

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

TO CONTINUOUSLY IMPROVE THE HEALTH STATUS OF OUR COMMUNITY

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 \$ 53,143,104	including grants of \$ 374,755	(Revenue \$ 58,834,010)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	53,143,104
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	96
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	372
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 instructionsCheck if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 4		
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b Describe 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	No
b Other officers or key employees of the organization	15b	No
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	CA
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 ► ROBIN AGUILLON ACCOUNTING D 10901 GOLD CENTER DRIVE 3RD FLOOR RANCHO CORDOVA, CA 95670 (916) 631-3337	

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) Sean Anderson MD Board Member	20.0	X						98,340	0	15,488
(2) Susan Atkinson Board Member	4.0	X						0	0	0
(3) Cindy Holst Board Member (thru 4/25/17)	4.0	X						0	306,068	60,890
(4) Charles Kassis Board Member	4.0	X						0	674,506	107,632
(5) Dean Kelaita MD Board Member (thru 1/24/17)	4.0	X						6,600	0	0
(6) Ken McInturf Board Member (thru 11/29/16)	4.0	X						0	0	0
(7) Lin Reed Board Member	4.0	X						0	0	0
(8) William Griffin MD Chairman	4.0	X		X				7,000	0	0
(9) Katherine A Medeiros Secretary (Thru 6/27/17)	4.0	X		X				0	464,815	79,929
(10) David Woodhams DDS Treasurer	4.0	X		X				0	0	0
(11) Robert Diehl President & CEO	40.0			X				0	212,154	21,185
(12) Chris L Roberts VP & CFO	40.0			X				232,183	0	51,315
(13) Robert Allen VP Clinics	40.0				X			394,416	0	55,388
(14) Katherine Mc Coy VP & CNE	40.0				X			212,026	0	32,927
(15) John D Anderson MD Physician	40.0					X		261,593	0	35,824
(16) Richard Gonzales MD Family Practice Physician	40.0					X		232,722	0	60,412
(17) Jill Ortiz Director of Pharmacy	40.0					X		229,964	0	67,626

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Sanaz Parsa MD Physician	40 0 0 0					X		240,836	0	40,203
(19) Mohamad A Parsa MD Physician	40 0 0 0					X		331,160	0	57,422
(20) Lawrence A Phillip Former Officer	0 0 0 0						X	0	147,332	11,492
(21) Craig Marks Former Officer	0 0 0 0						X	0	576,984	0

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶	2,246,840	2,381,859	697,733

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 ▶ 96

	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 Yes	
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
Inpatient Service of CA Inc, 7032 Collection Ctr Dr CHICAGO, IL 60693	medical services	1,211,296
Rodger Orman MD Inc, PO Box 2189 MURPHYS, CA 95247	medical services	767,204
Trimedx LLC, 5451 Lakeview Pkwy S Dr INDIANA, IN 46268	mgmt svc - equipment	743,687
Elisabeth Siegler MD A PC, 585 Stanislaus Ave ANGELS CAMP, CA 95222	medical services	697,164
CRAIG H LOVETT MD INC, PO BOX 610 ALTAVILLE, CA 95221	medical services	611,846

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 ▶ 21

Part VIII Statement of RevenueCheck 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				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,965			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶		9,965			
Program Service Revenue			Business Code			
	2a PATIENT NET OF CHARITY AND BAD DEBT		900099	34,254,110	34,254,110	
	b MEDICARE/MEDICAID PAYMENTS		900099	24,448,090	24,448,090	
	c MEANINGFUL USE INCENTIVES		900099	47,148	47,148	
	d OUTPATIENT TELEHEALTH		900099	30,000	30,000	
	e BLOOD WORK FEES		900099	15,685	15,685	
	f All other program service revenue			38,977	38,977	
	g Total. Add lines 2a-2f ▶		58,834,010			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			197,774		197,774
	4 Income from investment of tax-exempt bond proceeds ▶			0		
	5 Royalties ▶			0		
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss) ▶			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	698,800				
	d Net gain or (loss) ▶			698,800		698,800
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events ▶			0		
	9a Gross income from gaming activities See Part IV, line 19 a	0				
	b Less direct expenses b	0				
	c Net income or (loss) from gaming activities ▶			0		
	10a Gross sales of inventory, less returns and allowances a	0				
b Less cost of goods sold b	0					
c Net income or (loss) from sales of inventory ▶			0			
Miscellaneous Revenue		Business Code				
11a CAFETERIA	561000	137,349			137,349	
b TENANT SERVICES	561110	99,545			99,545	
c A/R FINANCE CHARGE	900099	11,743			11,743	
d All other revenue		20,850			20,850	
e Total. Add lines 11a-11d ▶		269,487				
12 Total revenue. See Instructions ▶		60,010,036	58,834,010		1,166,061	

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.	374,755	374,755		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	998,963	925,476	73,487	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	301,685	301,685		
7 Other salaries and wages.	24,659,050	22,919,402	1,739,648	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,690,479	1,555,499	134,980	0
9 Other employee benefits.	5,477,282	5,036,757	440,525	0
10 Payroll taxes.	1,768,207	1,644,432	123,775	0
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	111,873	0	111,873	0
c Accounting.	11,772	0	11,772	0
d Lobbying.	4,913	0	4,913	0
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	64,007	0	64,007	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	12,564,748	7,976,690	4,588,058	0
12 Advertising and promotion.	682,383	20,520	661,863	0
13 Office expenses.	1,176,528	697,331	479,197	0
14 Information technology.	3,701,027	1,288,418	2,412,609	0
15 Royalties.	0			
16 Occupancy.	1,285,330	963,500	321,830	0
17 Travel.	74,058	32,707	41,351	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	48,822	46,654	2,168	0
20 Interest.	102,791	102,791	0	0
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	2,014,229	1,949,884	64,345	0
23 Insurance.	478,451	478,451	0	0
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	6,520,033	6,519,713	320	0
b FOOD/INVENTORY EXPENSE	198,598	156,709	41,889	0
c LICENSES AND TAXES	100,867	41,455	59,412	0
d DUES AND SUBSCRIPTIONS	94,033	22,700	71,333	0
e All other expenses	155,234	87,575	67,659	
25 Total functional expenses. Add lines 1 through 24e.	64,660,118	53,143,104	11,517,014	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,700	1	2,813
	2	Savings and temporary cash investments		352,882	2	634,591
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		9,526,512	4	9,143,129
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		485,877	7	227,227
	8	Inventories for sale or use		1,141,878	8	1,112,434
	9	Prepaid expenses and deferred charges		3,076,117	9	2,688,548
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 42,591,729			
	b	Less: accumulated depreciation	10b 29,045,868	14,216,557	10c	13,545,861
	11	Investments—publicly traded securities		6,267,902	11	5,855,405
	12	Investments—other securities. See Part IV, line 11		8,055,149	12	8,722,948
	13	Investments—program-related. See Part IV, line 11		2,657,311	13	2,779,096
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		507,569	15	473,930
16	Total assets. Add lines 1 through 15 (must equal line 34)		46,290,454	16	45,185,982	
Liabilities	17	Accounts payable and accrued expenses		6,285,532	17	9,981,102
	18	Grants payable		0	18	0
	19	Deferred revenue		109,137	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,640,041	25	1,563,439
	26	Total liabilities. Add lines 17 through 25		9,034,710	26	11,544,541
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		34,598,433	27	30,862,345
	28	Temporarily restricted net assets		2,657,311	28	2,779,096
	29	Permanently restricted net assets		0	29	0
	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		37,255,744	33	33,641,441
	34	Total liabilities and net assets/fund balances		46,290,454	34	45,185,982

Part XI Reconciliation of Net AssetsCheck 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	60,010,036
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,660,118
3	Revenue less expenses Subtract line 2 from line 1	3	-4,650,082
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,255,744
5	Net unrealized gains (losses) on investments	5	804,857
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	109,137
9	Other changes in net assets or fund balances (explain in Schedule O)	9	121,785
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,641,441

Part XII Financial Statements and ReportingCheck 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
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 68-0127677
Name: Mark Twain Medical Center

Form 990 (2016)

Form 990, Part III, Line 4a:
THE HOSPITAL PROVIDES ROUTINE PATIENT CARE IN PRIVATE AND SEMI-PRIVATE ROOMS AS WELL AS VARIOUS INPATIENT AND OUTPATIENT ANCILLARY SERVICES SUCH AS X-RAY, LAB, EMERGENCY ROOM, ETC DURING THE FISCAL YEAR 2017, 927 PATIENTS WERE ADMITTED TO THE FACILITY AND 72,488 OUTPATIENT VISITS WERE RECORDED INCLUDING VISITS AT OUR 5 RURAL HEALTH CLINICS

SCHEDULE A
(Form 990 or
990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Mark Twain Medical Center

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

2016

Open to Public Inspection

Employer identification number

68-0127677

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1** ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2** ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3** ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4** ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6** ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8** ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9** ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11** ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12** ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a** ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b** ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c** ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d** ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e** ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f** Enter the number of supported organizations _____
- g** Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Mark Twain Medical Center	Employer identification number 68-0127677
---	--

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-
2				
3				
4				
5				
6				

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,913
j	Total. Add lines 1c through 1i			4,913
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 1i	LOBBYING EXPENDITURES PAID DIRECTLY BY THE FILING ORGANIZATION FOR ANNUAL MEMBERSHIP DUES NATIONAL RURAL HEALTH ASSOCIATION \$ 21 ----- SUBTOTAL \$ 21 LOBBYING EXPENDITURES PAID BY THE PARENT ORGANIZATION FOR ANNUAL MEMBERSHIP DUES AND OTHER LOBBYING ACTIVITIES WHERE EXPENSES ARE ALLOCATED TO THE HOSPITAL AMERICAN HOSPITAL ASSOCIATION \$ 1,020 CHA/HASC/HOSPITAL COUNCIL \$ 3,387 CATHOLIC HEALTH ASSOCIATION \$ 453 340B HEALTH \$ 32 ----- SUBTOTAL \$ 4,892 ----- TOTAL \$ 4,913 =====

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Mark Twain Medical Center

Employer identification number
68-0127677

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	2a Total number of conservation easements
b	2b Total acreage restricted by conservation easements
c	2c Number of conservation easements on a certified historic structure included in (a)
d	2d 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, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

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" on Form 990, Part IV, line 10.

