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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MIAMI COUNTY MEDICAL CENTER INC

% TOM CHIARELLI

Doing business as

Number and street (or P O box if mail is not delivered to street address) 2100 BAPTISTE DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
PAOLA, KS 66071

D Employer identification number
48-1155548

E Telephone number
(913) 355-3523

G Gross receipts $ 35,321,246

F Name and address of principal officer
STANLEY HOLM
20333 W 151ST STREET
OLATHE, KS 66061

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW OLATHEHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO HELP PEOPLE TROUGH HEALING, HEALTH AND HAPPINESS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	237
6	Total number of volunteers (estimate if necessary)	**6**	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	27,731
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	19,173

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	68,447	86,513
9	Program service revenue (Part VIII, line 2g)	23,334,536	26,187,669
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,708,931	8,896,266
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	183,530	-48,808
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,295,444	35,121,640
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,651	59,161
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,596,037	14,276,409
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,420,550	13,960,588
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	23,063,238	28,296,158
19	Revenue less expenses Subtract line 18 from line 12	3,232,206	6,825,482

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	71,742,674	68,800,345
21	Total liabilities (Part X, line 26)	3,318,544	3,731,962
22	Net assets or fund balances Subtract line 21 from line 20	68,424,130	65,068,383

Part II Signature Block

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

Sign Here

****** 2019-11-15
Signature of officer Date

TIERNEY GRASSER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00482834

Firm's name ▶ BKD LLP — Firm's EIN ▶

Firm's address ▶ 1201 Walnut Suite 1700
Kansas City, MO 641062246

Phone no (816) 221-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO HELP PEOPLE THROUGH HEALING, HEALTH AND HAPPINESS

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 $ 23,005,573 including grants of $) (Revenue $ 26,187,669)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 23,005,573

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	42		
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** 237			
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**	Yes	
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**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
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**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		**16**		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	4		
	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**		Yes	
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**		Yes	
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ KS

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 ▶TOM CHIARELLI 20333 W 151ST STREET OLATHE, KS 66061 (913) 355-3523

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) GARY FRENCH DIRECTOR/CHAIRPERSON	1 0 0 0	X		X				0	0	0
(2) DENISE GERMAN RNC DIRECTOR	1 0 0 0	X						0	0	0
(3) STEPHEN M MILLER DIRECTOR	1 0 0 0	X						0	0	0
(4) CHIP WOOD DIRECTOR/VICE CHAIRPERSON	1 0 2 0	X		X				0	0	0
(5) FRANK H DEVOCELLE PRESIDENT/CEO	5 0 40 0			X				0	1,090,291	20,521
(6) TIERNEY L GRASSER TREASURER/SVP/CFO	5 0 40 0			X				0	540,872	33,499
(7) JAMES WETZEL SVP/CHIEF MEDICAL OFFICER	5 0 40 0			X				0	554,894	20,724
(8) DAVID PURSELL SECRETARY/VP/GENERAL COUNSEL	5 0 40 0			X				0	375,209	27,975
(9) PAUL LUCE VICE PRESIDENT/COO - MCMC	45 0 0 0			X				175,537	0	20,574
(10) STANLEY HOLM PRESIDENT-CEO	5 0 40 0			X				0	173,608	26,482
(11) JONATHON NEWKIRK PHYSICIAN	40 0 40 0					X		189,708	135,507	24,073
(12) BRIAN COOKE PHYSICIAN	40 0 40 0					X		150,958	107,828	34,978
(13) JAY ALLEN PHYSICIAN	40 0 40 0					X		147,097	105,069	24,294
(14) AMANDA SOMMERVILLE PHYSICIAN	40 0 40 0					X		122,720	87,657	24,501
(15) MICHAEL MCGINNIS PHYSICIAN	40 0 40 0					X		114,273	81,625	35,158

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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								900,293	3,252,560	292,779

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 ▶ 6

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
SOUTHWEST KS EMER PHYS, PO BOX 341246 DETROIT, MI 48267	ER PHYSICIAN SERVICE	1,172,917
KELLY CONSTRUCTION CROUP INC, 4021 E 143RD ST GRANDVIEW, MO 64030	CONSTRUCTION	740,328
INFINUM HEALTH LLC, 1440 E MEADOW LANE OLATHE, KS 66062	PROFESSIONAL SERVICE	189,225
SHARED MEDICAL SERVICES INC, PO BOX 330 COTTAGE GROVE, WI 53527	MRI SERVICES	294,778
DON BRAUN MD, 14021 MELROSE OVERLAND PARK, KS 66221	PROFESSIONAL SERVICE	186,240

