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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

JENNIE EDMUNDSON MEMORIAL HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address)

933 EAST PIERCE STREET

Room/suite

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

COUNCIL BLUFFS, IA 51503

F Name and address of principal officer

STEVEN BAUMERT

933 EAST PIERCE STREET

COUNCIL BLUFFS,IA 51503

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.BESTCARE.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation

1894

M State of legal domicile

IA

Part I

Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities TO PROVIDE AND MAINTAIN HOSPITAL AND AMBULATORY FACILITIES FOR THE CARE OF PATIENTS		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2014 (Part V, line 2a)	5	792
	6	Total number of volunteers (estimate if necessary)	6	401
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	382,331
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	291,587	313,357
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	93,491,013	102,142,506
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	875,120	1,052,006
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,491,806	1,364,692
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,149,526	104,872,561
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,838,966	6,012,140
	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)	44,540,286	42,020,687
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	40,103,946	43,890,805
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	92,483,198	91,923,632
	19	Revenue less expenses Subtract line 18 from line 12	3,666,328	12,948,929
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	73,399,044	84,366,212
	21	Total liabilities (Part X, line 26)	22,263,208	28,990,191
	22	Net assets or fund balances Subtract line 21 from line 20	51,135,836	55,376,021

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

2015-11-16

Date

LINDA BURT VICE PRES FINANCE, CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

LORRAINE A EGGER

Preparer's signature

LORRAINE A EGGER

Date

Check ☐ if self-employed

PTIN P00223617

Firm's name

KPMG LLP

Firm's EIN

13-5565207

Firm's address

1212 NORTH 96TH STREET SUITE 300

OMAHA, NE 68114

Phone no

(402) 348-1450

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

THE MISSION OF JENNIE EDMUNDSON MEMORIAL HOSPITAL IS TO IMPROVE THE QUALITY OF LIFE BY CARING FOR THE BODY AND MIND JENNIE EDMUNDSON SUPPORTS ITS MISSION OF CARING FOR PEOPLE THROUGH THE PROVISION OF INPATIENT AND OUTPATIENT HOSPITAL SERVICES ON ITS MAIN CAMPUS AT 933 EAST PIERCE STREET,COUNCIL BLUFFS, IOWA AND AT VARIOUS SATELLITE LOCATIONS THROUGHOUT SOUTHWEST IOWA

2

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

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

3

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

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 5,092,444 including grants of \$ 564,066) (Revenue \$ 9,229,251)

JENNIE EDMUNDSON CARDIAC SERVICES INCLUDE SOUTHWEST IOWA'S FIRST STATE-OF-THE-ART CARDIAC CATHETERIZATION LAB OTHER CARDIAC SERVICES OFFERED AT JENNIE EDMUNDSON MEMORIAL HOSPITAL INCLUDE HEART FAILURE PROGRAM, CARDIAC REHABILITATION SERVICES AND INPATIENT CARE PROVIDED BY HIGHLY TRAINED CARDIAC CARE PROFESSIONALS

4b

(Code) (Expenses \$ 4,612,381 including grants of \$ 468,797) (Revenue \$ 7,669,749)

JENNIE EDMUNDSON'S CANCER CENTER IS THE ONLY CANCER CENTER IN SOUTHWEST IOWA ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS ALL NEWLY DIAGNOSED CANCER PATIENTS' CASES ARE PRESENTED AND REVIEWED AT THE WEEKLY CANCER CONFERENCE FOR IN-DEPTH REVIEW BY SURGEONS, RADIOLOGISTS, PATHOLOGISTS, MEDICAL AND RADIATION ONCOLOGISTS AND OTHER SPECIALIZED CARE PROVIDERS EVERY YEAR SINCE 1996, JENNIE EDMUNDSON HAS RECEIVED APPROVAL FROM THE COMMISSION ON CANCER INCLUDING MEETING PROGRAM STANDARDS, PROVIDING SUPPORT AND EDUCATION, AND DELIVERING QUALITY CARE TO ITS PATIENTS

4c

(Code) (Expenses \$ 13,624,333 including grants of \$ 1,083,950) (Revenue \$ 17,737,021)

QUALITY, COMPREHENSIVE SURGICAL SERVICES ARE PROVIDED AT JENNIE EDMUNDSON HOSPITAL BY A TEAM OF CARING AND EXPERT PHYSICIANS, NURSES AND ANESTHESIOLOGISTS USING STATE OF THE ART TECHNOLOGY PATIENTS ARE ENCOURAGED TO TAKE AN ACTIVE ROLE IN THEIR SURGICAL EXPERIENCE HIGHLY PERSONALIZED PRE- AND POST-OPERATIVE CARE IS DELIVERED FROM ADMISSION TO DISCHARGE BY NURSES WHO SPECIALIZE IN SURGICAL CARE CARE IS PROVIDED TO CHILDREN, ADOLESCENTS AND ADULTS IN GENERAL, GYNECOLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDICS, OTOLARYNGOLOGY, RESPIRATORY/PULMONARY, UROLOGY,AND VASCULAR/CARDIAC/THORACIC SURGICAL SPECIALTIES

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 58,865,470 including grants of \$ 3,895,327) (Revenue \$ 68,246,908)

4e

Total program service expenses ▶ 82,194,628

Form 990 (2014)

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

1a

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1a

31

1b

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

0

1c

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

2a

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2a

792

2b

If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

2b

Yes

3a

Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a

Yes

3b

If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*

3b

Yes

4a

At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a

No

4b

If "Yes," enter the name of the foreign country
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

4b

5a

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a

No

5b

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b

No

5c

If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

5c

6a

Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

6a

No

6b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b

7

Organizations that may receive deductible contributions under section 170(c).

7

7a

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7a

No

7b

If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b

7c

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c

No

7d

If "Yes," indicate the number of Forms 8282 filed during the year

7d

7e

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e

No

7f

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f

No

7g

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g

7h

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h

8

Sponsoring organizations maintaining donor advised funds.
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

8

9a

Did the sponsoring organization make any taxable distributions under section 4966?

9a

9b

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b

10

Section 501(c)(7) organizations. Enter

10

10a

Initiation fees and capital contributions included on Part VIII, line 12

10a

10b

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11

Section 501(c)(12) organizations. Enter

11

11a

Gross income from members or shareholders

11a

11b

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11b

12a

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a

12b

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

13

Section 501(c)(29) qualified nonprofit health insurance issuers.

13

13a

Is the organization licensed to issue qualified health plans in more than one state?
Note. See the instructions for additional information the organization must report on Schedule O

13a

13b

Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13b

13c

Enter the amount of reserves on hand

13c

14a

Did the organization receive any payments for indoor tanning services during the tax year?