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		18,715,958	11,759,697	6,956,261
c Leasehold improvements		3,261,390	2,926,494	334,896
d Equipment		17,650,698	13,596,458	4,054,240
e Other		2,963,683	763,219	2,200,464
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				13,545,861

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) POOLED INVESTMENTS	8,722,948	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	8,722,948	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVSTMNT IN UNCONSOLIDATED FND	2,779,096	F
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	2,779,096	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO RELATED PARTIES	1,296,432
PENSION PAYABLE	22,793
OTHER NON-CURRENT LIABILITIES	244,214
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,563,439

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	
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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 68-0127677
Name: Mark Twain Medical Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 - FIN 48 (ASC 740) FOOTNOTE	DIGNITY HEALTH REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MAT ERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FI NANCIAL STATEMENTS

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization
Mark Twain Medical Center

Employer identification number
68-0127677

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

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

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☒ 200% ☐ Other %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

4

4

Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?

5a

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5b

No

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5c

5c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

6a

Yes

6a

Did the organization prepare a community benefit report during the tax year?

6b

Yes

6b

If "Yes," did the organization make it available to the public?

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
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)		257	294,005	0	294,005	0 450 %
b Medicaid (from Worksheet 3, column a)		26,470	18,402,259	10,413,491	7,988,768	12 360 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		14	5,523	1,298	4,225	0 010 %
d Total Financial Assistance and Means-Tested Government Programs		26,741	18,701,787	10,414,789	8,286,998	12 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	1,325	468,405	0	468,405	0 720 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	1	430,549	0	430,549	0 670 %
j Total. Other Benefits	15	1,326	898,954	0	898,954	1 390 %
k Total. Add lines 7d and 7j	15	28,067	19,600,741	10,414,789	9,185,952	14 210 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	2,500	0	2,500	0 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	1	0	2,500	0	2,500	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,423,263	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	15,206,011
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	20,418,875
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-5,212,864
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
 Mark Twain Medical Center

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

Community Health Needs Assessment

	Yes	No
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
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	No
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>SEE SECTION C</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 <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SECTION C</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information *(continued)*

Financial Assistance Policy (FAP)

Mark Twain Medical Center

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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 200 % and FPG family income limit for eligibility for discounted care of 500 %		
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? 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)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☒ The FAP was widely available on a website (list url) SEE SECTION C		
b ☒ The FAP application form was widely available on a website (list url) SEE SECTION C		
c ☒ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j ☒ Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Mark Twain Medical Center

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Mark Twain Medical Center

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

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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? 5

Name and address	Type of Facility (describe)
1 Valley Springs Family Medical Center 1919 VISTA DEL LAGO DRIVE VALLEY SPRINGS, CA 95252	OUTPATIENT CLINIC
2 Angels Camp Family Medical Center 222 SOUTH MAIN STREET ANGELS CAMP, CA 95222	OUTPATIENT CLINIC
3 Arnold Family Medical Center 2182 Highway 4 Arnold, CA 95223	Outpatient Clinic
4 San Andreas Clinic 704 Mt Ranch Road Suite 103 San Andreas, CA 95249	Outpatient Clinic
5 Copperopolis Family Medical Center 3505 Spangler Lane Suite 400 Copperopolis, CA 95228	Outpatient Clinic
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	MARK TWAIN MEDICAL CENTER (MTMC) FOLLOWS THE METHOD USED BY DIGNITY HEALTH FOR PURPOSES OF CALCULATING THE AMOUNTS PROVIDED IN THE TABLE, MTMC USES A COST ACCOUNTING SYSTEM THAT COMBINES RELATIVE VALUE UNITS (RVU) AND COST TO CHARGE RATIOS (CCR) TO ALLOCATE COSTS TO THE PATIENT LEVEL. THE COST ACCOUNTING SYSTEM ALGORITHM ALLOCATES TOTAL OPERATING EXPENSES TO THE PROCEDURE CHARGE CODE LEVEL BASED UPON AN RVU FOR PROCEDURES THAT HAVE BEEN STUDIED AND ASSIGNED AN RVU, OR BASED UPON A CCR FOR UNSTUDIED PROCEDURES THAT DO NOT HAVE AN RVU ASSIGNED. WHEN A CCR IS USED, THE SYSTEM CALCULATES THAT CCR ON A DEPARTMENTAL SPECIFIC BASIS AT EACH INDIVIDUAL FACILITY WHERE THE SERVICES WERE PROVIDED. THE CALCULATION IS SIMILAR TO THE WORKSHEET 2 OF SCHEDULE H, RATIO OF PATIENT CARE COST TO CHARGES, EXCEPT IT IS CALCULATED ON A DEPARTMENTAL SPECIFIC BASIS, NOT IN THE AGGREGATE. THE ALLOCATED PROCEDURE CHARGE CODE LEVEL COSTS ARE THEN ROLLED UP TO THE PATIENT LEVEL BASED UPON THE BILLED PROCEDURE CHARGE CODES ASSOCIATED WITH THOSE SERVICES PROVIDED TO EACH SPECIFIC PATIENT. THIS IS DONE FOR ALL PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED AND SELF-PAY. THE COST ACCOUNTING SYSTEM IS UTILIZED TO DETERMINE THE UNREIMBURSED COST OF MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS. THE COST OF CHARITY CARE IS CALCULATED BY APPLYING THE CCR DERIVED FROM THE COST ACCOUNTING SYSTEM ON A PER FACILITY BASIS, TO THE CHARGES INCURRED ON PATIENTS THAT QUALIFY FOR CHARITY CARE AT THE RESPECTIVE FACILITY. THE ACTUAL COST IS REPORTED FOR OTHER COMMUNITY BENEFIT ACTIVITIES SUCH AS COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS AND CASH AND IN-KIND DONATIONS. SCHEDULE H, PART I, LINE 7, COLUMN (F) BEGINNING IN 2009, THE STATE OF CALIFORNIA ESTABLISHED PROVIDER FEE PROGRAMS. THESE PROGRAMS ARE FUNDED BY QUALITY ASSURANCE FEES PAID BY PARTICIPATING HOSPITALS AND MATCHING FEDERAL FUNDS. MTMC RECOGNIZED FEE-FOR-SERVICE SUPPLEMENTAL PAYMENTS OF \$1.49 MILLION DURING THE YEAR REFLECTED UNDER THE MEDICAID PROGRAM AS DIRECT OFFSETTING REVENUE (PART I, LINE 7B, COLUMN D). SCHEDULE H, PART I, LINE 7I THE CALIFORNIA HOSPITAL ASSOCIATION CREATED A PRIVATE PROGRAM, THE CALIFORNIA HEALTH FOUNDATION AND TRUST ("CHFT"), ESTABLISHED FOR SEVERAL PURPOSES, INCLUDING AGGREGATING AND DISTRIBUTING FINANCIAL RESOURCES TO SUPPORT CHARITABLE ACTIVITIES AT VARIOUS HOSPITALS AND HEALTH SYSTEMS IN CALIFORNIA. DURING THE YEAR, MTMC RECORDED A PLEDGE TO A GRANT FUND ESTABLISHED BY CHFT IN THE AMOUNT \$0.05 MILLION. THE GRANT IS REPORTED UNDER OTHER BENEFITS (PART I, LINE 7I, COLUMN C), AS CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part II - Community Building Activities	PHYSICAL IMPROVEMENTS AND HOUSING - MTMC donates to Habitat for Humanity to support construction of housing for people in need, and the local Rotary and other organizations for community building projects