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 ▶ 11

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	62,005		
	e Government grants (contributions)	1e	23,564		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	944		
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		86,513		
Program Service Revenue		Business Code			
	2a Net Patient Service Revenue	900099	26,187,669	26,159,938	27,731
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶		26,187,669		
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,024,973		2,024,973
	4 Income from investment of tax-exempt bond proceeds ▶		0		
	5 Royalties . . . . . ▶		0		
		(i) Real	(ii) Personal		
	6a Gross rents	54,890			
	b Less rental expenses	199,606			
	c Rental income or (loss)	-144,716	0		
	d Net rental income or (loss) . . . . . ▶		-144,716		-144,716
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	6,875,754	4,461		
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	6,875,754	4,461		
	d Net gain or (loss) . . . . . ▶		6,871,293		6,871,293
	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 REBATES	900099	40,813		40,813
	b CAFETERIA SALES	722514	16,229		16,229
	c MISCELLANEOUS INCOME	900099	38,866		38,866
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶		95,908		
	12 Total revenue. See Instructions . . . . . ▶		35,121,640	26,159,938	27,731	8,847,458

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	51,161	51,161		
2 Grants and other assistance to domestic individuals See Part IV, line 22	8,000	8,000		
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	196,111	171,087	25,024	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	111,882		111,882	
7 Other salaries and wages	11,405,681	9,587,507	1,818,174	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	268,647	211,183	57,464	
9 Other employee benefits	1,616,313	1,270,584	345,729	
10 Payroll taxes	677,775	532,799	144,976	
11 Fees for services (non-employees)				
a Management	399,583		399,583	
b Legal	21,502		21,502	
c Accounting	34,402		34,402	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	10,781		10,781	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,167,832	3,561,008	606,824	0
12 Advertising and promotion	112,856	112,856		
13 Office expenses	1,749,660	775,985	973,675	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	813,315	631,539	181,776	
17 Travel	15,585	2,413	13,172	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	1,488,839	1,170,376	318,463	
23 Insurance . . .	158,720	124,770	33,950	
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 Bad Debt Expense	2,643,273	2,643,273		
b Medical Supplies	1,925,354	1,919,140	6,214	
c RECRUITMENT	169		169	
d Medicaid Assessment	71,942	71,942		
e All other expenses	346,775	159,950	186,825	
25 **Total functional expenses.** Add lines 1 through 24e	28,296,158	23,005,573	5,290,585	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		693,167	1	837,235
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	23,564
	4	Accounts receivable, net		2,984,989	4	5,007,504
	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		0	7	0
	8	Inventories for sale or use		757,232	8	762,892
	9	Prepaid expenses and deferred charges		105,412	9	183,726
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 35,944,954			
	b	Less accumulated depreciation	10b 21,333,966	8,167,897	10c	14,610,988
	11	Investments—publicly traded securities		53,150,805	11	42,703,915
	12	Investments—other securities See Part IV, line 11		5,751,756	12	3,993,992
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		131,416	15	676,529
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		71,742,674	16	68,800,345
Liabilities	17	Accounts payable and accrued expenses		2,012,695	17	2,776,801
	18	Grants payable		0	18	0
	19	Deferred revenue		0	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		1,305,849	25	955,161
	26	**Total liabilities.** Add lines 17 through 25		3,318,544	26	3,731,962
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		68,356,501	27	64,941,863
	28	Temporarily restricted net assets		67,629	28	126,520
	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		68,424,130	33	65,068,383
	34	Total liabilities and net assets/fund balances		71,742,674	34	68,800,345

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,121,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,296,158
3	Revenue less expenses Subtract line 2 from line 1	3	6,825,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68,424,130
5	Net unrealized gains (losses) on investments	5	-10,181,229
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	65,068,383

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 48-1155548

Name: MIAMI COUNTY MEDICAL CENTER INC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318100759

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 48-1155548

Name: MIAMI COUNTY MEDICAL CENTER INC

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

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

OMB No 1545-0047

2018

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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	Employer identification number
MIAMI COUNTY MEDICAL CENTER INC	48-1155548