14a

No

14b

If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*

14b

Form 990 (2014)

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	LINDA BURT

8511 WEST DODGE ROAD
OMAHA, NE 68114 (402) 354-4840

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN KINNEY PHD CHAIRMAN	1 00 0 00	X		X				0	0	0
(2) EMMA CHANCE VICE CHAIRMAN	1 00 0 00	X		X				0	0	0
(3) DEB BASS DIRECTOR	1 00 0 00	X						0	0	0
(4) JOHN NELSON SECRETARY	1 00 0 00	X		X				0	0	0
(5) KAREN COLLINS DIRECTOR	1 00 0 00	X						0	0	0
(6) WILLIAM SHIFFERMILLER MD DIRECTOR	1 00 39 00	X						0	379,224	107,306
(7) JOHN G SOUTHARD MD PHD DIRECTOR	1 00 0 00	X						0	0	0
(8) SPENCER C STEVENS DIRECTOR	1 00 0 00	X						0	0	0
(9) LAWRENCE F UEBNER DIRECTOR	1 00 0 00	X						0	0	0
(10) RICK CROWL JR DIRECTOR	1 00 0 00	X						0	0	0
(11) THOMAS D WHITSON DIRECTOR	1 00 0 00	X						0	0	0
(12) MICHAEL ZLOMKE MD DIRECTOR	1 00 0 00	X						0	0	0
(13) STEVEN BAUMERT PRESIDENT	35 00 5 00			X				0	301,159	80,930
(14) LINDA BURT VICE PRES-FINANCE & CFO	6 00 34 00			X				0	464,701	96,352

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(15) MICHAEL ROMANO MD PHYSICIAN /EXEC MED AFFAIR	40 00 0 00				X			207,306	0	44,835
(16) PEGGY HELGET EXEC PATIENT SVCS	40 00 0 00				X			182,825	0	25,494
(17) JAMES CHAMBERS EXEC CLINICAL AFFAIRS	40 00 0 00					X		151,081	0	36,800
(18) JULIE HINES NURSE	40 00 0 00					X		140,048	0	29,254
(19) NGUYET TRAN MD PHYSICIAN	40 00 0 00					X		191,137	0	31,372
(20) DONNA HUBBELL EXEC QUALITY & PT SAFETY	40 00 0 00					X		153,863	0	29,444
(21) EVELYN REHER PHYSICIAN	40 00 0 00					X		314,566	0	40,673

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	1,340,826	1,145,084	522,460

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▶34

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PATHLAB LTD 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	MEDICAL SERVICES	5,822,771
EMERGENCY PHYSICIANS WESTERN IOWA LLC 4950 SOUTH 177 CIRCLE OMAHA, NE 68135	MEDICAL SERVICES	1,761,029
MCLMYERS-CARLISLE-LEAPLY 14124 INDUSTRIAL RD OMAHA, NE 68144	CONSTRUCTION SERVICES	1,738,434
ACCELECARE WOUND CENTERS INC P O BOX 671242 DALLAS, TX 75267	MEDICAL SERVICES	784,084
HORIZON HEALTH MANAGEMENT P O BOX 840839 DALLAS, TX 75284	MEDICAL SERVICES	682,899

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 ▶12

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	222,962			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	90,395			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		313,357			
Program Service Revenue	2a	NET PATIENT SVC REV	Business Code 621990	100,334,902	100,334,902		
	b	OTHER PATIENT REVENUE	621990	1,807,604	1,807,604		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		102,142,506			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		572,027		572,027
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real 1,603,890	(ii) Personal			
b		Less rental expenses	1,432,565				
c		Rental income or (loss)	171,325				
d		Net rental income or (loss)		171,325		171,325	
7a		Gross amount from sales of assets other than inventory	(i) Securities 8,495,325	(ii) Other 1,200			
b		Less cost or other basis and sales expenses	8,016,546	0			
c		Gain or (loss)	478,779	1,200			
d		Net gain or (loss)		479,979		479,979	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory		70,613		70,613	
Miscellaneous Revenue		Business Code					
11a	CAFETERIA	722210	740,423	740,423			
b	LABORATORY	621500	382,331		382,331		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,122,754				
12	Total revenue. See Instructions		104,872,561	102,882,929	382,331	1,293,944	

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	113,068	113,068		
2	Grants and other assistance to domestic individuals See Part IV, line 22	5,899,072	5,899,072		
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	390,131		390,131	
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	33,277,940	32,972,996	304,944	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,199,998	1,129,909	70,089	
9	Other employee benefits	4,918,595	4,847,830	70,765	
10	Payroll taxes	2,234,023	2,194,928	39,095	
11	Fees for services (non-employees)				
a	Management				
b	Legal	57,208		57,208	
c	Accounting				
d	Lobbying	18,923		18,923	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	42,643		42,643	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,707,878	8,707,878		
12	Advertising and promotion	198,996	198,996		
13	Office expenses	1,294,721	1,294,721		
14	Information technology	46,540	46,540		
15	Royalties				
16	Occupancy	3,811,118	3,811,118		
17	Travel	46,983	46,983		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	150,489	150,489		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,217,993	3,217,993		
23	Insurance	400,510	305,436	95,074	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	14,746,637	14,746,637		
b	ALLOCATIONS	8,640,132		8,640,132	
c	MEDICAID PROVIDER TAX	862,993	862,993		
d	DUES, LICENSES AND SUBS	252,822	252,822		
e	All other expenses	1,394,219	1,394,219		
25	Total functional expenses. Add lines 1 through 24e	91,923,632	82,194,628	9,729,004	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		9,515,646	1	10,753,300	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		11,422,341	4	13,021,704	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net		130,983	7	135,061	
	8	Inventories for sale or use		2,031,122	8	1,906,288	
	9	Prepaid expenses and deferred charges		498,864	9	619,790	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	127,799,666			
	b	Less accumulated depreciation	10b	92,963,625	33,678,777	10c	34,836,041
	11	Investments—publicly traded securities		14,582,852	11	22,136,974	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11		189,714	13	226,692	
	14	Intangible assets			14		
	Liabilities	15	Other assets See Part IV, line 11		1,348,745	15	730,362
16		Total assets. Add lines 1 through 15 (must equal line 34)		73,399,044	16	84,366,212	
17		Accounts payable and accrued expenses		11,748,159	17	12,001,467	
18		Grants payable			18		
19		Deferred revenue			19		
20		Tax-exempt bond liabilities		4,605,000	20	3,540,000	
21		Escrow or custodial account liability Complete Part IV of Schedule D			21		
22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22		
23		Secured mortgages and notes payable to unrelated third parties			23		
24		Unsecured notes and loans payable to unrelated third parties			24		
Net Assets or Fund Balances	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		5,910,049	25	13,448,724	
	26	Total liabilities. Add lines 17 through 25		22,263,208	26	28,990,191	
	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		50,498,824	27	54,736,428	
	28	Temporarily restricted net assets		537,012	28	539,593	
	29	Permanently restricted net assets		100,000	29	100,000	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		51,135,836	33	55,376,021		
34	Total liabilities and net assets/fund balances		73,399,044	34	84,366,212		

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	104,872,561
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,923,632
3	Revenue less expenses Subtract line 2 from line 1	3	12,948,929
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,135,836
5	Net unrealized gains (losses) on investments	5	-335,463
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,373,281
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,376,021

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain 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		No
2b	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	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 42-0680355
Name: JENNIE EDMUNDSON MEMORIAL HOSPITAL