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	THE AMOUNT OF THE ORGANIZATION'S BAD DEBT AT COST IS DETERMINED BY APPLYING THE CCR (SEE A BOVE) TO PATIENT CHARGES THAT ARE DEEMED TO BE UNCOLLECTIBLE. THIS AMOUNT REPRESENTS THE C OST OF SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE OR REFUSE TO PAY THEIR BILLS AND DO NO T QUALIFY FOR FREE OR DISCOUNTED CARE, GOVERNMENT SPONSORED PROGRAMS OR OTHER FINANCIAL AS SISTANCE, AND ARE OTHERWISE UNINSURED. ANY PORTION OF A PATIENT BILL REMAINING AFTER APPLY ING FINANCIAL, UNINSURED OR OTHER DISCOUNTS OR PAYMENTS RECEIVED ON THE ACCOUNT THAT ARE U LTIMATELY DETERMINED TO BE UNCOLLECTIBLE ARE WRITTEN OFF TO BAD DEBT. MTMC PROVIDES FREE O R DISCOUNTED CARE TO UNINSURED OR UNDER-INSURED INDIVIDUALS THAT FALL INTO THREE CATEGORIE S, UNDER 200%, 201%-350% OR 351%-500% OF THE FEDERAL POVERTY LEVEL. MTMC ALSO PROVIDES PAT IENTS OPTIONS FOR PROMPT PAY DISCOUNTS AND INTEREST-FREE EXTENDED PAYMENT PLANS FOR PATIEN TS WHO HAVE DEMONSTRATED GOOD FAITH AND ARE COOPERATING IN RESOLVING THEIR HOSPITAL BILLS. ALL ACCOUNTS FOR ELIGIBLE UNINSURED PATIENTS RECEIVE AN AUTOMATIC UNINSURED DISCOUNT OF 3 0% . THE EXPECTED PATIENT PAYMENT AMOUNT ON THE PATIENT'S BILL REFLECTS THIS DISCOUNT. DISC OUNTS ARE ACCOUNTED FOR AS DEDUCTIONS FROM REVENUE, NOT AS BAD DEBT EXPENSE. SCHEDULE H, P ART III, LINE 3 MTMC MAKES EVERY EFFORT IN DETERMINING IF A PATIENT QUALIFIES FOR FINANCIA L ASSISTANCE UPON ADMISSION. MTMC FOLLOWS DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY. DI GNITY HEALTH'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO PATIENTS UPON ADMISSION AND IS AVAILABLE IN THE LANGUAGES PRIMARILY SPOKEN IN THE COMMUNITY. IT IS ALSO POSTED IN VARI OUS COMMON AREAS OF THE HOSPITAL, SUCH AS EMERGENCY ROOMS, URGENT CARE CENTERS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES LOCATED ON FACILITY CAMPUSES, AND OTHER PUBLIC PLACES, AND IS PROVIDED UPON BILLING IF ELIGIBILITY IS NOT PREVIOUSLY DETERMI NED. ELIGIBILITY IS REEVALUATED AS NEEDED AND AMOUNTS ARE CLASSIFIED AS CHARITY AS SOON AS ELIGIBILITY IS KNOWN. DIGNITY HEALTH ALSO UTILIZES A PAYMENT ASSISTANCE RANK ORDERING (PA RO) SCORING SYSTEM TO ASSIST IN DETERMINING IF AN UNINSURED PATIENT MAY QUALIFY FOR PAYMEN T ASSISTANCE EVEN THOUGH THEY HAVE NOT APPLIED FOR IT. PA RO IS A METHODOLOGY THAT APPLIES CONSISTENT SCREENING AND APPLICATION STANDARDS TO ALL UNINSURED PATIENTS UTILIZING HISTORI CAL DATA TO DEVELOP A PREDICTIVE MODEL FOR HEALTHCARE PAYMENT ASSISTANCE. IN ITS DEVELOPME NT, SPECIAL ATTENTION WAS PAID TO THOSE SOCIOECONOMIC FACTORS THAT MIGHT ADVERSELY AFFECT THOSE PATIENTS DESERVING THE MOST ATTENTION. OTHER CRITERIA ARE ALSO UTILIZED TO ENSURE TH AT NO SERVICES THAT HAVE QUALIFIED AS FINANCIAL ASSISTANCE WERE REPORTED AS BAD DEBT. AS S UCH, DIGNITY HEALTH DOES NOT BELIEVE THAT ANY AMOUNTS INCLUDED IN PART III, LINE 2, ARE AT TRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S PAYMENT ASSISTANCE POLICY, AND TH EREFORE, NO PORTION OF BAD DEBT EXPENSE IS INCLUDED AS COMMUNITY BENEFIT EXPENSE. SCHEDULE H, PART III, LINE 4 THE FOLLOWING IS AN EXCERPT FROM DIGNITY HEALTH AND ITS SUBORDINATE C ORPORATIONS' CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2017, RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCES FOR CHARITY AND DOUBTFUL ACCOUNTS. PAT IENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE ARE REPORTED AT THE NET REALIZAB L E AMOUNT FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED. MTMC MANAGES ITS COLLECTION RISK BY REGULARLY REVIEWING ITS ACCOUNTS AND CONTRACTS AND BY PROVIDING AP PROPRIATE ALLOWANCES. RESERVES FOR CHARITY AND UNCOLLECTIBLE AMOUNTS HAVE BEEN ESTABLISHED AND ARE NETTED AGAINST PATIENT ACCOUNTS RECEIVABLE IN THE CONSOLIDATED BALANCE SHEET. SCH EDULE H, PART III, LINE 8 MTMC PREPARES MEDICARE COST REPORTS IN A MANNER THAT COMPORTS WI TH PROVIDER REIMBURSEMENT MANUAL (PRM) 15-1, 2150FF AND PRM 15-2, 1000FF. AS SUCH, THE FOL LOWING LANGUAGE PER THE PRM 15-1 DESCRIBES THE COMPUTATION OF COSTS PER THE MEDICARE COST REPORT. TOTAL ALLOWABLE COSTS OF A PROVIDER ARE APPORTIONED BETWEEN PROGRAM BENEFICIARIES AND OTHER PATIENTS SO THAT THE SHARE BORNE BY THE PROGRAM IS BASED UPON ACTUAL SERVICES RE CEIVED BY PROGRAM BENEFICIARIES. THE RATIO OF COVERED BENEFICIARY CHARGES TO TOTAL PATIENT CHARGES FOR THE SERVICES OF EACH ANCILLARY DEPARTMENT IS APPLIED TO THE COST OF THE DEPAR TMENT. ADDED TO THIS AMOUNT IS THE COST OF ROUTINE SERVICES FOR PROGRAM BENEFICIARIES, DET ERMINED ON THE BASIS OF A SEPARATE AVERAGE COST PER DIEM FOR ALL PATIENTS FOR GENERAL ROUT INE PATIENT CARE AREAS. ANOTHER FACTOR TO BE CONSIDERED IS A SEPARATE AVERAGE COST PER DIE M FOR EACH INTENSIVE CARE UNIT, CORONARY CARE UNIT, AND OTHER SPECIAL CARE INPATIENT HOSPI TAL UNITS. DIGNITY HEALTH BELIEVES THAT THE ENTIRE MEDICARE SHORTFALL OF \$1,197 MILLION, A S REPORTED BELOW IN PART VI, LINE 6, CONSTITUTES COMMUNITY BENEFIT. THE IRS COMMUNITY BENE FIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS. MEDICARE SHORTFALLS MUST BE ABSORBED BY MTMC IN ORDER TO C