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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		
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-		

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

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		3,645
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			3,645
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1F	THE LOBBYING EXPENDITURES ARE THE PORTION OF HOSPITAL ASSOCIATION DUES THAT RELATE TO LOBBYING

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	58,170,298	51,635,212	47,717,171	46,075,614	42,519,913
b Contributions . . .	58,891	67,287	475,000	1,573,840	700,000
c Net investment earnings, gains, and losses	-1,325,843	8,867,799	3,443,041	67,717	2,867,243
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	11,000,000	2,400,000			11,542
f Administrative expenses					
g End of year balance	45,903,346	58,170,298	51,635,212	47,717,171	46,075,614

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

- a Board designated or quasi-endowment ▶ 99 720 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 0 280 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		3,130,973		3,130,973
b Buildings		18,011,238	11,443,554	6,567,684
c Leasehold improvements		21,016	17,318	3,698
d Equipment		12,985,011	9,247,417	3,737,594
e Other		1,796,716	625,677	1,171,039
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				14,610,988

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) INVESTMENT IN SSGA	3,993,992	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,993,992	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
Due to Affiliates	955,161
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	955,161

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	328,131,993
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-10,181,229		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	305,904,527		
e	Add lines **2a** through **2d**			2e	295,723,298
3	Subtract line **2e** from line **1**			3	32,408,695
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	10,781		
b	Other (Describe in Part XIII)	4b	2,702,164		
c	Add lines **4a** and **4b**			4c	2,712,945
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	35,121,640

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	355,386,838
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	329,744,734		
e	Add lines **2a** through **2d**			2e	329,744,734
3	Subtract line **2e** from line **1**			3	25,642,104
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	10,781		
b	Other (Describe in Part XIII)	4b	2,643,273		
c	Add lines **4a** and **4b**			4c	2,654,054
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	28,296,158

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: 48-1155548
Name: MIAMI COUNTY MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE ENDOWMENT FUNDS ARE HELD FOR FUTURE CAPITAL AND EXPANSION NEEDS IN ADDITION, THE FUNDS ALSO REPRESENT RESERVES FOR OPERATING NEEDS TO REMAIN FINANCIALLY STABLE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	RELATED ORGANIZATIONS' REVENUE $ 286,725,309 ELIMINATIONS (18,979,612) RENTAL EXPENSES 199,606 ---------- TOTAL $ 305,904,527

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	BAD DEBT EXPENSE $ 2,643,273 TEMPORARILY RESTRICTED CONTRIBUTIONS 58,891 ---------- TOTAL $ 2,702,164

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D	RELATED ORGANIZATIONS' EXPENSES $ 338,530,804 ELIMINATIONS (8,985,676) RENTAL EXPENSES 199,606 ---------- TOTAL $ 329,744,734

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XII, LINE 4B	BAD DEBT EXPENSE $ 2,643,273

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			356,163		356,163	1 390 %
b Medicaid (from Worksheet 3, column a)			2,656,679	1,326,049	1,330,630	5 190 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			3,012,842	1,326,049	1,686,793	6 580 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,360		15,360	0 060 %
f Health professions education (from Worksheet 5)			126,207		126,207	0 490 %
g Subsidized health services (from Worksheet 6)			4,771,771	4,108,124	663,647	2 590 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			48,788		48,788	0 190 %
j **Total.** Other Benefits			4,962,126	4,108,124	854,002	3 330 %
k **Total.** Add lines 7d and 7j			7,974,968	5,434,173	2,540,795	9 910 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	2		910		910	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1		2,178		2,178	
8 Workforce development						
9 Other						
10 Total	3		3,088		3,088	

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 Heathcare 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	902,098		
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	677,000		
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	7,012,545		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	9,670,879		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,658,334		
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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MIAMI COUNTY MEDICAL CENTER

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 20 16			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
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)

MIAMI COUNTY 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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____% and FPG family income limit for eligibility for discounted care of _____%			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE PART V, 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

MIAMI COUNTY 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 nonpayment?	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)

MIAMI COUNTY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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
See Add'l Data	