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	58,865,470	including grants of \$	3,895,327) (Revenue \$	68,246,908)
JENNIE EDMUNDSON HOSPITAL IS THE OLDEST ENTITY IN THE NEBRASKA HEALTH SYSTEM FAMILY IT IS A 232-BED REGIONAL HEALTH CARE CENTER SERVING SOUTHWESTERN IOWA IT IS THE ONLY HOSPITAL IN THE REGION THAT OFFERS NATIONALLY ACCREDITED CANCER AND BREAST CANCER PROGRAMS WHILE ALSO FEATURING SOUTHWEST IOWA'S ONLY ADVANCED WOUND CENTER AS WELL AS A FULL-LINE OF WOMEN'S SERVICES INCLUDING A BIRTHING CENTER AND LEVEL II NURSERY ADDITIONAL CORE SERVICES INCLUDE MEDICAL/SURGICAL SERVICES, AN EMERGENCY DEPARTMENT, DIAGNOSTIC AND IMAGING SERVICES EMPHASIS IS PLACED ON EDUCATION FOR PATIENTS, THEIR FAMILIES AND THE COMMUNITY					

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JENNIE EDMUNDSON MEMORIAL HOSPITAL	Employer identification number 42-0680355
--	--

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

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

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

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

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

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

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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

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

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

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

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization JENNIE EDMUNDSON MEMORIAL HOSPITAL	Employer identification number 42-0680355
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		18,923
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			18,923
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	A PORTION OF THE ANNUAL DUES PAID TO THE AMERICAN HOSPITAL AND IOWA HOSPITAL ASSOCIATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES

Part IV

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JENNIE EDMUNDSON MEMORIAL HOSPITAL	Employer identification number 42-0680355
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Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenue included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

- 3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	218,264	213,966	199,654	185,484	183,700
b Contributions			5,053	10,963	
c Net investment earnings, gains, and losses	4,954	11,523	12,759	9,207	1,784
d Grants or scholarships					
e Other expenditures for facilities and programs	10,730	7,225	3,500	6,000	
f Administrative expenses					
g End of year balance	212,488	218,264	213,966	199,654	185,484

- 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 ▶ 94 830 %

c Temporarily restricted endowment ▶ 5 170 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,807,651		2,807,651
b Buildings		76,438,401	50,530,368	25,908,033
c Leasehold improvements				
d Equipment		48,553,614	42,433,257	6,120,357
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				34,836,041

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	PERMANENTLY RESTRICTED NET ASSETS INCLUDE ENDOWMENT FUNDS WHICH ARE INTENDED TO BE HELD IN PERPETUITY. THE INCOME ON SUCH FUNDS IS EXPENDABLE FOR THE BENEFIT OF JENNIE EDMUNDSON MEMORIAL HOSPITAL.
PART X, LINE 2	JENNIE EDMUNDSON MEMORIAL HOSPITAL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. IN 2014 AND 2013, MANAGEMENT DETERMINED THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION OF THE FINANCIAL STATEMENTS. NO CHANGES WERE MADE TO THE FINANCIAL STATEMENTS DUE TO FIN 48.

[illegible]

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☒ 200% ☐ 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 ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,161,792	173,334	2,988,458	3 250 %
b Medicaid (from Worksheet 3, column a)			14,696,615	14,040,923	655,692	0 710 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			17,858,407	14,214,257	3,644,150	3 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			358,706		358,706	0 390 %
f Health professions education (from Worksheet 5)			1,057,338		1,057,338	1 150 %
g Subsidized health services (from Worksheet 6)			210,536		210,536	0 230 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			348,835		348,835	0 380 %
j Total Other Benefits			1,975,415		1,975,415	2 150 %
k Total. Add lines 7d and 7j			19,833,822	14,214,257	5,619,565	6 110 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			5,770		5,770	0.010 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			5,770		5,770	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

21,299,814

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

529,836,392

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

632,204,671

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

7-2,368,279

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

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

9bYes

No

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

JENNIE EDMUNDSON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

1

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

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

JENNIE EDMUNDSON MEMORIAL HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	☐ Income level other than FPG (describe in Section C)		
c	☒ Asset level		
d	☒ Medical indigency		
e	☒ Insurance status		
f	☒ Underinsurance discount		
g	☐ Residency		
h	☒ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	☒ The FAP was widely available on a website (list url) _____		
b	☒ The FAP application form was widely available on a website (list url) _____		
c	☐ A plain language summary of the FAP was widely available on a website (list url) _____		
d	☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☒ Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

JENNIE EDMUNDSON MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 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 18 (check all that apply) a ☒ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19		No
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☒ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23		No
		24		No

Part V

Facility Information (continued)

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

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

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

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 7	THE METHODS PRIMARILY USED ARE THE FINANCIAL INFORMATION FROM THE MEDICARE COST REPORT AND ACTUAL EXPENDITURES

Form and Line Reference	Explanation
PART I, LINE 7G	A SUBSIDIZED HEALTH BENEFIT IS CALCULATED FOR DEPARTMENTS AND SERVICES RECOGNIZING THESE AREAS OPERATE AT A NEGATIVE MARGIN TRANSPORT SERVICES AND CLINICS IN UNDERSERVED AREAS, FOR EXAMPLE, ARE SERVICES THAT OPERATE AT NEGATIVE MARGINS

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE PERCENTAGE IS ARRIVED AT BY DIVIDING NET COMMUNITY BENEFIT EXPENSES IN COLUMN (E) BY THE AMOUNT ON FORM 990, PART IX, LINE 25, COLUMN (A)