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	ONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES THE HOSPITALS PROVIDE CARE REGARDLESS OF THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FULL COST FOR MEDICARE BENEFICIARIES THIS SHORTFALL INCLUDES \$5 MILLION REPORTED ON PART III, SECTION B, LINE 7, PRIMARILY FOR FEE FOR SERVICE MEDICARE PATIENTS, AS WELL AS THE UNREIMBURSED PORTION OF MEDICARE MANAGED CARE AND MEDICARE CAPITATED PROGRAMS FOR MTMC SCHEDULE H, PART III, LINE 9B MTMC ENSURES THAT PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CONSISTENTLY MTMC ALSO FOLLOWS DIGNITY HEALTH'S COLLECTION POLICY DIGNITY HEALTH'S BILLING AND COLLECTION POLICY CONTAINS PROVISIONS THAT PROHIBIT THE COLLECTION OF AMOUNTS DUE FROM PATIENTS WHOM THE ORGANIZATION KNOWS QUALIFY FOR CHARITY CARE ACCOUNTS WITH INCORRECT OR INCOMPLETE DEMOGRAPHIC INFORMATION ARE ASSIGNED TO A COLLECTION AGENCY IF MTMC OR BILLING COMPANY RETAINED BY DIGNITY HEALTH IS UNABLE TO OBTAIN AN UPDATED ADDRESS THROUGH SKIP TRACING OR OTHER MEANS FOR PATIENTS WHO HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SPONSORED FINANCIAL ASSISTANCE OR FOR ASSISTANCE UNDER DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY, OR WHERE THE PATIENT IS ATTEMPTING IN GOOD FAITH TO SETTLE AN OUTSTANDING BILL WITH THE FACILITY VIA PAYMENT PLANS, MTMC WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO AN OUTSIDE COLLECTION AGENCY LEGAL ACTION WILL NOT BE PURSUED TO COLLECT DEBTS FROM PATIENTS WHO HAVE QUALIFIED FOR CHARITY OR ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR DEBT ON SELF-PAY ACCOUNTS THAT DO NOT MEET THE CRITERIA NOTED ABOVE, THE INITIAL DETERMINATION OF ASSIGNMENT TO A COLLECTION AGENCY WILL VARY DEPENDING ON THE NATURE OF THE ACCOUNT WITH THE FINAL DECISION BEING AT THE DISCRETION OF THE BILLING COMPANY RETAINED BY MTMC UPON ASSIGNMENT OF SUCH A PATIENT ACCOUNT TO A COLLECTION AGENCY, MTMC REQUIRES THE AGENCY TO COMPLY WITH THE FAIR DEBT COLLECTION PRACTICES ACT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 - Needs Assessment	HOSPITAL LEADERSHIP OVERSEES COMMUNITY BENEFIT ACTIVITIES FOR THE HOSPITAL AS IT STRIVES TO MEET THE HEALTH AND WELLNESS NEEDS OF THE LOCAL COMMUNITY SEVERAL MEMBERS OF MARK TWAIN'S SENIOR AND MIDDLE MANAGEMENT TEAM SERVE THE COMMUNITY ON A VARIETY OF COMMUNITY-BASED NOT-FOR-PROFIT BOARDS, OTHER SERVICE CLUBS, LOCAL CHURCHES AND CHAMBER OF COMMERCE, TO NAME A FEW, AND PROVIDE INSIGHT INTO THE UNIQUE NEEDS OF THE COMMUNITY THAT MAY NOT BE APPARENT IN A SECONDARY DATA BASE COMMUNITY BENEFIT LEADERSHIP OF MARK TWAIN MEDICAL CENTER OVERSAW THE PROCESS OF THE NEEDS ASSESSMENT, WHICH WAS CONDUCTED BY APPLIED SURVEY RESEARCH MTMC BOARD OF DIRECTORS, MANY OF WHOM ARE RECOGNIZED COMMUNITY LEADERS, ALSO REPRESENTED THE MEDICAL COMMUNITY AS REPRESENTATIVES OF THE COMMUNITY, THESE LEADERS AND BOARD MEMBERS PROVIDED INSIGHT INTO THE NEEDS ASSESSMENT THROUGH DISCUSSION AT MEETINGS THEY ALSO REVIEWED AND APPROVED OF THE ASSESSMENT THROUGH WRITTEN CORRESPONDENCE AND BOARD ROOM DISCUSSION OF CONTENT AND TO ESTABLISH PRIORITIES FOR THE HOSPITAL, WITH A FOCUS ON VULNERABLE POPULATIONS, PARTICULARLY THOSE LIVING WITH CHRONIC CONDITIONS ONE OF THE AREAS IDENTIFIED IS THE LACK OF ACCESS TO HEALTHCARE IN THE WEST POINT/RAILROAD FLAT AREA OF THE COUNTY THE HOSPITAL IS WORKING WITH THE HEALTH CARE DISTRICT TO CONSIDER THE PURCHASE OF A MOBILE VAN THAT COULD FILL THE GAP ACCESS TO CARE IN THE COUNTY IS FURTHER SUPPORTED BY FIVE MTMC'S MEDICAL CENTERS LOCATED IN ARNOLD, ANGELS CAMP, COPPEROPOLIS, SAN ANDREAS, AND VALLEY SPRINGS SERVICES AT THESE AMBULATORY CENTERS INCLUDE IMMEDIATE CARE, PRIMARY CARE, BEHAVIORAL HEALTH, OCCUPATIONAL HEALTH, PEDIATRICS, LABORATORY DRAWS AND HEALTH EDUCATION ADDITIONALLY, MTMC NOW ALSO OPERATES THREE SPECIALTY CARE CENTERS IN ANGELS CAMP FOR ORTHOPEDICS AND IN SAN ANDREAS ON THE MEDICAL CENTER CAMPUS FOR CANCER AND INFUSION THERAPY, AND SURGICAL SPECIALTY CARE IN THE RURAL ENVIRONMENT OF OUR COMMUNITY, SMALL BUSINESS, AGENCIES AND THE HOSPITAL PARTNER TO PROVIDE VARIOUS EVENTS THROUGHOUT THE YEAR THAT ARE FOCUSED ON PROMOTING THE HEALTH OF THE COMMUNITY, ENHANCING QUALITY OF LIFE FOR THE RESIDENTS AND SHOWCASING THE UNIQUE HISTORY AND NATURAL WONDERS OF OUR ENVIRONMENT BASED ON THE PRIORITIZED HEALTH NEED OF THE COMMUNITY, A SPECIFIC FOCUS HAS BEEN ON WOMEN'S HEALTH ISSUES AND PRIMARY CARE AND PREVENTION A COMMUNITY NEEDS ASSESSMENT WAS CONDUCTED IN 2017 IN SUPPORT OF OUR STATED MISSION - TO IMPROVE THE HEALTH OF OUR GREATER COMMUNITY THE GOAL OF THE ASSESSMENT IS TO CONTINUALLY IMPROVE THE QUALITY OF HEALTH AND HEALTH CARE FOR COUNTY RESIDENTS BY PROVIDING ACCURATE AND RELIABLE INFORMATION TO COMMUNITY MEMBERS AND HEALTH CARE PROVIDERS, RAISING AWARENESS OF HEALTH NEEDS, CHANGING TRENDS, EMERGING ISSUES, AND COMMUNITY CHALLENGES, AND PROVIDING RESEARCH-BASED DATA FOR THE HOSPITAL AND THE COMMUNITY TO CONTINUE STRATEGIC PLANNING EFFORTS THE FOCUS OF THE ASSESSMENT IS ON HEALTH AND THE MAJOR FACTORS THAT IMPACT HEALTH SUCH AS THE ECONOMY, PUBLIC SAFETY AND THE NATURAL ENVIRONMENT THE LACK OF ACCESS TO HEALTH CARE PROVIDERS WAS REPEATEDLY MENTIONED AS A DRIVER OR BARRIER THAT CONTRIBUTES TO HEALTH NEEDS OTHER DRIVERS/BARRIERS MENTIONED INCLUDED STIGMA AROUND MENTAL HEALTH ISSUES, LACK OF TRANSPORTATION, POVERTY, SUBSTANCE USE, LACK OF HEALTH EDUCATION, AND LACK OF ACCESS TO PREVENTIVE CARE TO ADDRESS TWO OF THE MORE PREVALENT CHRONIC CARE NEEDS OF THE COMMUNITY, MTMC WILL CONTINUE TO FOCUS ON PROVIDING EDUCATION AND INSTRUCTION FOR THE CONGESTIVE HEART FAILURE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND DIABETES EDUCATION PROGRAMS THE GOAL OF THESE PROGRAMS IS TO IMPROVE QUALITY OF LIFE FOR PARTICIPANTS BY INCREASING THEIR SELF-EFFICACY AND AVOIDING HOSPITAL ADMISSIONS PRIORITIZING THE COORDINATION OF CARE, PARTICULARLY FOR PATIENTS WITH MENTAL HEALTH NEEDS WITH OTHER COMMUNITY ORGANIZATIONS FOR THOSE THAT SEEK CARE IN OUR EMERGENCY ROOM WILL ALSO BE A FOCUS FOR 2018 ASR FACILITATED CONVERSATIONS WITH KEY COMMUNITY MEMBERS THAT RESULTED IN THE LIST OF PRIORITIZED COMMUNITY HEALTH NEEDS LISTED BELOW UNMET HEALTH NEEDS INCLUDED ACCESS TO HEALTH CARE, SUBSTANCE USE, ORAL HEALTH, CHRONIC HEALTH ISSUES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH (ECONOMIC OPPORTUNITIES, HOMELESSNESS AND FOOD INSECURITY) SPECIFIC POPULATIONS IDENTIFIED AS HAVING GREATER NEED INCLUDED YOUTH WITH EMOTIONAL ISSUES OR SUBSTANCE USE DISORDERS, WOMEN, CHILDREN IN LOW-INCOME HOUSEHOLDS, AND ISOLATED SENIORS RURAL PARTS OF THE COUNTY WERE IDENTIFIED AS HAVING GREATER HEALTH NEEDS DURING FISCAL YEAR 2017, THERE WERE OVER 26,000 PERSON-VISITS THAT BENEFITED FROM OUR COMMUNITY HEALTH PROGRAMS THE ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY MARK TWAIN MEDICAL CENTER IN FY17 WAS \$9,188,482 EXCLUDING UNPAID COSTS OF MEDICARE IN THE AMOUNT OF \$6,198,628

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 - Patient Education of Eligibility for	ASSISTANCE COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM TO PATIENTS AND THE PUBLIC INFORMATION ABOUT PATIENT FINANCIAL ASSISTANCE IS AVAILABLE AT MTMC AND ALL OF ITS COMMUNITY LOCATIONS AND WEBSITES, INCLUDING A CONTACT NUMBER FOR PATIENTS TO CALL FOR INFORMATION AND ASSISTANCE THE INFORMATION IS DISSEMINATED BY MTMC BY VARIOUS MEANS TO INCLUDE NOTICES ON PATIENT BILLS, BROCHURES AT ALL REGISTRATION DESKS AND IN ALL WAITING ROOMS, AND NOTICES POSTED IN THE EMERGENCY DEPARTMENT SUCH INFORMATION IS PROVIDED IN ENGLISH AND SPANISH AT THE POINT OF REGISTRATION, ALL PATIENTS RECEIVE BROCHURES EXPLAINING THE FACILITY'S financial assistance PROGRAM AND THE AVAILABILITY OF GOVERNMENT SPONSORED PROGRAMS UNINSURED PATIENTS RECEIVE COPIES OF THE financial assistance AND MEDICAID APPLICATIONS IN ADDITION TO THE BROCHURE UPON ADMISSION TO THE FACILITY IF FINANCIAL ASSISTANCE ELIGIBILITY IS NOT DETERMINED PRIOR TO BILLING, INITIAL BILLING STATEMENTS TO UNINSURED PATIENTS INCLUDE A REQUEST TO THE PATIENT TO PROVIDE ANY INSURANCE INFORMATION THAT WAS VALID FOR THE DATES OF SERVICE BILLED, A STATEMENT INFORMING PATIENTS WITHOUT INSURANCE COVERAGE THEY MAY BE ELIGIBLE FOR A GOVERNMENT SPONSORED PROGRAM OR FACILITY FUNDED financial assistance, INSTRUCTIONS ON HOW TO APPLY FOR A GOVERNMENT PROGRAM OR CHARITY CARE AND THE PROVISION OF SUCH APPLICATIONS ANY MEMBER OF MTMC STAFF OR MEDICAL STAFF MAY REFER A PATIENT FOR FINANCIAL ASSISTANCE THE PATIENT, A FAMILY MEMBER, A CLOSE FRIEND OR AN ASSOCIATE OF THE PATIENT MAY ALSO MAKE A REQUEST FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 - Community Information	THE HOSPITAL SERVES CALAVERAS COUNTY, APPROXIMATELY 130 MILES EAST OF SAN FRANCISCO, 60 MILES SOUTHEAST OF SACRAMENTO, AND 50 MILES EAST OF STOCKTON THE RURAL COUNTYS GEOGRAPHY BEGINS NEAR SEA-LEVEL IN THE WEST AND CULMINATES NEAR 8,200 FEET IN THE EASTERN PART OF THE COUNTY, IN THE SIERRA NEVADA RANGE CALAVERAS COUNTY IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) AND PORTIONS OF THE COUNTY ARE MEDICALLY UNDERSERVED AREAS (MUA) BESIDES MARK TWAIN MEDICAL CENTER AND ITS FIVE AMBULATORY CARE CENTERS, AND FOUR SPECIALTY CARE CENTERS, THE FOLLOWING FACILITIES AND RESOURCES ARE AVAILABLE -CONVALESCENT HOSPITAL -ASSISTED LIVING -COMMUNITY CLINICS -CHILDREN SERVICES -HOME HEALTH CARE -HOSPICE -MENTAL HEALTH -DRUG & ALCOHOL ABUSE SERVICES -SUPPORT GROUPS & SERVICES -TRANSPORTATION THE COUNTY HAS A RELATIVELY MATURE POPULATION WITH THE MEDIAN AGE OF 50 7 YEARS ADDITIONALLY, 56% OF HOUSEHOLDS HAVE ONE OR MORE PERSON AGED 60 YEARS OR OLDER THE UNEMPLOYMENT RATE IN CALAVERAS COUNTY AND THROUGHOUT THE COUNTRY HAS STEADILY DECLINED SINCE 2010, FOLLOWING A TEN-YEAR HIGH THE UNEMPLOYMENT RATE WAS 9% FOR THE COUNTY DURING 2016 IN 2012, 20% OF CALAVERAS COUNTY RESIDENTS HAD VERY HIGH HOUSING COSTS TOTAL POPULATION 44,668, DOWN FROM A HIGH OF 44,932 IN 2013 VETERAN POPULATION 4,808 (13%) RACE 81 4% WHITE, 11 8% HISPANIC, 1 6% ASIAN, 0 9% BLACK/AFRICAN AMERICAN, 4 3% OTHER MEDIAN AGE 50 7 POPULATION OVER 60 15,270 (34%) MEDIAN INCOME \$59,869 UNEMPLOYMENT 6 5% NO HS DIPLOMA 7 5% UNINSURED POPULATION 5 4% MEDICAID PATIENTS 25% OF THE POPULATION OTHER AREA HOSPITALS 0