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? **9**

	Name and address	Type of Facility (describe)
1	LOUISBURG REHAB OF MIAMI CTY MEDICAL CTR 102 W CRESTVIEW CIRCLE LOUISBURG, KS 66053	OUTPATIENT REHABILITATION CLINIC
2	OSAWATOMIE REHAB OF MIAMI CTY MED CENTER 539 MAIN STREET OSAWATOMIE, KS 66064	OUTPATIENT REHABILITATION CLINIC
3	PAOLA REHAB OF MIAMI CTY MEDICAL CTR 1312 KANSAS AVENUE PAOLA, KS 66071	OUTPATIENT REHABILITATION CLINIC
4	SPRING HILL REHAB OF MIAMI CTY MED CTR 22378 S HARRISON SPRING HILL, KS 66083	OUTPATIENT REHABILITATION CLINIC
5	FAMILY MEDICINE - PAOLA 1318 KANSAS DRIVE PAOLA, KS 66071	RURAL HEALTH CLINIC
6	FAMILY MEDICINE - LACYGNE 1017 E MARKET ST LACYGNE, KS 66040	RURAL HEALTH CLINIC
7	FAMILY MEDICINE - LOUISBURG 102 WEST CRESTVIEW LOUISBURG, KS 66053	RURAL HEALTH CLINIC
8	FAMILY MEDICINE - OSAWATOMIE 100 EAST MAIN ST OSAWATOMIE, KS 66064	RURAL HEALTH CLINIC
9	FAMILY MEDICINE - MOUND CITY 302 N 1ST ST MOUND CITY, KS 66056	RURAL HEALTH CLINIC
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 3C	SEE PART VI, SECTION B, LINE 13 FOR THE LIST OF FACTORS USED IN THE ELIGIBILITY CRITERIA EXPLAINED IN THE FAP FOR PROVIDING FREE AND DISCOUNT CARE Private pay primary (uninsured) receive an automatic 50% discount off of billed charges

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN F	THE BAD DEBT EXPENSE IS NOT CONSIDERED A COMMUNITY BENEFIT EXPENSE AND IS NOT INCLUDED IN SCHEDULE H, PART I, LINE 7 THE AMOUNT EXCLUDED IS $2,638,500

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS CONTAINED IN THE TABLE OF PART I, LINE 7, OF SCHEDULE H, IS A COST ACCOUNTING SYSTEM

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	NO PHYSICIAN CLINIC COSTS ARE INCLUDED IN THE COMMUNITY BENEFIT EXPENSES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	MIAMI COUNTY MEDICAL CENTER, INC (MCMCI) IS COMMITTED TO IMPROVING THE COMMUNITIES WE SERVE THE ORGANIZATION IS INVOLVED IN A VARIETY OF ACTIVITIES IN OUR COMMUNITY THAT SUPPORT THE GENERAL ECONOMIC IMPROVEMENT OF OUR COMMUNITY, THE HEALTH, WELL-BEING AND SAFETY OF OUR AREAS RESIDENTS, AS WELL AS SUPPORTING PROGRAMS AND OTHER ORGANIZATIONS THAT REACH OUT TO OUR CITIZENS IN NEED A FEW EXAMPLES OF MCMCIS INVOLVEMENT IN 2018 INCLUDE 1) INVOLVEMENT IN THE MIAMI COUNTY ECONOMIC DEVELOPMENT ADVISORY BOARD AND LOCAL CIVIC ORGANIZATIONS 2) OUR SUPPORT OF THE HEALTH PARTNERSHIP CLINIC, SERVING THE UNINSURED OF OUR COMMUNITY 3) OUR SUPPORT OF LAKEMARY CENTER, A NONPROFIT SERVING CHILDREN AND ADULTS WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES 4) LEADERSHIP PARTICIPATION ON THE BOARD OF DIRECTORS FOR THE ELIZABETH LAYTON CENTER, A NONPROFIT COMMUNITY MENTAL HEALTH CENTER SERVING THE MENTAL HEALTH TREATMENT NEEDS OF THE RESIDENTS OF THE COMMUNITIES IT SERVES 5) PARTICIPATION IN COMMUNITY ORGANIZATIONS AND EVENTS THROUGH DONATIONS AND BY PROVIDING HEALTH EDUCATION AND SERVICES, INCLUDING THE MIAMI COUNTY CANCER FOUNDATION 6) LEADERSHIP AND PARTICIPATION ON OUR AREAS EMERGENCY PREPAREDNESS EFFORTS BY COORDINATING EXTENSIVE DRILLS TO PRACTICE OUR RESPONSE TO POTENTIAL SITUATIONS 7) PARTICIPATION IN THE PAOLA PATHWAYS ORGANIZATION, A GROUP RESPONSIBLE FOR DEVELOPING WALKING AND BIKING TRAILS IN AND AROUND PAOLA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	A cost accounting system is used to calculate the amount of MCMCs bad debt expense