Form and Line Reference	Explanation
PART I, LINE 6A AND 6B	ANNUAL COMMUNITY BENEFIT REPORT NEBRASKA METHODIST HEALTH SYSTEM PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH INCLUDES INFORMATION ON COMMUNITY BENEFITS ACTIVITIES FROM ALL AFFILIATES IN ADDITION, A QUARTERLY PUBLICATION, "CHART" ADDRESSES ONGOING COMMUNITY BENEFIT ACTIVITIES THE WEBSITE "METHODISTCHART.ORG" IS DEDICATED TO JENNIE EDMUNDSON MEMORIAL HOSPITAL AND NEBRASKA METHODIST HEALTH SYSTEM AFFILIATES' COMMUNITY WORKS IT PROVIDES INFORMATION ABOUT THE SUCCESSES IN IMPACTING THE COMMUNITY'S OVERALL HEALTH PART VI, LINE 7 NO DIRECT REPORT IS PROVIDED TO THE STATE OF IOWA HOWEVER, INFORMATION FROM THE HOSPITAL'S COMMUNITY BENEFIT DATA IS INCLUDED IN A REPORT COMPILED BY THE IOWA HOSPITAL ASSOCIATION IN ADDITION, A COPY OF THE FORM 990 IS PROVIDED TO THE IOWA LEGISLATIVE AGENCY AND THE IOWA DEPARTMENT OF PUBLIC HEALTH PART I, LINE 7 INFORMATION ON PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, SUBSIDIZED HEALTH SERVICES AND IN-KIND DONATIONS IS COLLECTED THROUGHOUT THE YEAR USING THE COMMUNITY BENEFITS INVENTORY SOCIAL ACCOUNTABILITY SOFTWARE WHICH FOLLOWS CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR COMMUNITY BENEFIT REPORTING AMOUNTS SHOWN AS COMMUNITY BENEFIT ARE AT COST LESS ANY REVENUE EXCLUSIVE OF ANY GRANTS CASH AND IN-KIND DONATIONS THAT SUPPORT FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE INCLUDED IN CONTRIBUTIONS PART I, LINE 7E JENNIE EDMUNDSON AND 20 OTHER ORGANIZATIONS IN THE COMMUNITY HAVE UNITED IN THE SHAKEN BABY TASK FORCE IN A COMMUNITY EFFORT TO PREVENT SHAKEN BABY SYNDROME THE TASK FORCE, LED BY MEMBERS OF THE STAFF OF JENNIE EDMUNDSON HOSPITAL, DEVELOPED A COPYRIGHTED CURRICULUM, VIDEO AND SAFE BABY.ORG WEBSITE AND THE NATION'S ONLY 24-HOUR DEDICATED CRYING BABY HOTLINE THE VIDEO "SHAKEN BABIES SHATTERED LIVES" IS FREE ON REQUEST AND HAS BEEN SENT TO REQUESTERS IN THE UNITED STATES AND COUNTRIES OUTSIDE THE UNITED STATES JENNIE EDMUNDSON'S COMMITMENT TO SOUTHWEST IOWA EXTENDS TO A WIDE VARIETY OF OTHER ANNUAL SCREENING PROGRAMS ON PROSTATE CANCER, COLORECTAL CANCER, BREAST CANCER AND CERVICAL CANCER IN ADDITION, PHYSICIANS AND HOSPITAL STAFF PROVIDE EDUCATIONAL PROGRAMS TO ORGANIZATIONS AND AT COMMUNITY EVENTS

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	AS A COMMUNITY LEADER, JENNIE EDMUNDSON EMPLOYEES ARE ACTIVE IN COMMUNITY ORGANIZATIONS, HOLDING LEADERSHIP ROLES ON BOARDS OF DIRECTORS, COMMITTEE CHAIRMANSHIPS AND MEMBERSHIPS JENNIE EDMUNDSON PARTICIPATES IN THE CHAMBER OF COMMERCE, THE AMERICAN HEART ASSOCIATION AND OTHER ORGANIZATIONS TO STRENGTHEN THE INFRASTRUCTURE OF THE COMMUNITY

Form and Line Reference	Explanation
PART III, LINE 4	FOOTNOTE TO THE FINANCIAL STATEMENTS DESCRIBING BAD DEBT EXPENSE IS SHOWN IN THE ATTACHED AUDITED FINANCIAL STATEMENTS, PAGE 9 THE COST METHODOLOGY FOR THE BAD DEBT EXPENSE PRESENTED IN PART III, LINE 2, IS CONSISTENT WITH THAT OF THE 2014 FILED MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 8	SOURCE FOR MEDICARE REVENUE AND ALLOWABLE COSTS IS THE 2014 MEDICARE COST REPORT AS FILED

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION PRACTICES FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE JENNIE EDMUNDSON MEMORIAL HOSPITAL HAS ADOPTED A PROCEDURE FOR THOSE SITUATIONS WHERE A PATIENT POTENTIALLY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT OR CANNOT COMPLETE THE APPLICATION THIS PROCEDURE, REFERRED TO AS THE PRESUMPTIVE CHARITY PROCESS, IS FOLLOWED BY HOSPITAL PERSONNEL AS WELL AS THIRD-PARTY VENDORS ASSISTING WITH SELF-PAY COLLECTIONS SOME OF THE INDIVIDUAL LIFE CIRCUMSTANCES THAT HAVE BEEN ESTABLISHED AS INDICATORS OF PRESUMPTIVE ELIGIBILITY INCLUDE PARTICIPATION IN STATE-FUNDED PRESCRIPTION PROGRAMS, RECEIVING CARE FROM A HOMELESS PERSONS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAMS, SNAP BENEFITS, ELIGIBILITY FOR SUBSIDIZED SCHOOL LUNCH PROGRAM, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E G MEDICAID SPEND-DOWN), LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS VALID ADDRESS THE HOSPITAL STAFF, AS WELL AS VENDORS UTILIZED FOR SELF-PAY COLLECTIONS, HAVE BEEN TRAINED TO IDENTIFY INDICATORS OF PRESUMPTIVE ELIGIBILITY AND DOCUMENT SUCH AS SUPPORT FOR A FINANCIAL ASSISTANCE DETERMINATION THE HOSPITAL BILLS ALL THIRD PARTY RESOURCES THAT MAY BE ABLE TO PROVIDE REIMBURSEMENT FOR CARE PROVIDED TO PATIENTS THIS INCLUDES, BUT IS NOT LIMITED TO, COMMERCIAL INSURANCE, MEDICARE, MEDICAID, COUNTY GOVERNMENT AND OTHER GOVERNMENT PROGRAMS, AND ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO OR DURING THE TIME OF SERVICE THOSE PATIENTS ARE ENCOURAGED TO COMPLETE AN APPLICATION FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 2	BROAD-BASED COMMUNITY HEALTH AND OUTREACH INITIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN WITH KEY HEALTH NEEDS IDENTIFIED BY LIVEWELL OMAHA LIVEWELL OMAHA IS A FORUM OF ORGANIZATIONS WORKING TOGETHER TO POSITIVELY IMPACT HEALTH OUTCOMES FOR ALL INDIVIDUALS AND FAMILIES IN THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 3	FINANCIAL ASSISTANCE BROCHURES ARE INCLUDED IN ALL INPATIENT ADMISSION PACKETS JENNIE EDMUNDSON HOSPITAL CONTRACTS WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS HOSPITAL FINANCIAL COUNSELORS AND ELIGIBILITY SERVICE PERSONNEL ARE CONVENIENTLY LOCATED AT THE HOSPITAL FOR PRIVATE CONSULTATION FOR BOTH INPATIENT AND OUTPATIENT COUNSELING THE COUNSELORS ARE INCLUDED IN THE ADMISSION/DISCHARGE PROCESS TO ENSURE THAT THE PATIENT IS FULLY INFORMED ABOUT THE PROCESS AND TO HELP THE PATIENT DETERMINE WHAT ASSISTANCE MAY BE NEEDED AND WHAT IS AVAILABLE TO THEM THE HOSPITAL CUSTOMER SERVICE UNIT IS ALSO TRAINED TO ASSIST PATIENTS WITH FINANCIAL NEED PATIENTS WHO CONTACT THE UNIT EXPRESSING DIFFICULTY IN MEETING THEIR FINANCIAL OBLIGATION ARE ASSESSED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE APPROPRIATE RESOURCES ARE USED TO PROVIDE EFFECTIVE COMMUNICATION WITH NON-ENGLISH SPEAKING PATIENTS INCLUDING CYRACOM LANGUAGE LINE SYSTEM THAT PROVIDES 24-HOUR ACCESS TO SEVERAL HUNDRED DIFFERENT LANGUAGE INTERPRETERS OTHER RESOURCES INCLUDE HOPE MEDICAL OUTREACH AND ON-SITE STAFF OR CONTRACTED INTERPRETER SERVICES THE HOSPITAL PROVIDES FOR INTERPRETATIVE SERVICES AT NO COST TO THE PATIENT INFORMATION ON THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE TO THE PUBLIC ON THE BESTCARE ORG WEBSITE ADDITIONALLY, PATIENT STATEMENTS INCLUDE A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING CONTACT INFORMATION