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 - Promotion of Community Health	HOSPITAL LEADERSHIP OVERSEES COMMUNITY BENEFIT ACTIVITIES FOR THE HOSPITAL AS IT MEETS THE HEALTH AND WELLNESS NEEDS OF THE LOCAL COMMUNITY SEVERAL MEMBERS OF MARK TWAIN MEDICAL CENTER'S SENIOR AND MIDDLE MANAGEMENT TEAM SERVE THE COMMUNITY ON A VARIETY OF COMMUNITY BASED NOT FOR PROFIT BOARDS, SUCH AS , SOROPTOMISTS INTERNATIONAL, AMADOR CALAVERAS HOSPICE ,CHAMBER OF COMMERCE AND CALAVERAS RECOVERS, TO NAME A FEW THE HOSPITAL IS GOVERNED BY A BOARD OF TRUSTEES, THE MAJORITY OF WHOM RESIDE WITHIN ITS PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES, CONTRACTORS OR FAMILY MEMBERS THEREOF ACCESS TO CARE IN THE COUNTY IS SUPPORTED BY FIVE MTMC'S MEDICAL CENTERS LOCATED IN ARNOLD, ANGELS CAMP, COPPEROPOLIS, SAN ANDREAS, AND VALLEY SPRINGS SERVICES AT THESE AMBULATORY CENTERS INCLUDE IMMEDIATE CARE, PRIMARY CARE, BEHAVIORAL HEALTH, OCCUPATIONAL HEALTH, PEDIATRICS, GENERAL X-RAY, LABORATORY DRAWS AND HEALTH EDUCATION ADDITIONALLY, MTMC NOW ALSO OPERATES THREE SPECIALTY CARE CENTERS IN ANGELS CAMP FOR ORTHOPEDICS AND IN SAN ANDREAS ON THE MEDICAL CENTER CAMPUS FOR CANCER AND INFUSION THERAPY, AND GASTROENTEROLOGY SPECIALTY CARE IN THE RURAL ENVIRONMENT OF OUR COMMUNITY, SMALL BUSINESS, AGENCIES AND THE HOSPITAL PARTNER TO PROVIDE VARIOUS EVENTS THROUGHOUT THE YEAR THAT ARE FOCUSED ON PROMOTING THE HEALTH OF THE COMMUNITY, ENHANCING QUALITY OF LIFE FOR THE RESIDENTS AND SHOWCASING THE UNIQUE HISTORY AND NATURAL WONDERS OF OUR ENVIRONMENT BASED ON THE PRIORITIZED HEALTH NEED OF THE COMMUNITY, A SPECIFIC FOCUS HAS BEEN ON WOMEN'S HEALTH ISSUES AND PRIMARY CARE AND PREVENTION TO ADDRESS TWO OF THE MORE PREVALENT CHRONIC CARE NEEDS OF THE COMMUNITY, MTMC'S WILL CONTINUE TO FOCUS ON PROVIDING EDUCATION AND INSTRUCTION FOR THE CONGESTIVE HEART FAILURE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND DIABETES EDUCATION PROGRAMS THE GOAL OF THESE PROGRAMS IS TO IMPROVE QUALITY OF LIFE FOR PARTICIPANTS BY INCREASING THEIR SELF-EFFICACY AND AVOIDING HOSPITAL ADMISSIONS THROUGHOUT THE COMMUNITY ARE IMPORTANT RESOURCES THAT EVERYONE CAN BENEFIT IN TIMES OF NEED MARK TWAIN MEDICAL CENTER PUBLISHED A COMMUNITY RESOURCES BROCHURE FOR RESIDENTS TO KEEP HANDY AT HOME AND IN THE CAR THE ORGANIZATIONS IN THIS BROCHURE WORK WITH US TO PROVIDE COMMUNITY RESOURCES THAT CAN MAKE A DIFFERENCE IN ADDITION, MOST EMPLOYEES HAVE LINKAGES TO VARIOUS SERVICE ORGANIZATIONS THROUGHOUT THE COMMUNITIES COMMUNITY INVOLVEMENT IS EVIDENCED BY PARTICIPATION OF LOCAL BUSINESS AND COMMUNITY LEADERS IN THE HOSPITAL'S GOVERNING BOARDS, FINANCE COMMITTEE, ETHICS COMMITTEE AND OUR PATIENT ADVISORY COMMITTEE MTMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN AND OUTSIDE ITS COMMUNITY WHO REQUEST SAID PRIVILEGES ALL SURPLUS FUNDS GENERATED BY MTMC ARE REINVESTED BACK INTO THE ORGANIZATION TO IMPROVE PATIENT CARE AND PROVIDE HEALTH CARE SERVICES TO ITS COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	MTMC IS AFFILIATED WITH DIGNITY HEALTH AFFILIATES OF DIGNITY HEALTH ALSO PROMOTE THE HEALTH OF ADDITIONAL COMMUNITIES IN BAKERSFIELD, SAN BERNARDINO, SAN FRANCISCO, SAN ANDREAS, AND GRASS VALLEY/NEVADA CITY, CALIFORNIA THESE AFFILIATES FOLLOW PRACTICES SIMILAR TO THOSE NOTED ABOVE IN DETERMINING THE UNMET HEALTHCARE NEEDS OF THEIR COMMUNITIES TOTAL UNSPONSORED COMMUNITY BENEFIT EXPENSE FOR DIGNITY HEALTH AND ITS SUBORDINATE CORPORATIONS FOR THE YEAR ENDED JUNE 30, 2017, IS AS FOLLOWS Persons Net Comm % of Served Benefit Exp excl Bad Debt Benefits for the Poor Traditional Charity Care 88,031 98,807,000 0 8% Unpaid Costs of Medicaid/Medi-Cal 1,656,712 1,074,093,000 8 3% Other Means-tested Programs 305,907 9,812,000 0 1% Community Services Community Health Services 351,566 38,258,000 0 3% Health Professions Education 48 177,000 0 0% Subsidized Health Services 352,535 55,272,000 0 4% Donations 111,409 23,470,000 0 2% Community Building Activities 2,233 2,064,000 0 0% Community Benefit Operations 1,732 9,012,000 0 1% Total Community Services for the poor 819,523 128,253,000 1 0% Total Benefits for the Poor 2,870,173 1,310,965,000 10 2% Benefits for the Broader Community Community Services Community Health Services 312,585 14,413,000 0 1% Health Professions Education 34,107 67,391,000 0 5% Subsidized Health Services 2,780 1,486,000 0 0% Research 703 8,804,000 0 1% Donations 22,184 8,543,000 0 1% Community Building Activities 20,730 2,429,000 0 0% Community Benefit Operations 54 1,180,000 0 0% Total Benefits for the Broader Community 393,143 104,246,000 0 8% Total Community Benefits 3,263,316 1,415,211,000 11 0% Unpaid Costs of Medicare 1,384,961 1,196,946,000 9 3% Total Community Benefits including Unpaid Cost of Medicare 4,648,277 2,612,157,000 20 3%

Additional Data

Software ID:
Software Version:
EIN: 68-0127677
Name: Mark Twain Medical Center

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		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
(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											
1	Mark Twain Medical Center 768 Mountain Ranch Road San Andreas, CA 95249 dignityhealth.org/marktwainmedical/ 030000058	X	X			X		X			