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	THE AMOUNT INCLUDED ON LINE 3 THAT COULD BE ATTRIBUTED TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY WAS ESTIMATED BY ANALYZING ALL PRIVATE PAY PATIENT CHARGES AT COST LESS THE COST FOR THOSE PATIENTS THAT WERE ELIGIBLE FOR FINANCIAL ASSISTANCE THIS AMOUNT WAS THEN MULTIPLIED BY THE PERCENTAGE OF WHAT HAS BEEN HISTORICALLY COLLECTED FROM UNINSURED PATIENTS THE MAJORITY OF THE UNINSURED PATIENTS DO NOT HAVE THE ABILITY TO PAY AND IF THE PATIENTS COMPLETED THE FINANCIAL ASSISTANCE APPLICATION THEY WOULD BE ELIGIBLE FOR FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	See page 9 of the attached audited financial statements

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	Medicare allowable costs were calculated using a cost accounting system Shortfalls arise from payments that are less than the costs to provide the services The shortfalls should be considered community benefit as THEY must be absorbed in order to continue treating PROVIDING CARE TO our community It is also implied in Internal Revenue Service ruling 69-545 WHICH established the community benefit standard for tax-exempt hospitals and indicates that participation in publically-financed programs, such as Medicare, is evidence that a hospital meets the community benefit standard

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 9B	Before placement with collection agencies, MCMCI Patient Financial Services offers various options for patients with financial challenges An internal short-term four month payment plan is offered to those patients who express the need for help in meeting the financial obligation If the four months payment option would cause a financial hardship, an extended payment option through a third party is available at no cost or interest to the patient The third party vendor offers hardship options to those patients who express the inability to manage the monthly payments In addition to offering our own internal short term financial assistance and the extended payment option through a third party, MCMCI contracts with an outside agency that screens individuals for eligibility for programs such as Medicaid, Disability and Crime Victims Compensation and then helps and supports the patient through the application process MCMCI has language written in their collection agency contract that states, "Agency agrees to comply with the Internal Revenue Code 501(r)(6) and will not perform Extraordinary Collection Actions (ECA) before Client has made reasonable efforts to determine whether the patient/debtor (individuaL) is eligible for assistance under its financial assistance policy (FAP) and will not engage in ECAs If Client determines that the individual does not qualify, or is unable to determine whether an individual qualifies Agency may, upon direction from Client engage in collection activities " If the collection agency is notified by the patient/debtor that this created an undue financial hardship or burden due to a change in their income or assets, the agency will notify MCMCI and await further direction from the hospital

