such financial instruments that approximate prevailing market rates at September 30, 2020 and 2019.

As of September 30, 2020 and 2019, the Hospital had fixed-rate bonds with a carrying amount that differed from its estimated fair value. The fair value of the Hospital's fixed rate debt with a carrying amount of \$1,455,000 was estimated to be \$1,456,892 as of September 30, 2020. The fair value of the Hospital's fixed rate debt with a carrying amount of \$1,890,000 was estimated to be \$1,890,454 as of September 30, 2019. The fair value of the Hospital's fixed rate long-term debt is estimated using discounted cash flow analyses, based on the Hospital's effective borrowing rates at respective reporting dates for similar types of arrangements.

Note 6 - Property and Equipment

A summary of property and equipment at September 30, 2020 and 2019, is as follows:

	2020		2019	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land	\$ 95,575	\$ -	\$ 95,575	\$ -
Land improvements	842,814	619,789	830,941	562,887
Buildings and improvements	15,900,908	10,000,220	15,900,908	9,595,523
Equipment	16,986,884	13,964,574	16,403,909	13,426,325
Construction in progress	782,053	-	304,791	-
	<u>\$ 34,608,234</u>	<u>\$ 24,584,583</u>	<u>\$ 33,536,124</u>	<u>\$ 23,584,735</u>
Net property and equipment		<u>\$ 10,023,651</u>		<u>\$ 9,951,389</u>

Construction in progress at September 30, 2020 and 2019 consists of preliminary architectural, feasibility, appraisal, surveyor, and application fees related to the Hospital's master facility project.

Note 7 - Leases

The Hospital leases certain equipment under various operating leases with terms of less than one year or cancellable upon written notice. Total lease expense for the years ended September 30, 2020 and 2019, for all operating leases was \$58,316 and \$40,380, respectively.

Note 8 - Paycheck Protection Program

The Hospital was granted a \$1,829,300 loan under the Paycheck Protection Program (PPP) administered by a Small Business Administration (SBA) approved partner. The loan is uncollateralized and is fully guaranteed by the Federal government. The Hospital is eligible for loan forgiveness of up to 100% of the loan, upon meeting certain requirements. The Hospital has recorded a note payable and will record forgiveness upon being legally released from the loan obligation by the SBA. No forgiveness income has been recorded for the year ended September 30, 2020. The Hospital will be required to repay any remaining balance, plus interest accrued at 1%, in monthly payments commencing upon notification of forgiveness or partial forgiveness.

Note 9 - Long-Term Debt

	2020	2019
City of Mobridge, South Dakota Health Care Facilities Revenue Bonds, Series 2007, 5.00% (effective interest rate of 5.1%) with varying annual sinking fund requirements, interest due semi-annually and principal due annually until December 1, 2022	\$ 1,455,000	\$ 1,890,000
Unamortized bond premium	2,642	3,861
Unamortized debt issuance costs	(19,917)	(29,109)
USDA Rural Development Program mortgage notes payable, 3.75%, due in monthly installments of \$16,625, including interest, through June 26, 2052	3,274,379	3,361,771
	4,712,104	5,226,523
Less current maturities	(550,400)	(522,400)
	\$ 4,161,704	\$ 4,704,123

Long-term debt maturities are as follows:

Years Ending September 30,	
2021	550,400
2022	578,500
2023	606,700
2024	100,000
Thereafter	2,893,779
Unamortized bond premium	2,642
Less unamortized debt issuance costs	(19,917)
	\$ 4,712,104

Under the terms of the USDA Rural Development Program mortgage note payable agreement, the Hospital is required to maintain certain restricted deposits. Such deposits are included with assets limited as to use in the financial statements.

Under the terms of the revenue refunding bonds loan agreement, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included with assets limited as to use in the financial statements. The loan agreement also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performance including a covenant that income available for debt service coverage must equal at least 120 percent of annual debt service requirements on all funded debt. Substantially all of the Hospital's assets at September 30, 2020 and 2019, are pledged as collateral for the debt obligations.

The Hospital's debt agreements contain certain restrictive covenants, including the maintenance of specific financial ratios and amounts. Management believes the Hospital is in compliance with all debt covenants as of September 30, 2020 and 2019.

Note 10 - Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes at September 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Subject to expenditure for a specified purpose		
Interest in net assets of foundation - funds held		
by foundation for health care programs and services	\$ 930,602	\$ 907,662

During 2020 and 2019, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$-0- and \$10,170, respectively. These amounts are included in net assets released from restrictions in the accompanying financial statements.

Note 11 - Benefit Plans

Employee 401(k) Retirement Plan

The Hospital has a defined contribution 401(k) plan which is administered by Mutual of America. Full time employees may participate upon reaching age 18 and completion of one year of service. Part time employees may participate upon reaching age 18 and completion of 1,080 hours of service. Employer contributions of up to 4 percent of annual compensation are deposited with the plan trustee who invests the plan assets. Total pension plan expense for the years ended September 30, 2020 and 2019, was \$381,183 and \$335,085.

Participants are immediately 100 percent vested in employer contributions and actual earnings thereon.

Deferred Compensation Agreement

Effective January 1, 2008, the Hospital adopted the Mobridge Regional Hospital 457(b) Deferred Compensation Plan (the Plan) for certain key employees. The Hospital's Board of Directors designates the participants under the Plan and the Plan is a salary reduction agreement only. As of September 30, 2020 and 2019, the Plan had three participants and a balance of \$612,404 and \$542,697, respectively.