Form and Line Reference	Explanation
PART VI, LINE 4	JENNIE EDMUNDSON SERVES COUNCIL BLUFFS, IOWA AND SURROUNDING COMMUNITIES IN SOUTHWESTERN IOWA JENNIE EDMUNDSON'S PROGRAMS ALIGN CLOSELY WITH THE KEY HEALTH NEEDS IDENTIFIED BY LIVEWELL OMAHA, A COLLABORATION OF LOCAL NON-PROFIT, GOVERNMENTAL AND FOR-PROFIT ORGANIZATIONS DEDICATED TO IMPROVING THE HEALTH OF THOSE WHO LIVE AND WORK IN THE AREA

Form and Line Reference	Explanation
PART VI, LINE 5	JENNIE EDMUNDSON'S BOARD OF DIRECTORS IS COMPOSED OF COMMUNITY LEADERS WITH DIVERSE BACKGROUNDS AND PROVIDES OVERSIGHT OF ALL OPERATIONS THE COMPOSITION INCLUDES A COMBINATION OF THOSE WITH LONGEVITY ON THE BOARD AND THOSE WHO ARE NEWER MEMBERS PHYSICIAN INVOLVEMENT ON THE BOARD ENHANCES THE HOSPITAL'S ABILITY TO BE A LEADER IN MEDICAL SERVICES MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS TO PROMOTE A UNIFORM STANDARD OF QUALITY PATIENT CARE, TREATMENT AND SERVICES

Form and Line Reference	Explanation
PART VI, LINE 6	THE NEBRASKA METHODIST HEALTH SYSTEM INCLUDES JENNIE EDMUNDSON MEMORIAL HOSPITAL AND JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION, NEBRASKA METHODIST HOSPITAL, NEBRASKA METHODIST HEALTH SYSTEM, PHYSICIANS CLINIC INC , NEBRASKA METHODIST COLLEGE OF NURSING AND NEBRASKA METHODIST HOSPITAL FOUNDATION AS A GROUP, THESE ENTITIES ARE COMMITTED TO CARING FOR THE PEOPLE OF THE COMMUNITY BY PROVIDING OUTSTANDING HEALTH CARE, EDUCATIONAL OPPORTUNITIES AND SUPPORT SERVICES TO FULFILL OUR MISSION OF CARING FOR PEOPLE, AFFILIATES HAVE DEVELOPED A VARIETY OF WAYS TO CONTRIBUTE CARE AND HEALTH-RELATED EDUCATION TO THE POOR, TO MINORITIES, AND TO OTHER UNDERSERVED GROUPS AS WELL AS TO THE BROADER COMMUNITY AS INDIVIDUAL AFFILIATES, A UNIFIED HEALTH SYSTEM AND AN ACTIVE PARTNER WITH OTHER COMMUNITY AND GOVERNMENTAL AGENCIES, JENNIE EDMUNDSON MEMORIAL HOSPITAL IS COMMITTED TO IMPROVING THE HEALTH AND QUALIFY OF LIFE OF THE RESIDENTS OF THIS COMMUNITY

Additional Data

Software ID:
Software Version:
EIN: 42-0680355
Name: JENNIE EDMUNDSON MEMORIAL HOSPITAL

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5 THE COMMUNITY HEALTH NEEDS ASSESSMENT (ASSESSMENT) WAS SPONSORED BY A COALITION OF LOCAL HEALTH SYSTEMS AND LOCAL HEALTH DEPARTMENTS THE ASSESSMENT WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS INC (PRC), A NATIONALLY-RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS THE ASSESSMENT INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES QUANTITATIVE DATA INCLUDED PRIMARY DATA REPRESENTATION FROM TELEPHONE INTERVIEWS WHICH INCORPORATED BOTH LANDLINE AND CELL PHONE INTERVIEWS IN ADDITION THERE WERE FIVE FOCUS GROUPS WHICH INCLUDED 88 KEY INFORMANTS INCLUDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS AND OTHER COMMUNITY LEADERS

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6A THE CHNA WAS A COLLABORATIVE EFFORT OF THREE OMAHA HEALTH SYSTEMS - METHODIST HEALTH SYSTEM, ALEGENT HEALTH SYSTEM AND THE NEBRASKA MEDICAL CENTER AS WELL AS LOCAL HEALTH DEPARTMENTS FROM DOUGLAS, SARPY/CASS COUNTIES, NEBRASKA AND POTTAWATTAMIE COUNTY, IOWA

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11 JENNIE EDMUNDSON HOSPITAL DID NOT ADDRESS THE AREAS OF ORAL HEALTH AND SUBSTANCE ABUSE WHICH WERE OUTLINED IN THE CHNA OTHER ORGANIZATIONS IN THE COMMUNITY HAVE THE RESOURCES AND QUALIFICATIONS TO PROVIDE FOR THESE AREAS OF COMMUNITY HEALTH JENNIE EDMUNDSON MEMORIAL HOSPITAL WILL COLLABORATE WITH COMMUNITY ORGANIZATIONS THAT ARE ADDRESSING THESE NEEDS 2014 IMPLEMENTATION STRATEGY UPDATE METHODIST JENNIE EDMUNDSON HOSPITAL (MJEH) IS COMMITTED TO ITS COMMUNITY, LIVING THE MISSION OF IMPROVING THE QUALITY OF LIFE THROUGH EXCELLENCE IN HEALTH CARE COMMUNITY BENEFIT PROGRAMS ARE STRATEGICALLY FOCUSED TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ENHANCE THE HEALTH OF THE COMMUNITY, ADVANCE MEDICAL OR HEALTH CARE KNOWLEDGE AND RELIEVE OR REDUCE THE BURDEN OF THE GOVERNMENT MJEH CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2012 AND DEVELOPED PLANS TO ADDRESS THE IDENTIFIED NEEDS TO ENSURE EFFECTIVE STRATEGIES WERE DEPLOYED, MEASURABLE OUTCOMES WERE ESTABLISHED AND MEASURED PERIODICALLY OVER THE THREE YEARS SINCE THOUGH SEVERAL IDENTIFIED NEEDS GO BEYOND MJEH'S SCOPE OF EXPERTISE, MJEH CONTINUED ITS COMMITMENT BY COLLABORATING WITH OTHER HEALTH CARE ORGANIZATIONS TARGETING THOSE NEEDS TO IMPROVE THE HEALTH OF THE ENTIRE COMMUNITY, RESOURCES FOR DISEASES, PREVENTION AND HEALTHY LIVING ARE PROVIDED BY THE FAMILY RESOURCE CENTER, A FREE CENTER LOCATED IN MJEH MJEH ADDRESSES THE NATIONAL CRISIS OF MENTAL HEALTH BY PROVIDING SERVICES FOR THE COMMUNITY FOR A REDUCED FEE OR WITH AVAILABLE FINANCIAL ASSISTANCE IN ADDITION TO BOTH THESE PROGRAMS, MJEH HAS ESTABLISHED A SEXUAL ASSAULT PROGRAM FOR SURVIVORS WORKING WITH LAW ENFORCEMENT TO PROVIDE THE BEST TREATMENT AND EMOTIONAL SUPPORT MJEH IS PROUD TO BE A PART OF THE COMMUNITY AND REFLECTS ITS COMMITMENT BY SERVING PEOPLE THROUGH OUR PREVENTION ACTIVITIES, HEALTH PROMOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER EFFORTS, PROFESSIONAL EDUCATION, AND A STRONG LEADERSHIP FOR A HEALTHIER COMMUNITY