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	Miami County Medical Center, Inc (MCMCI) is continually assessing the health needs of the communities it serves in a variety of ways Informally, MCMCI is involved in multiple hea lth fairs and other community outreach activities that involve screenings, questionnaires and general conversation that help us understand the needs of groups and individuals Also , the MCMCI Community Advisory Council meets on a regular basis with representatives from a diverse group of individuals who provide helpful input from the organizations and commun ities they represent In 2018, MCMCI launched its third formal process of assessment In p artnership with the Miami County Department of Health, and with the help of VVV Research a nd Development, MCMCI conducted a community health needs assessment for its primary servic e area (Miami County) This was done by performing research, collecting health data for th e area and actively seeking input from the community through a survey and town hall meetin gs The board approved the CHNA in January 2019 HEALTH NEED PRIORITIES 2017-2019- MCMCI 1 INCREASE ACCESS TO BEHAVIORAL HEALTH, SUBSTANCE ABUSE AND CRISIS INTERVENTION THROUGH TH E EXPANSION OF PREVENTION AND EDUCATION 2 IMPROVE AND EXPAND ACCESS TO PRIMARY CARE SERV ICES 3 DECREASE TOBACCO USE 4 DECREASE OBESITY RATE AMONG RESIDENTS AND INCREASE ACCES S TO HEALTHY FOOD In 2017, MCMCI began implementation of its second Community Health Impr ovement Plan The first priority for the community was increased access to behavioral heal th, substance abuse and crisis intervention through the expansion of prevention and educat ion The first response for MCMCI was to partner with Elizabeth Layton Center and support their efforts to increase the number of non-medical crisis beds available in the county I n 2018, this goal was modified in an effort to improve access to behavioral health provide rs The goal for 2018 was to evaluate a partnership between MCMC and Elizabeth Layton Cent er to embed providers within the rural health clinics of MCMC The two organizations compl eted evaluation and determined this was a viable project and will have providers embedded in the clinics by the end of 2019 The third response was to develop and establish a behav ioral health coalition in Miami County In 2018, this goal was modified to better align wi th other activities within the community The Marais des Cygnes Extension Office pursued a nd received the Culture of Health grant MCMC was an active participant in receiving these grant dollars to form the Healthy Minds Strong Communities committee The committee and g rant is focused on improving mental health access and resources The priority in 2018 was to collaborate with schools and the community to enhance mental health first aid and menta l health accessibility Through grant dollars, staff at USD 368 in Paola will participate in an eight-hour mental health first aid training session There were a number of addition al efforts to support this priority including regular participation in the Miami County Co nnect Kansas Coalition, Elizabeth Layton Centers Board of Trustees, Osawatomie State Hospi tals Citizens Advisory Board and KHAs Behavioral Health Task Force MCMCI also supported p revention of underage alcohol use through financial support of after prom activities at lo cal high schools Within the primary care clinics in Miami and Linn counties, each patient , age 12 and older, undergoes a depression screening using the standardized tool called th e PHQ-2 If patients score anything other than a zero then a full PHQ-9 (9 question standa rdized tool) to further evaluate the patients symptoms Patients with known depression are followed for depression management and follow-up occurs every 4 months The second priori ty to address was improving and expanding access to primary care services The first respo nse was to re-locate the family medicine office in Paola to a more visible and convenient location In addition to increasing access at Olathe Health Family Medicine Paola, this go al also focused on enhancing access to the Health Partnership Clinic, the federally qualif ied health center located in Paola The goal for 2018 was enhance access by 10% over 2017 The goal was not met due to a decrease in access by 8% over 2017 This is largely due to the change in staffing with providers at both locations Another barrier to care in the mi ddle of 2018 was the migration of the clinics to rural health clinics This limited the av ailability of appointments at the Olathe Health Family Medicine clinics in Miami and Linn counties briefly The second response was to expand primary care services available for pe diatric patients The goal for 2018 was to increase pediatric visits in Olathe Health Fami ly Medicine clinics in Miami and Linn counties by 3% over 2017 This goal was not met due to a 4 9% decrease in pediatric patient visits Again, there was a barrier to care in the middle of 2018 with the migration of the clinics t

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	o rural health clinics This limited the availability of appointments at the Olathe Health Family Medicine clinics in Miami and Linn counties briefly Additional efforts for this p riority included enhanced collaboration and planning between Health Partnership Clinic and Olathe Health locations to better meet the healthcare needs of the communities served Th e third priority identified through the CHNA was decreasing tobacco use The response for this included identifying patients within the family medicine clinics and providing approp riate tobacco cessation counseling In 2018, the goal was to increase the number of patien ts receiving tobacco cessation counseling by 10% over 2017 The goal was met with an incre ase in 11 7% The fourth priority was providing affordable healthy eating options and nutr itional education to decrease the obesity rate in Miami and Linn counties The first respo nse was to increase the number of people enrolled in diabetes education at MCMCI, which pr ovides education about eating healthy, how to read nutrition labels and how to prepare hea lthy, affordable meals The goal for 2018 was to increase the number of people enrolled in the program by 5% over 2017 The goal was met with a 17% increase in program enrollment i n 2017 The second response to this priority was to increase the number of primary care pa tients who have diabetes with a hemoglobin A1C lower than 9 by 3% over 2017 totals This m etric was met with an increase of 4% over 2017 totals MCMCI supported additional efforts including financially supporting the walking trail system in Paola to add additional miles of walking trails around Lake Miola It also provided leadership participation on the pla nning task force MCMCI also provide financial support in the form of membership scholarsh ips to the Ozone, the countys only sports and fitness facility with fitness equipment, day care, gymnasium, lap pool and sports programming In addition to the Ozone, MCMC also part nered with the Osawatomie Rotary to launch an outdoor fitness park near the facility This provides resident within the community access to exercise equipment free of charge As be ing one of the largest employers in the county, MCMCI offers its employees a variety of he alth education program and classes Employees also have the opportunity to have one-on-one coaching and face-to-face coaching sessions about their health Each year, employees have the opportunity to take a free health risk assessment, which includes blood pressure, glu cose and cholesterol testing for employees and their spouses