Note 12 - Related Party Transactions

Mobridge Regional Hospital Foundation (Foundation) is organized to solicit contributions and hold funds on behalf of the Hospital. Funds are distributed to the hospital as determined by the Foundation's Board of Directors. The Hospital's interest in the net assets of the foundation is reported as a noncurrent asset in the accompanying balance sheets. The amount recorded in the balance sheet is equal to the net assets held by the Foundation that are for the benefit of the Hospital.

Note 13 - Management Agreement – CHI St. Alexius Health

During 2017, the Hospital signed a new management agreement with CHI St. Alexius Health. The management agreement provides that CHI St. Alexius Health will provide management and administrative services. The agreement remains in effect in perpetuity but may be cancelled by the Hospital following a 90-day notice.

Note 14 - Functional Expenses

The Hospital provides health care services to residents within its geographic location. Expenses related to providing these services by functional class for the year ended September 30, 2020 are as follows:

	Health Care Services		General and Administrative	Total
	Patient Services	Assisted Living Services		
Salaries and wages	\$ 9,784,697	\$ 273,062	\$ 1,356,944	\$ 11,414,703
Employee benefits	2,911,001	27,730	206,059	3,144,790
Professional services	1,169,150	-	389,111	1,558,261
Supplies	2,977,195	16,992	120,091	3,114,278
Administrative	96,860	1,960	339,365	438,185
Insurance	17,690	-	255,906	273,596
Utilities and telephone	250,110	30,386	54,545	335,041
Other	505,936	9,522	524,014	1,039,472
Rental	60,242	-	7,265	67,507
Travel, education, and meetings	61,398	64	4,003	65,465
Depreciation	991,144	49,837	261,688	1,302,669
Interest	196,550	-	-	196,550
	<u>\$ 19,021,973</u>	<u>\$ 409,553</u>	<u>\$ 3,518,991</u>	<u>\$ 22,950,517</u>

Expenses related to providing these services by functional class for the year ended September 30, 2019 are as follows:

	Health Care Services		General and Administrative	Total
	Patient Services	Assisted Living Services		
Salaries and wages	\$ 9,292,154	\$ 237,188	\$ 1,127,246	\$ 10,656,588
Employee benefits	2,711,397	24,448	182,764	2,918,609
Professional services	1,079,718	-	339,424	1,419,142
Supplies	3,038,983	24,831	90,048	3,153,862
Administrative	86,776	1,681	302,030	390,487
Insurance	36,463	-	219,239	255,702
Utilities and telephone	232,013	31,912	47,567	311,492
Other	774,163	3,234	252,553	1,029,950
Rental	36,855	-	3,984	40,839
Travel, education, and meetings	88,589	634	16,509	105,732
Depreciation	1,010,819	49,771	280,337	1,340,927
Interest	223,227	-	-	223,227
	<u>\$ 18,611,157</u>	<u>\$ 373,699</u>	<u>\$ 2,861,701</u>	<u>\$ 21,846,557</u>

Note 15 - Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients and residents, most of who are insured under third-party payor agreements. The Hospital's composition of receivables from third-party payors, patients, and residents at September 30, 2020 and 2019, was as follows:

	2020	2019
Medicare	28%	32%
Wellmark Blue Cross and Blue Shield	16%	15%
Medicaid	10%	9%
U.S. Public Health Service	12%	15%
Commercial insurance	17%	12%
Self pay and other	17%	17%
	<u>100%</u>	<u>100%</u>

The Hospital's cash balances are maintained in various bank deposit accounts. At various times during the years ended September 30, 2020 and 2019, the balances of these deposits were in excess of federally-insured limits.

Note 16 - Commitments and Contingencies**Malpractice Insurance**

The Hospital has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. The Hospital is also insured under an umbrella liability occurrence insurance policy with a limit of \$2 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Litigations, Claims, and Assessments

The Hospital is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the Hospital.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

COVID-19 Pandemic

During 2020, the world-wide coronavirus pandemic impacted national and global economies. The Hospital is closely monitoring its operations, liquidity and capital resources and is actively working to minimize the current and future impact of this unprecedented situation. As of the date of issuance of these financial statements, the current and future full impact to the Hospital is not known.

Note 17 - Provider Relief Funds

As of September 30, 2020, the Hospital has received \$4,136,401 of Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS). The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS currently has a deadline to incur eligible expenses of June 30, 2021. Unspent funds will be expected to be repaid.

These funds are recorded as a refundable advance when received and are recognized as revenues in the accompanying statement of operations as all terms and conditions are considered met. The terms and conditions are subject to interpretation and future clarification, the most recent of which have been considered through the date of the financial statements were available to be issued. In addition, this program may be subject to oversight, monitoring and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

As of September 30, 2020, the Hospital had a total refundable advance balance related to provider relief funds of \$3,707,777, which was included in current liabilities on the accompanying consolidated balance sheets. During the year ended September 30, 2020, the Hospital recognized \$428,624 as revenue, included as other operating revenue on the statement of operations.

Note 18 - Subsequent Events

The Hospital has evaluated subsequent events through February 26, 2021, the date which the financial statements were available to be issued.

Subsequent to year-end, the Hospital received notification of forgiveness of the loan granted to them under the Paycheck Protection Program as disclosed in Note 9. The Hospital received forgiveness for the full amount of the loan in December 2020. The amount of the loan forgiveness was \$1,829,300.