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	CHNA INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY A COMMUNITY HEALTH NEEDS ASSESSMENT (C HNA) WAS RECENTLY CONDUCTED IN FISCAL YEAR 2017, AS REQUIRED BY STATE LAW (SB 697) IT WAS A COLLABORATIVE EFFORT INVOLVING THE MARK TWAIN MEDICAL CENTER COMMUNITY BOARD OF DIRECTO RS, THE CALAVERAS COUNTY DEPARTMENT OF PUBLIC HEALTH, PRACTICING PHYSICIANS, VARIOUS COMMU NITY MEMBERS AND THE CALAVERAS COUNTY SCHOOL DISTRICT PERSONNELS AND VARIOUS BOARD MEMBERS THE PURPOSE OF THIS CHNA IS TO IDENTIFY AND PRIORITIZE SIGNIFICANT HEALTH NEEDS OF THE C OMMUNITY SERVED BY MARK TWAIN MEDICAL CENTER (MTMC) THE PRIORITIES IDENTIFIED IN THIS REP ORT HELP TO GUIDE THE HOSPITALS COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND COMMUNITY BENEFIT ACTIVITIES, AS WELL AS ITS COLLABORATIVE EFFORTS WITH OTHER ORGANIZATIONS THAT SHARE A M ISSION TO IMPROVE HEALTH MTMC WORKED TO COLLECT THE PRIMARY AND SECONDARY DATA REQUIREMEN TS OF THE CHNA WITH APPLIED SURVEY RESEARCH (ASR), A NONPROFIT, SOCIAL RESEARCH FIRM THE CHNA DATA COLLECTION PROCESS TOOK PLACE OVER TWO MONTHS AND CULMINATED IN A REPORT WRITTEN FOR MTMC IN JUNE OF 2017 MTMC CONTRACTED WITH ASR TO CONDUCT PRIMARY RESEARCH THEY USED THREE STRATEGIES FOR COLLECTING COMMUNITY INPUT KEY INFORMANT INTERVIEWS WITH HEALTH EXP ERTS, A COMMUNITY SUMMIT WITH A SELECTION OF COMMUNITY PARTNERS AND LOCAL EXPERTS, AND A S URVEY OF MARK TWAIN MEDICAL CENTER STAFF ASR CONDUCTED PRIMARY RESEARCH VIA KEY INFORMANT INTERVIEWS WITH FOUR CALAVERAS COUNTY EXPERTS FROM VARIOUS ORGANIZATIONS IN FEBRUARY AND MARCH OF 2017, EXPERTS WERE CONSULTED, INCLUDING THE COUNTY HEALTH OFFICER AND THE DIRECT OR OF PUBLIC HEALTH NURSING ALL THESE EXPERTS HAD COUNTYWIDE EXPERIENCE AND EXPERTISE EX PERTS WERE INTERVIEWED BY TELEPHONE FOR APPROXIMATELY ONE HOUR INFORMANTS WERE ASKED TO I DENTIFY THE TOP NEEDS OF THEIR CONSTITUENCIES, HOW ACCESS TO HEALTHCARE HAS CHANGED IN THE POST-AFFORDABLE CARE ACT ENVIRONMENT, THE IMPACT OF THE PHYSICAL ENVIRONMENT ON HEALTH, A ND THE EFFECT OF THE USE OF NEW TECHNOLOGIES FOR HEALTH-RELATED ACTIVITIES EACH INTERVIEW WAS RECORDED AND SUMMARIZED AS A STAND-ALONE PIECE OF DATA WHEN ALL INTERVIEWS HAD BEEN CONDUCTED, THE TEAM ANALYZED THE INFORMATION AND TABULATED ALL HEALTH NEEDS THAT WERE MENT IONED, ALONG WITH HEALTH DRIVERS DISCUSSED ASR THEN MADE A LIST OF ALL OF THE CONDITIONS THAT HAD BEEN MENTIONED BY A KEY INFORMANT, COUNTED HOW MANY INFORMANTS LISTED THE CONDITI ON AND HOW MANY TIMES THEY HAD BEEN PRIORITIZED IN APRIL 2017, MTMC SURVEYED STAFF AND ST AKEHOLDERS (35 HOSPITAL EMPLOYEES AND 12 COMMUNITY STAKEHOLDERS) REGARDING THE PRIORITIZED HEALTH NEEDS FOR THE FOUR IDENTIFIED NEEDS, THE SURVEY ASKED HOW THEIR WORK WAS IMPACTED , WHAT CURRENT EFFORTS THEY WERE INVOLVED IN TO ADDRESS THOSE NEEDS, AND IF THEY HAD SUGGE STIONS FOR STRATEGIES THAT THE HOSPITAL COULD IMPLEMENT, EITHER ALONE OR IN COLLABORATION WITH OTHER STAKEHOLDERS THE SURVEY ALSO ASKED RESPONDENTS TO IDENTIFY ANY OTHER HIGH-PRIO RITY NEEDS THAT HAD NOT YET BE

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	EN DISCUSSED ASR COMPILED THE RESEARCH AND PROVIDED COMPARISONS WITH EXISTING BENCHMARKS (HEALTHY PEOPLE 2020, STATEWIDE AND NATIONAL AVERAGES) SECONDARY DATA WAS COLLECTED FROM A VARIETY OF SOURCES INCLUDING BUT NOT LIMITED TO FEDERAL, STATE, AND LOCAL GOVERNMENT AGENCIES, ACADEMIC INSTITUTIONS, ECONOMIC DEVELOPMENT GROUPS, HEALTH CARE INSTITUTIONS, AND ONLINE DATABASES SCHEDULE H, PART V, SECTION B, LINE 7A HTTP //WWW.DIGNITYHEALTH.ORG/MARK TWAINMEDICAL/COMMUNITY-BENEFITS SCHEDULE H, PART V, SECTION B, LINE 10A DIGNITY HEALTH HOSPITAL FACILITY IMPLEMENTATION STRATEGY DOCUMENTS CAN BE ACCESSED AT HTTPS //WWW.DIGNITYHEALTH.ORG/ABOUT-US/COMMUNITY-HEALTH/COMMUNITY-HEALTH-PROGRAMS-AND-REPORTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS IMPLEMENTATION STRATEGIES ARE ALSO ON EACH HOSPITAL FACILITY'S WEB SITE, AT THE SAME LOCATIONS AS THEIR CHNA REPORTS LISTED IN PART V, SECTION B, LINE 7a ABOVE SCHEDULE H, PART V, SECTION B, LINE 11 MARK TWAIN MEDICAL CENTER TOOK NUMEROUS ACTIONS TO HELP ADDRESS IDENTIFIED NEEDS HEALTH PRIORITY AREAS OF FOCUS BASED ON THE IDENTIFIED NEEDS INCLUDE ACCESS TO HEALTH CARE, SUBSTANCE USE, ORAL HEALTH, CHRONIC HEALTH ISSUES, MATERNAL AND CHILD HEALTH, AND SOCIAL DETERMINANTS OF HEALTH (ECONOMIC OPPORTUNITIES, HOMELESSNESS AND FOOD INSECURITY) IMPROVED ACCESS TO CARE, INCLUDING ENHANCEMENT OF GEOGRAPHIC ACCESS FOR MEDICAL AND HEALTHY FAMILIES AND THE PROVISION OF PRIMARY CARE CLINICS TO SERVE THE RURAL AREAS OF CALAVERAS COUNTY ACCESS TO CARE IN THE COUNTY IS FURTHER SUPPORTED BY FIVE HOSPITAL MEDICAL CENTERS LOCATED IN ARNOLD, ANGELS CAMP, COPPEROPOLIS, SAN ANDREAS, AND VALLEY SPRINGS. ADDITIONALLY, THE HOSPITAL NOW ALSO OPERATES THREE SPECIALTY CARE CENTERS IN ANGELS CAMP FOR ORTHOPEDICS AND IN SAN ANDREAS ON THE MEDICAL CENTER CAMPUS FOR CANCER AND INFUSION THERAPY, AND SURGICAL SPECIALTY CARE PREVENTIVE SERVICES INCLUDING THE FIVE PRIMARY CARE CLINICS AS WELL AS THE ENGAGEMENT IN COMMUNITY HEALTH FAIRS, WILL OFFER CHOLESTEROL SCREENING, BLOOD PRESSURE CHECKS, BONE DENSITY STUDIES, HEALTH EDUCATION AND INFORMATION ABOUT OTHER RELEVANT SERVICES AVAILABLE IN THE COMMUNITY TO ADDRESS TWO OF THE MORE PREVALENT CHRONIC CARE NEEDS OF THE COMMUNITY, MTMC WILL CONTINUE TO FOCUS ON PROVIDING EDUCATION AND INSTRUCTION FOR THE CONGESTIVE HEART FAILURE/CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND DIABETES EDUCATION PROGRAMS THE GOAL OF THESE PROGRAMS IS TO IMPROVE QUALITY OF LIFE FOR PARTICIPANTS BY INCREASING THEIR SELF-EFFICACY AND AVOIDING HOSPITAL ADMISSIONS MARK TWAIN MEDICAL CENTER IS ACTIVELY RECRUITING PHYSICIANS, BUT IT IS UNABLE AT THIS TIME TO ADDRESS THE NEEDS FOR MENTAL HEALTH PROFESSIONALS, OBSTETRICAL AND SPECIALTY CARE SERVICES DUE TO THE PHYSICIAN AND HEALTH PROFESSIONS SHORTAGE IN THE SERVICE AREA AT THIS TIME, PATIENTS ARE REFERRED OUTSIDE THE COUNTY TO ACCESS OBSTETRICAL AND GYNECOLOGICAL SERVICES THE ESTABLISHED PROGRAMS AND SERVICES WILL INDIRECTLY ADDRESS ISSUES RELATED TO OBESITY, BUT OTHER PROGRAMS OFFER