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13B JENNIE EDMUNDSON MEMORIAL HOSPITAL CHARGES MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE FOR PATIENTS OR GUARANTORS WITH FAMILY INCOME GREATER THAN 400% OF THE FEDERAL POVERTY LEVEL WHEN CIRCUMSTANCES INDICATE SEVERE FINANCIAL HARDSHIP PATIENTS, OR THEIR GUARANTORS, MAY BE ELIGIBLE FOR MEDICAL HARDSHIP ASSISTANCE IF THEY HAVE INCURRED OUT-OF-POCKET OBLIGATIONS RESULTING FROM MEDICAL SERVICES THAT EXCEED 25% OF FAMILY INCOME AND SUFFICIENT FAMILY ASSETS ARE NOT AVAILABLE TO MEET THE OBLIGATION

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13H JENNIE EDMUNDSON MEMORIAL HOSPITAL UNDERSTANDS THAT NOT ALL PATIENTS ARE ABLE TO COMPLETE A FINANCIAL ASSISTANCE APPLICATION OR COMPLY WITH REQUESTS FOR DOCUMENTATION THERE MAY BE INSTANCES UNDER WHICH A PATIENT'S QUALIFICATION FOR FINANCIAL ASSISTANCE IS ESTABLISHED WITHOUT COMPLETING THE FORMAL FINANCIAL ASSISTANCE APPLICATION OTHER INFORMATION MAY BE UTILIZED TO TO MAKE AN INFORMED DECISION ON FINANCIAL NEED SUCH AS, HOMELESS, DECEASED - NO KNOWN ESTATE, WIC PROGRAM ELIGIBILITY OR SNAP BENEFITS ADDITIONALLY, JENNIE EDMUNDSON MEMORIAL HOSPITAL UTILIZES A PRESUMPTIVE ELIGIBILITY ANALYTICS SOLUTION THAT EXAMINES HISTORICAL DATA COMBINED WITH HOUSEHOLD ECONOMIC INFORMATION IT EVALUATES ACCOUNTS BASED ON THE FOLLOWING STANDARDS AVAILABLE HOUSEHOLD INCOME, HOUSEHOLD SIZE, CAPACITY TO MAKE PAYMENT, AND OVER-EXTENSION COMPARED TO FEDERAL POVERTY GUIDELINES THIS INFORMATION IS DERIVED FROM SOCIO-ECONOMIC DATA FROM NUMEROUS SOURCES, INCLUDING CENSUS DATA USING THIS PRESUMPTIVE ELIGIBILITY APPROACH, A SCORE IS ASSIGNED AT THE INDIVIDUAL PATIENT LEVEL THE SCORE ENABLES THE PATIENT FINANCIAL SERVICES TO MEET INTERNAL PROCESSING REQUIREMENTS WHILE PROVIDING A COMMUNITY BENEFIT THROUGH FORGIVING ACCOUNT BALANCES FOR THOSE IN NEED THIS APPROACH ENABLES JENNIE EDMUNDSON MEMORIAL HOSPITAL TO EVALUATE ACCOUNTS FOR FINANCIAL ASSISTANCE EQUALLY, REGARDLESS OF THE PATIENT'S ABILITY TO COMPLETE AN APPLICATION FOR ASSISTANCE WHEN THE PRESUMPTIVE ELIGIBILITY SOLUTION IS THE BASIS FOR DETERMINING ELIGIBILITY, A FULL FREE CARE DISCOUNT WILL BE GRANTED FOR ELIGIBLE SERVICES FOR RETROSPECTIVE DATES OF SERVICE ONLY THESE ACCOUNTS WILL NOT BE SENT TO COLLECTION AND WILL NOT BE INCLUDED IN BAD DEBT EXPENSE

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 16I THE FINANCIAL ASSISTANCE APPLICATION IS PROVIDED WITH INPATIENT ADMISSION PACKETS GUIDANCE TO THE POLICY IS REFERRED TO IN PATIENT STATEMENTS

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 22D THE AVERAGE COMMERCIAL INSURANCE RATE IS USED

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	WWW.BESTCARE.ORG/TOOLS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE/

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	WWW.BESTCARE.ORG/TOOLS/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE/

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) IOWA WESTERN COMMUNITY COLLEGE FOUNDATION 2700 COLLEGE ROAD COUNCIL BLUFFS, IA 51503	42-1224333	501(C)(3)	5,250				EDUCATION / SCHOLARSHIPS
(2) POTTAWATTAMIE COUNTY MENTAL ABUSE NETWORK 515 5TH AVE COUNCIL BLUFFS, IA 51503	26-0697957	501(C)(3)	10,000				SUPPORT OF FOUNDATION PROGRAMS
(3) CONNECTIONS AREA AGENCY AGING 300 W BROADWAY STE 240 COUNCIL BLUFFS, IA 51503	42-1146108	501(C)(3)	70,079				PARTNERING TO REDUCE READMISSIONS
(4) COUNCIL BLUFFS AREA CHAMBER OF COMMERCE PO BOX 1565 COUNCIL BLUFFS, IA 51502	42-0198270	501(C)(6)	13,475				SUPPORT OF CHAMBER'S PROGRAMS

2

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

3

3

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

1

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS	6	11,000			
(2) FINANCIAL ASSISTANCE	9017		5,888,072	BOOK	FINANCIAL ASSISTANCE TO PATIENTS

Part IV

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

Return Reference	Explanation
PART I, LINE 2	JENNIE EDMUNDSON MEMORIAL HOSPITAL ONLY PROVIDES GRANTS TO IRC SECTION 501(C)(3) ORGANIZATIONS AND 501(C)(3) ACTIVITIES TO ENSURE THE FUNDS ARE USED FOR EXEMPT PURPOSES

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" to Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