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	D WITHIN THE COMMUNITY, INCLUDING THE SCHOOL DISTRICT, WILL ADDRESS THE ISSUES OF CHILDHOOD OBESITY MORE DIRECTLY. INFORMATION GAPS THAT LIMIT THE ABILITY OF THIS CHNA TO ASSESS THE COMMUNITY'S HEALTH NEEDS INCLUDE LIMITED SECONDARY DATA ON SOME OF THE HEALTH NEEDS. SUCH LIMITATIONS INCLUDED LACK OF DATA FOR MATERNAL AND CHILD HEALTH, HEALTH STATUS OF SENIORS, HEALTH EDUCATION AND SEXUAL HEALTH. SCHEDULE H, PART V, SECTION B, LINES 16A THROUGH 16C https://www.dignityhealth.org/central-california/locations/marktwainmedical/patients-and-visitors/patients/billing-information/financial-assistance. SCHEDULE H, PART V, SECTION B, LINE 16J ADDITIONAL MEASURES TAKEN TO PUBLICIZE DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY INCLUDE THE PROVISION OF BROCHURES EXPLAINING AVAILABLE GOVERNMENT SPONSORED PROGRAMS AND THE FINANCIAL ASSISTANCE POLICY, A COPY OF THE FINANCIAL ASSISTANCE APPLICATION, A TELEPHONE NUMBER FOR PATIENTS TO REQUEST FURTHER INFORMATION ABOUT THE PROGRAM, AVAILABILITY OF INFORMATION IN LANGUAGES OTHER THAN ENGLISH, CONTACT INFORMATION FOR FINANCIAL COUNSELORS OR OTHER REPRESENTATIVES WHO CAN PROVIDE INFORMATION. THE FACILITY'S WEB SITE ALSO CONTAINS THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY OF THE POLICY, APPLICATION, BILLING AND COLLECTION POLICY, A DESCRIPTION OF THE AMOUNT GENERALLY BILLED AND A LISTING OF PROVIDERS AT EACH FACILITY THAT ARE COVERED AND NOT COVERED BY THE FINANCIAL ASSISTANCE POLICY. CONTACT INFORMATION CAN ALSO BE FOUND ON EACH FACILITY'S WEB PAGE.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493124008248	
Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Open to Public Inspection			
Name of the organization Mark Twain Medical Center				Employer identification number 68-0127677	

Part I	General Information on Grants and Assistance
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed
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(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) Mark Twain Medical Center Foundation 768 Mountain Ranch Road San Andreas, CA 95249	68-0023507	501(c)(3)	287,395		N/A	N/A	Foundation Support
(2) California Health Foundation and Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	52,800		N/A	N/A	Community Health

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	2
3	Enter total number of other organizations listed in the line 1 table	0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 1	AS A 501(C)(3) ORGANIZATION, WE PROVIDE ASSISTANCE TO VARIOUS CHARITABLE ORGANIZATIONS TO PROMOTE MTMC'S MISSION. A DESIGNATED COMMITTEE CONSISTING PRIMARILY OF THE EXECUTIVE TEAM ESTABLISHES AND EVALUATES PRIORITIES AND ALLOCATION OF FUNDS WITH EMPHASIS ON PROMOTION OF HEALTHY COMMUNITIES AND COMMUNITY COLLABORATION. WE DO NOT MONITOR AND REPORT PROGRAM OUTCOMES. SPENDING IS TRACKED ON AN ONGOING BASIS TO ENSURE THAT IT IS GENERALLY WITHIN THE BUDGETED AMOUNT.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Mark Twain Medical Center	Employer identification number 68-0127677
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Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 68-0127677
Name: Mark Twain Medical Center

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 3	Although the organization employs personnel, the Organization relied on a related organization, Dignity Health, that used one or more of the methods described in Schedule J, Part I, Line 3, to establish the Organization's top management official's compensation. See Schedule O disclosure for Form 990, Part VI, Section B, Line 15a for additional information.

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4a	THE ORGANIZATION'S KEY EMPLOYEES AND ITS HIGHEST COMPENSATED EMPLOYEES PARTICIPATE IN A SEVERANCE PLAN THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 6 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN. A PAYMENT WAS MADE TO ONE FORMER OFFICER DURING 2016 PURSUANT TO THIS PLAN INCLUDE C MARKS, \$576,984.

Part III, Supplemental Information

Return Reference	Explanation
PART I, LINE 4b	CERTAIN LISTED PERSONS ARE ELIGIBLE TO PARTICIPATE IN NON-QUALIFIED 457(F) PLANS THAT ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE, AS REQUIRED BY THE IRS THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR EXECUTIVES HIRED PRIOR TO JUNE 30, 2006 THE BENEFIT IS INTENDED TO BRIDGE THE DIFFERENCE, IF ANY, BETWEEN THE BENEFIT PROVIDED UNDER THE DIGNITY HEALTH EXCESS BENEFIT PLAN HAD BENEFIT SERVICE NOT BEEN FROZEN AT JANUARY 1, 2008, AND THE BENEFITS PROVIDED FROM ALL OTHER QUALIFIED AND NON-QUALIFIED PLANS BENEFITS VEST UNDER THIS 457(F) PLAN AT THE LATER OF THE DATE THE PARTICIPANT ATTAINS AGE 62 OR IS CREDITED WITH 15 YEARS OF SERVICE THE 2010 EXECUTIVE DEFERRED COMPENSATION PLAN IS FOR CERTAIN OFFICERS AND KEY EMPLOYEES, PRIMARILY THOSE WHO ARE NOT ELIGIBLE TO PARTICIPATE IN THE DIGNITY HEALTH EXCESS BENEFIT PLAN OR THE 2007 EXECUTIVE DEFERRED COMPENSATION PLAN DESCRIBED ABOVE THIS BENEFIT PROVIDES AN ANNUAL ACCRUAL OF 10% OF TOTAL COMPENSATION AND IS PAYABLE ANNUALLY ON JULY 1 ONCE VESTED, WHICH IS AGE 62 WITH 5 YEARS OF SERVICE, THE PLAN ALSO ALLOWS FOR SPECIAL AWARDS NO PAYMENTS WERE MADE UNDER THIS PLAN DURING 2016 COMPENSATION AMOUNTS FOR THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS DISCUSSED ABOVE ARE REPORTED AS DEFERRED COMPENSATION IN THE YEAR ACCRUED (SCHEDULE J, PART II, COLUMN C) AND ARE REFLECTED AGAIN AS REPORTABLE COMPENSATION IN THE YEAR PAID (SCHEDULE J, PART II, COLUMN B(III))

Part III, Supplemental Information

Return Reference	Explanation
PART II - SUPPLEMENTAL DISCLOSURES	THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHY IS DESIGNED TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING THE CALIBER OF EXECUTIVES REQUIRED TO ENABLE DIGNITY HEALTH TO FULFILL ITS MISSION OF PROVIDING HIGH QUALITY HEALTHCARE FOR ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES, IMPROVING THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES, PROMOTING PATIENT AND EMPLOYEE SATISFACTION, AND ENSURING FINANCIAL STABILITY A SUBSTANTIAL PORTION OF EXECUTIVE COMPENSATION IS PERFORMANCE BASED AND IS LINKED TO ORGANIZATIONAL GOALS APPROVED IN ADVANCE BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE THESE GOALS INCLUDE ATTAINMENT OF ANNUAL AND LONG-TERM FINANCIAL PERFORMANCE, CERTAIN HEALTHCARE QUALITY STANDARDS AND THE ORGANIZATION'S COMMITMENT TO SERVING THE POOR AND DISENFRANCHISED IN THE COMMUNITIES IT SERVES TOTAL COMPENSATION, WHICH INCLUDES BASE SALARY, ANNUAL AND LONG-TERM INCENTIVE COMPENSATION, IS ESTABLISHED TO APPROXIMATE THE PREVAILING MARKET CONDITIONS FOR EXECUTIVES OF COMPANIES OF SIMILAR SIZE, REVENUES AND COMPLEXITY PAYMENTS PURSUANT TO A LONG-TERM FINANCIAL PERFORMANCE GOAL WERE PAID IN CALENDAR YEAR 2016

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

2016

Open to Public Inspection

Name of the organization
Mark Twain Medical Center

Employer identification number
68-0127677

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?	
				Yes	No

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							▶ \$					

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) SILVER OAK MEDICAL OFFICE INC	D KELAITA, BOD HAS GREATER THAN 35% OWNERSHIP	301,685	MEDICAL SERVICES AGREEMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493124008248
SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization Mark Twain Medical Center	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047	
		2016 Open to Public Inspection	
		Employer identification number 68-0127677	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PARTS VI, VII and XII	FORM 990, PART VI, SECTION A, LINE 6 THE MARK TWAIN MEDICAL CENTER IS JOINTLY OWNED BY DIGNITY HEALTH, A 501(C)(3) EXEMPT ORGANIZATION AND MARK TWAIN HEALTHCARE DISTRICT (THE DISTRICT) FORM 990, PART VI, SECTION A, LINE 7A DIGNITY HEALTH AND THE DISTRICT, AS THE CORPORATE MEMBERS, RATIFY THE SELECTION OF MEMBERS AND APPROVE NEW BOARD MEMBERS OF THE ORGANIZATION EACH OWNER DESIGNATES TWO BOARD MEMBERS, AND EACH PAIR OF DESIGNATED BOARD MEMBERS SELECTS A COUNTY RESIDENT, THESE SIX SELECT THE SEVENTH VOTING MEMBER, WHO MUST ALSO BE A COUNTY RESIDENT THE EIGHTH VOTING MEMBER IS ELECTED AND IS THE CHIEF OF STAFF OF MARK TWAIN MEDICAL CENTER FORM 990, PART VI, SECTION A, LINE 7B RESERVED RIGHTS OF THE CORPORATE MEMBERS (DIGNITY HEALTH AND THE DISTRICT) INCLUDE ADOPTION OF MISSION AND PHILOSOPHY STATEMENTS, AMENDMENT OR RESTATEMENT OF ARTICLES OF INCORPORATION AND BYLAWS, DISSOLUTION OF THE CORPORATION, ACQUISITION OF ANOTHER CORPORATION, CREATION OF A NEW SUBSIDIARY, MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, PARTICIPATION AS A GENERAL OR LIMITED PARTNER IN ANY VENTURE, INCURRING LONG-TERM INDEBTEDNESS IN EXCESS OF NORMAL OPERATING REQUIREMENTS, RATIFICATION OF BOARD MEMBER APPOINTMENTS AND DISMISSALS, SELECTION AND REMOVAL OF INDEPENDENT AUDITORS, AND TRANSACTIONS OUTSIDE THE ORDINARY COURSE OF BUSINESS FORM 990, PART VI, SECTION B, LINE 11A MANAGEMENT PRESENTED THE DRAFT OF THE FORM 990 TO THE BOARD BEFORE FILING THE FORM WITH THE INTERNAL REVENUE SERVICE THE BOARD'S REVIEW INCLUDED ALL INFORMATION REPORTED ON THE FORM 990 WITH THE EXCEPTION OF INDIVIDUALS' COMPENSATION AMOUNTS REPORTED WHICH WERE DIRECTLY REVIEWED BY THE VICE PRESIDENT OF HUMAN RESOURCES IN THE PROCESS OF ITS PREPARATION, THE FORM 990 WAS REVIEWED AT VARIOUS LEVELS OF FINANCE AND ACCOUNTING (REGIONAL DIGNITY HEALTH MANAGEMENT AND CORPORATE TAX DEPARTMENT), AS WELL AS REVIEWED BY MARK TWAIN'S FINANCE MANAGER AND CFO (WHO SIGNS THE FORM) AND BY AN INDEPENDENT ACCOUNTING FIRM ENGAGED TO REVIEW THE RETURN BEFORE FILING FORM 990, PART VI, SECTION B, LINE 12C THE ORGANIZATION HAS ADOPTED DIGNITY HEALTH'S CONFLICTS OF INTEREST POLICY THE ORGANIZATION'S BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS PURSUANT TO THESE POLICIES, THE EVP/GENERAL COUNSEL IS RESPONSIBLE FOR COLLECTING, REVIEWING AND VALIDATING ANNUAL DISCLOSURES OF ALL COVERED PERSONS (IE, BOARD AND BOARD COMMITTEE MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP, KEY EMPLOYEES, MANAGEMENT PERSONNEL AT THE VICE PRESIDENT LEVEL AND ABOVE, AND ANY OTHER PERSONNEL AT HIS OR HER DISCRETION) ALL COVERED PERSONS ARE REQUIRED TO DISCLOSE ACTUAL OR POTENTIAL CONFLICTS ARISING FROM THE BUSINESS, FINANCIAL AND PERSONAL INTERESTS HELD BY SUCH COVERED PERSONS OR THEIR FAMILY MEMBERS COVERED PERSONS ARE REQUIRED TO DISCLOSE TO THEIR SUPERIORS AND TO RELEVANT DECISION MAKERS ANY INTEREST THAT MAY PRESENT A CONFLICT, OR THE APPEARANCE OF