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

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	(B) Breakdown of W-2 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 in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	JENNIE EDMUNDSON MEMORIAL HOSPITAL IS AN AFFILIATED MEMBER OF THE NEBRASKA METHODIST HEALTH SYSTEM. POLICIES ARE CENTRALIZED AT NEBRASKA METHODIST HEALTH SYSTEM INC. METHODIST HEALTH SYSTEM, WITH WHICH JENNIE EDMUNDSON IS AFFILIATED, RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL OFFICER COMPENSATION FOR EACH AFFILIATE. UNDER THIS PROCESS, MARKET DATA ON COMPENSATION IS GATHERED AND ANALYZED AND COMPENSATION RANGES ARE SET. THE INFORMATION IS THEN PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF NEBRASKA METHODIST HEALTH SYSTEM INC., A NEBRASKA NON-PROFIT CORPORATION AND A VOTING MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL. ALL OFFICER COMPENSATION IS REVIEWED, EVALUATED AND APPROVED BY THIS COMMITTEE.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2014 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS: STEVEN BAUMERT \$27,554 ACCRUAL; LINDA BURT \$59,336 ACCRUAL, \$66,637 PLAN DISTRIBUTION; WILLIAM SHIFFERMILLER MD \$35,380 ACCRUAL, PLAN DISTRIBUTION \$56,076.

Additional Data

Software ID:
Software Version:
EIN: 42-0680355
Name: JENNIE EDMUNDSON MEMORIAL HOSPITAL

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM SHIFFERMILLER MD, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	310,534	6,000	62,690	89,701	19,703	488,628	56,076
1 STEVEN BAUMERT, PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	261,421	0	39,738	62,538	19,374	383,071	0
2 LINDA BURT, VICE PRES-FINANCE & CFO	(i)	0	0	0	0	0	0	0
	(ii)	373,454	0	91,247	82,504	14,830	562,035	66,637
3 MICHAEL ROMANO MD, PHYSICIAN /EXEC MED AFFAIR	(i)	189,806	0	17,500	20,338	25,588	253,232	0
	(ii)	0	0	0	0	0	0	0
4 PEGGY HELGET, EXEC PATIENT SVCS	(i)	161,259	14,804	6,762	18,074	8,510	209,409	0
	(ii)	0	0	0	0	0	0	0
5 JAMES CHAMBERS, EXEC CLINICAL AFFAIRS	(i)	151,081	0	0	22,075	15,815	188,971	0
	(ii)	0	0	0	0	0	0	0
6 JULIE HINES, NURSE	(i)	129,898	0	10,150	14,362	15,802	170,212	0
	(ii)	0	0	0	0	0	0	0
7 NGUYET TRAN MD, PHYSICIAN	(i)	191,137	0	0	6,610	28,672	226,419	0
	(ii)	0	0	0	0	0	0	0
8 DONNA HUBBELL, EXEC QUALITY & PT SAFETY	(i)	125,895	14,804	13,164	9,682	20,852	184,397	0
	(ii)	0	0	0	0	0	0	0
9 EVELYN REHER, PHYSICIAN	(i)	269,958	44,608	0	25,948	15,627	356,141	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization JENNIE EDMUNDSON MEMORIAL HOSPITAL	Employer identification number 42-0680355
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶ \$	

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total	▶ \$			
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN SOUTHARD MD	MEMBER OF THE BOARD	460,000	DR SOUTHARD IS A 50% OWNER OF PULMONARY/INFECTIOUS DISEASE WHICH CONTRACTS WITH THE HOSPITAL TO PROVIDE SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
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2014