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Return Reference	Explanation
FORM 990, PARTS VI, VII and XII	F A CONFLICT, OF INTEREST SUCH DISCLOSURE IS REQUIRED ON A TRANSACTIONAL BASIS AT THE TIME SUCH CONFLICTS ARISE, WHEN AN INDIVIDUAL BECOMES A COVERED PERSON, AND ANNUALLY THEREAFTER EACH COVERED PERSON IS REQUIRED TO CERTIFY AT LEAST ANNUALLY THAT HE/SHE (1) HAS RECEIVED A COPY OF THE POLICY APPLICABLE TO HIS/HER POSITION, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST DISCLOSURE STATEMENT AS REQUIRED BY THE POLICY THE PRESIDENT/CEO AND EVP/GENERAL COUNSEL PREPARE ANNUAL REPORTS OF REPORTED CONFLICTS OF INTEREST, WHICH ARE PROVIDED TO THE BOARD OF DIRECTORS, COMMITTEE CHAIRS, AND KEY LEADERS OF THE ORGANIZATION TO ENABLE RESPONSIBLE INDIVIDUALS TO MONITOR AND MANAGE DISCLOSED CONFLICTS OF INTEREST AND ASSURE DECISIONS ARE MADE IN THE ORGANIZATION'S BEST INTERESTS THE PROCEDURES FOR ADDRESSING A CONFLICT OF INTEREST RELATED TO A PROPOSED TRANSACTION INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE INTERESTED PERSON IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) IF WARRANTED, ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, AND COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED, (5) THE TRANSACTION OR ACTION IS APPROVED BY A MAJORITY OF DISINTERESTED PERSONS, CONSISTENT WITH ANY REQUIREMENTS OF BYLAWS OR POLICIES, AND (6) ANY CONFLICTING ISSUES ARISING DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED MAY BE REFERRED TO AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS THERE ARE SIMILAR CONFLICTS OF INTEREST PROVISIONS UNDER DIGNITY HEALTH'S STANDARDS OF CONDUCT, WHICH ARE APPLICABLE TO ALL EMPLOYEES AND WHICH ARE ADMINISTERED BY THE VP/CORPORATE COMPLIANCE OFFICER WHO HAS REPORTING RESPONSIBILITY TO THE PRESIDENT/CEO AS WELL AS TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS FORM 990, PART VI, SECTION B, LINE 15A ALTHOUGH THE ORGANIZATION EMPLOYS PERSONNEL, THE TOP MANAGEMENT OFFICIAL IS COMPENSATED BY DIGNITY HEALTH FOR 2016 COMPENSATION, DIGNITY HEALTH'S HUMAN RESOURCES AND COMPENSATION COMMITTEE APPROVES, CONSISTENT WITH THE ORGANIZATION'S PHILOSOPHY AND PRINCIPLES, THE ANNUAL PERFORMANCE GOALS AND CRITERIA TO BE USED IN DETERMINING MERIT INCREASES AND VARIABLE COMPENSATION CRITERIA FOR OFFICERS AND KEY EMPLOYEES THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ALSO ENGAGES OUTSIDE LEGAL COUNSEL AS NECESSARY AND QUALIFIED INDEPENDENT COMPENSATION AND BENEFITS SPECIALISTS (INDEPENDENT EXPERTS) TO REVIEW, ANALYZE AND PROVIDE BENCHMARKING DATA FOR THE TOTAL COMPENSATION AND BENEFITS PACKAGES OF OFFICERS AND KEY EXECUTIVES APPROPRIATE COMPARABLE DATA IS OBTAINED FROM THE INDEPENDENT EXPERTS, (E.G., TOTAL ECONO

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Return Reference	Explanation
FORM 990, PARTS VI, VII and XII	MIC BENEFITS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR SI MILAR JOB RESPONSIBILITIES) KEY DELIBERATIONS OF THE COMMITTEE ARE DOCUMENTED IN MEETING MINUTES WHICH ARE APPROVED AT THE NEXT COMMITTEE MEETING AND PROVIDED TO THE BOARD OF DIRE CTORS THE DOCUMENTATION OF THE DELIBERATIONS INCLUDES (A) THE TERMS OF THE TRANSACTION AP PROVED AND THE DATE APPROVED, (B) THE MEMBERS OF THE COMMITTEE WHO WERE PRESENT DURING DIS CUSSION OF THE APPROVED TRANSACTION AND THOSE WHO VOTED ON IT, AND (C) THE COMPARABILITY D ATA OBTAINED AND RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED FORM 990, PAR T VI, SECTION B, LINE 15B THE HOSPITAL RELIED ON A RELATED ORGANIZATION, DIGNITY HEALTH, T HAT USED ONE OR MORE OF THE METHODS DESCRIBED IN SCHEDULE J, PART I, LINE 3, TO ESTABLISH THE CHIEF FINANCIAL OFFICER'S COMPENSATION COMPENSATION OF OTHER HIGHLY PAID KEY EMPLOYEE S IS BASED ON A COMPREHENSIVE EVALUATION FOCUSING ON ALL ASPECTS OF THE INCUMBENT'S ASSIGN ED DUTIES AND ASSESSED PERFORMANCE IN CARRYING OUT THE PHILOSOPHY AND MISSION OF MTMC ADD ITIONALLY, COMPARATIVE DATA AND MARKET SURVEYS REGARDING COMPENSATION IN THE SURROUNDING M ARKETPLACE ARE CONSIDERED FORM 990, PART VI, SECTION C, LINE 19 FEDERAL TAX LAWS DO NOT M ANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANC IAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION THE ORGANIZATION MAKES ITS FINANC IAL STATEMENTS AVAILABLE UPON REQUEST FORM 990, PART VII, SECTION A DR WILLIAM GRIFFIN AN D DR DEAN KELAITA'S COMPENSATION IS FOR PHYSICIAN SERVICES PROVIDED TO THE ORGANIZATION FORM 990, PART XI, LINE 8 PRIOR YEAR ADJUSTMENTS, GRANT EXPENSE PREVIOUSLY RECOGNIZED, \$10 9,137 FORM 990, PART XI, LINE 9 INTEREST IN NET ASSETS OF UNCONSOLIDATED FOUNDATION, \$121, 785 FORM 990, PART XII, LINE 3B THE ORGANIZATION'S FEDERAL AWARDS WERE INCLUDED IN DIGNITY HEALTH'S CONSOLIDATED OMB CIRCULAR A-133 AUDITED SCHEDULE OF FEDERAL EXPENDITURES

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION REVENUE CYCLE SERVICES TOTAL FEES 681451

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN/MEDICAL SERVICES TOTAL FEES 5582684

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATIVE SERVICES TOTAL FEES 3509116

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUILDING SERVICES TOTAL FEES 2333710

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL SERVICES TOTAL FEES 141741

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Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 316046

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

2016

Open to Public Inspection

Name of the organization
Mark Twain Medical Center

Employer identification number
68-0127677

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
(1)Dignity Health 185 Berry Street San Francisco, CA 94107 94-1196203	Hospital	CA	501(c)(3)	3	NA		No

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

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

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

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

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

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

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

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

1a

No

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

1b

No

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

1c

No

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

1d

No

e Loans or loan guarantees by related organization(s)

1e

Yes

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

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

1j

No

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

1k

Yes

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

1l

No

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

1m

Yes

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

1n

Yes

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

No

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

1r

Yes

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

1s

Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NONE			

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

[illegible]

Part VII **Supplemental Information**

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