**Open to Public
Inspection**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number

42-0680355

Return Reference	Explanation
FORM 990, PART V, LINE 2B	THE PAYROLL SYSTEM FOR JENNIE EDMUNDSON MEMORIAL HOSPITAL IS BEING HANDLED BY A COMMON PAY MASTER, NEBRASKA METHODIST HEALTH SYSTEM INC. ALL W-2 FORMS ARE ISSUED UNDER THE TAX IDENTIFICATION NUMBER OF NEBRASKA METHODIST HEALTH SYSTEM. ALL REQUIRED FEDERAL EMPLOYMENT TAX RETURNS WERE FILED BY NEBRASKA METHODIST HEALTH SYSTEM. WAGES AND BENEFITS SHOWN IN THIS FORM 990 ARE ACTUAL EXPENSES ASSOCIATED WITH JENNIE EDMONDSON MEMORIAL HOSPITAL PERSONNEL.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	UNDER THE ARTICLES OF INCORPORATION OF JENNIE EDMUNDSON MEMORIAL HOSPITAL, AS RESTATED ON APRIL 29, 1994, THE WOMEN'S CHRISTIAN ASSOCIATION OF IOWA, AN IOWA NON-PROFIT CORPORATION IS A SPONSORING MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL UNDER THE SAME ARTICLES OF INCORPORATION, NEBRASKA METHODIST HEALTH SYSTEM INC ,A NEBRASKA NON-PROFIT CORPORATION, IS A CORPORATE MEMBER OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	UNDER THE ARTICLES OF INCORPORATION OF JENNIE EDMUNDSON MEMORIAL HOSPITAL, AS RESTATED ON APRIL 29 1994, THE WOMEN'S CHRISTIAN ASSOCIATION OF COUNCIL BLUFFS, IOWA, AN IOWA NON-PROFIT CORPORATION, IS A SPONSORING MEMBER OF THE ORGANIZATION AND HAS THE RIGHT TO NOMINATE TWO (2) OF ITS MEMBERS TO THE HOSPITAL'S BOARD OF DIRECTORS. LIKEWISE, THE NEBRASKA METHODIST HEALTH SYSTEM INC. HAS THE RIGHT TO NOMINATE TO THE HOSPITAL'S BOARD OF DIRECTORS THE NUMBER OF DIRECTORS THAT IS ONE (1) LESS THAN A MAJORITY OF THE SEATS ON THE BOARD OF DIRECTORS. NEBRASKA METHODIST HEALTH SYSTEM ALSO HAS THE RIGHT TO APPROVE ALL OF THE DIRECTORS NOMINATED.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING THE FORM 990, A COPY IS PROVIDED TO THE AUDIT AND COMPLIANCE COMMITTEE OF NEBRASKA METHODIST HEALTH SYSTEM AND THE JENNIE EDMUNDSON MEMORIAL HOSPITAL BOARD OF DIRECTORS. THEY ARE GIVEN AN OPPORTUNITY TO ASK QUESTIONS OR REQUEST MORE INFORMATION. INFORMATION FOR THE FORM 990 IS GATHERED FROM APPROPRIATE RESPONSIBLE PARTIES THROUGHOUT THE ORGANIZATION, INCLUDING THE ORGANIZATION'S HUMAN RESOURCES, FINANCE, COMPLIANCE, AND COMMUNITY NETWORKING DEPARTMENTS, IS REVIEWED BY EXTERNAL TAX ADVISORS AND HAS A FINAL REVIEW BY THE CHIEF FINANCIAL OFFICER FOR NEBRASKA METHODIST HEALTH SYSTEM AND THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS, COMMITTEE MEMBERS, MEDICAL DIRECTORS, AND KEY EMPLOYEES PURSUANT TO THE METHODIST HEALTH SYSTEM CONFLICTS OF INTEREST POLICY WHICH REQUIRES THE DISCLOSURE RELATIONSHIPS, NOT JUST FINANCIAL, THAT COULD GIVE RISE TO CONFLICTS WITH THE ORGANIZATION A BOARD COMMITTEE MEETS ANNUALLY TO REVIEW ALL POTENTIAL CONFLICTS IDENTIFIED THROUGH THE SURVEYS SHOULD A DECISION COME TO THE BOARD WITH AN IDENTIFIED CONFLICT, THE OFFICER, DIRECTOR OR KEY EMPLOYEE IS NOT PERMITTED TO VOTE OR USE PERSONAL INFLUENCE ON THE MATTER AND IS NOT COUNTED IN DETERMINING THE QUORUM FOR A MEETING AT WHICH THE MATTER IS DISCUSSED A POTENTIAL CONFLICT OF INTEREST ONCE IDENTIFIED MUST BE EVALUATED ON A CASE BY CASE BASIS IN ORDER TO APPROVE THE TRANSACTION WHICH INVOLVES A DIRECT CONFLICT OF INTEREST, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DIRECTORS FOR WHOM NO CONFLICT EXISTS, AT A MEETING AT WHICH A QUORUM IS PRESENT, THAT THE ARRANGEMENT OR TRANSACTION IS IN THE BEST INTERESTS OF JENNIE EDMUNDSON MEMORIAL HOSPITAL AND/OR ITS HEALTH SYSTEM AFFILIATES, IS FAIR AND REASONABLE AND, AFTER INVESTIGATION, THE DIRECTORS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	JENNIE EDMUNDSON MEMORIAL HOSPITAL IS AN AFFILIATED MEMBER OF THE NEBRASKA METHODIST HEALTH SYSTEM. POLICIES ARE CENTRALIZED AT NEBRASKA METHODIST HEALTH SYSTEM INC. METHODIST HEALTH SYSTEM, WITH WHICH JENNIE EDMUNDSON IS AFFILIATED, RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL OFFICER COMPENSATION FOR EACH AFFILIATE. UNDER THIS PROCESS, MARKET DATA ON COMPENSATION IS GATHERED AND ANALYZED AND COMPENSATION RANGES ARE SET. THE INFORMATION IS THEN PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF NEBRASKA METHODIST HEALTH SYSTEM INC., A NEBRASKA NON-PROFIT CORPORATION AND THE VOTING MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL. ALL OFFICER COMPENSATION IS REVIEWED, EVALUATED AND APPROVED BY THIS COMMITTEE. PHYSICIAN COMPENSATION IS COMPARED TO NATIONAL COMPENSATION SURVEY DATA FROM THE MEDICAL GROUP MANAGEMENT ASSOCIATION (MGMA) AND THE AMERICAN MEDICAL GROUP ASSOCIATION (AMGA). THE POLICY ON "PHYSICIAN COMPENSATION" IS FOLLOWED WHEN CONTRACTING WITH PHYSICIANS TO ENSURE APPROPRIATE APPROVALS, INCLUDING APPROVAL BY THE BOARD OF DIRECTORS, ARE OBTAINED WHEN WARRANTED. OPINIONS OF FAIR MARKET VALUE REGARDING A PARTICULAR COMPENSATION ARRANGEMENT OR TRANSACTION MAY ALSO BE OBTAINED FROM REPUTABLE, INDEPENDENT VALUATION CONSULTANTS.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 1023 WAS FILED PRIOR TO 7/15/87 AND NEED NOT BE MADE PUBLICLY AVAILABLE. A COPY OF THE IRS LETTER 947 WILL BE PROVIDED UPON WRITTEN REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS SEPARATELY AVAILABLE TO THE PUBLIC. HOWEVER, ARTICLES OF INCORPORATION FOR THE ORGANIZATION ARE AVAILABLE THROUGH THE IOWA SECRETARY OF STATE'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH THE IRS FORM 990 AND FORM 990-T. THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING THE COMMUNITY BENEFITS IT PROVIDES AS PART OF THE METHODIST HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW.METHODISTCHART.ORG

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY -8,657,264 CAPITAL TRANSFERS FROM AFFILIATES 283,983

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization JENNIE EDMUNDSON MEMORIAL HOSPITAL	Employer identification number 42-0680355
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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
See Additional Data Table							

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) Disproporionate 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
(1) SHARED SERVICE SYSTEMS INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0649534	MEDICAL SUPPLY DISTRIBUTION & LAUNDRY	NE	NEBRASKA METHODIST HEALTH SYSTEM INC	C					No
(2) METHODIST HEALTH PARTNERS 8511 W DODGE ROAD OMAHA, NE 68114 47-0797563	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM INC	C					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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

Yes

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION	C	222,962	BOOK

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 42-0680355

Name: JENNIE EDMUNDSON MEMORIAL HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
(1) JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 42-1439454	SUPPORT OF JENNIE EDMUNDSON HOSPITAL	IA	501(C)(3)	L7	JENNIE EDMUNDSON MEMORIAL HOSPITAL	Yes
(1) WOMEN'S CHRISTIAN ASSOCIATION OF COUNCIL BLUFFS IOWA 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 93-0957829	MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL	IA	501(C)(3)	L11 III-O	N/A	No
(2) NEBRASKA METHODIST HEALTH SYSTEM INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0639839	ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L11 III-FI	N/A	No
(3) NEBRASKA METHODIST HOSPITAL 8511 W DODGE ROAD OMAHA, NE 68114 47-0376604	LICENSED HOSPITAL	NE	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM INC	No
(4) NEBRASKA METHODIST COLLEGE OF NURSING & ALLIED HEALTH 8511 W DODGE ROAD OMAHA, NE 68114 47-0724387	NURSING AND HEALTH EDUCATION FACILITY	NE	501(C)(3)	L2	NEBRASKA METHODIST HOSPITAL	No
(5) NEBRASKA METHODIST HEALTH SYSTEM SELF INSURANCE TRUST FUND 8511 W DODGE ROAD OMAHA, NE 68114 36-3699672	INSURANCE	NE	501(C)(3)	L11 III-FI	NEBRASKA METHODIST HEALTH SYSTEM INC	No
(6) REAL ESTATE HOLDINGS 8511 W DODGE ROAD OMAHA, NE 68114 47-0649790	PROPERTY MANAGEMENT	NE	501(C)(2)	N/A	NEBRASKA METHODIST HEALTH SYSTEM INC	No
(7) PHYSICIANS CLINIC INC 8511 W DODGE ROAD OMAHA, NE 68114 47-0687317	CLINICAL HEALTH CARE	NE	501(C)(3)	L9	NEBRASKA METHODIST HEALTH SYSTEM INC	No
(8) NEBRASKA METHODIST HOSPITAL FOUNDATION 8511 W DODGE ROAD OMAHA, NE 68114 47-0595345	SUPPORT OF NEBRASKA METHODIST HOSPITAL	NE	501(C)(3)	L7	NEBRASKA METHODIST HEALTH SYSTEM INC	No