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	Patients of Miami County Medical Center, Inc (MCMCI) are made aware of all opportunities available for financial assistance in a variety of ways There are signs in the registration areas to notify patients and visitors of the availability of assistance programs Every billing statement contains a notice of the availability of financial assistance and how to obtain additional information or apply Applications and instructions are available on the medical centers website, in both English and Spanish Patient Access, Patient Financial Services and social workers are trained to provide applications to patients if they express any concern regarding ability to pay for services, or may be referred to an agency the medical center contracts with to help individuals through the application process for programs like Medicaid and disability Patients that call OR VISIT our Patient Financial Services department expressing concerns about being able to pay for their services or express that they are experiencing a financial hardship are advised of our assistance policy and encouraged to apply

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	Miami County Medical Center, Inc (MCMCI) serves the people of Miami and Linn Counties in Kansas Miami and Linn Counties are both located in rural areas of the state of Kansas and are both federally designated medically underserved areas of Kansas MCMCI is the only hospital in these two counties However, there are several other hospitals located in nearby metropolitan areas, including Olathe and Overland Park, Kansas, and Kansas City, Missouri MCMCI added 5 rural health clinics in May 2018, Paola, LaCygne, Louisburg, Mound City and Osawatomie, Kansas In addition to the general healthcare services provided by the hospital and its associated physicians, MCMCI serves a diverse population of mentally disabled patients The Osawatomie State Hospital, Lakemary Center, Medicalodge of Paola and the Tri-Ko are all organizations located in the primary service area MCMCI supports each of these organizations by providing medical care to their residents, in addition to financial contributions to support programs for their residents BELOW IS A LISTING OF ECONOMIC LEVELS FOR AREA RESIDENTS TIME PERIOD 2012-2016 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES SOURCE FACTFINDER CENSUS GOV PEOPLE LIVING BELOW POVERTY LEVEL MIAMI COUNTY 9 6% LINN COUNTY 15 0% YOUNG CHILDREN LIVING BELOW POVERTY LEVEL MIAMI COUNTY 14 4% LINN COUNTY 13 7% UNINSURED ADULT POPULATION RATE MIAMI COUNTY 6 9% LINN COUNTY 8 8%

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	In addition to the items listed above, Miami County Medical Center takes a very active role in support of local, regional and national not-for-profit organizations with a focus on improving health and supporting those in need MCMCI provides support financially and through volunteering time and talents to multiple area organizations MCMCI provides athletic trainers to area school sports programs MCMCI IS involved in several health fairs and/or community screenings each year

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	Miami County Medical Center, Inc (MCMCI) is part of Olathe Health System, Inc (OHSI) OHSI consists of two hospitals and a network of 32 clinics OHSI and its affiliates, including MCMCI, take a leadership role in promoting the health of the communities served OHSI hospitals and clinics are very involved with community outreach education and screening programs across the entire service area MCMCI collaborateS with area companies and other health-related service providers to provide education and screenings to the public

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	MCMCI is not required to file a community benefit report with the state, but we make our report available to anyone interested at www olathehealth org

Additional Data

Software ID:

Software Version:

EIN: 48-1155548

Name: MIAMI COUNTY MEDICAL CENTER INC

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

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		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**
1	MIAMI COUNTY MEDICAL CENTER 2100 BAPTISTE DRIVE PAOLA, KS 66071 WWW OLATHEHEALTH ORG H-061-001	X	X					X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	As part of the community health needs assessment (CHNA), Miami County Medical Center, Inc (MCMCI) conducted a town hall meeting on Tuesday, Oct 22, 2015 The community members invited to this town hall represented the broad interests of the community served by the hospital facility, including individuals with special knowledge and expertise in public health This includes people representing the following groups local hospital, public health community, mental health community, free clinics, community-based clinics, service providers, local residents, community leaders, opinion leaders, school leaders, business leaders, local government, faith-based organizations, people with chronic conditions, uninsured community members, low income residents, and minority groups Section V of the CHNA provides a list of the town hall attendees and notes from the meeting All priority-setting and scoring processes at the town hall meeting involved the input of key stakeholders in attendance The meeting included discussion of community health data, reflection on size and seriousness of any health concerns, and discussion of current community health strengths Participants were then asked to rank the community health concerns cited during the meeting and from the primary and secondary research already completed A preliminary research survey was conducted by VVV Research LLC on behalf of MCMCI
SCHEDULE H, PART V, SECTION B, LINE 7A	https //www olathehealth org/patients-and-visitors/community-support/chna- chip

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	https //www olathehealth org/patients-and-visitors/community-support/chna- chip
SCHEDULE H, PART V, SECTION B, LINE 11	In 2018, MCMCI assessed the healthcare needs of its communities to identify the top health-need priorities MCMCI Board of Directors approved the assessment and its results in January 2019 Concurrently, MCMC continues work on the Community Health Improvement Plan This is a three-year plan, which began implementation in 2017 It addresses each health need priority that was identified through the 2015 Community Health Needs Assessment, outlining MCMCIs initiative(s) to address the need and the anticipated community impact You can read the full Community Health Needs Assessment and Community Health Improvement Plan documents on our website at olathehealth org/community The next Community Health Improvement Plan will launch in January of 2020 This plan will address the health needs identified in 2018 Community Health Improvement Plan will launch in January of 2020 This plan will address the health needs identified in 2018

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13B	IN ADDITION TO THE ITEMS CHECKED IN THIS SECTION, When annual household income is more than 300% of the federal poverty guidelines, individuals with extraordinary medical expenses may be eligible, on case by case basis, for financial assistance discount or extended payment arrangements
SCHEDULE H, PART V, SECTION B, LINES 16A-C	WWW OLATHEHEALTH ORG/PATIENTS-AND-VISITORS/FINANCIAL ASSISTANCE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	8		8,000	FMV	SPORTS MEDICINE
(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
SCHEDULE I, PART II	MIAMI COUNTY MEDICAL CENTER, INC PROVIDED SPORTS TRAINERS TO LOCAL HIGH SCHOOLS IN ADDITION TO PROVIDING FUNDS TO ALLOW OSAWATOMIE SCHOOLS TO START A PROGRAM TEAMING WITH SPECIAL OLYMPICS TO OFFER INCLUSIVE PROGRAMS FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES, TO ALLOW PAOLA SCHOOLS TO FUND AUDIOMETERS, PULSE OXIMETERS AND ASSORTED HEALTH RELATED ITEMS, AND TO ALLOW LOUISBURG SCHOOLS TO PURCHASE CPR KITS, WEIGHTLIFTING SOFTWARE, AND MEDICAL SUPPLIES MIAMI COUNTY MEDICAL CENTER ALSO PROVIDED FUNDS FOR LAKEMARY CENTER, A NOT-FOR-PROFIT LOCATED IN PAOLA WHO PROVIDE CARE FOR DEVELOPMENTALLY DISABLED ADULTS FOR KITCHEN RENOVATION TO HELP PROVIDE PROPER NUTRITION FOR THEIR CLIENTS
SCHEDULE I, PART III	FOR ALL SCHOLARSHIPS, THE ORGANIZATION CAREFULLY SELECTS THE RECIPIENTS OF THE FUNDS AND A CHECK IS WRITTEN DIRECTLY TO THE UNIVERSITY ON BEHALF OF THE INDIVIDUAL SELECTED

Additional Data

Software ID:
Software Version:
EIN: 48-1155548
Name: MIAMI COUNTY MEDICAL CENTER INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LAKEMARY CENTER 100 LAKEMARY DRIVE PAOLA, KS 66071	23-7423516	501(C)(3)	7,500				COMMUNITY WELLNESS
PAOLA USD # 368 PO BOX 268 PAOLA, KS 66071	48-0720746	GOVERNMENT		29,276		SPORTS MEDICINE	COMMUNITY WELLNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OSAWATOMIE USD # 367 1200 TROJAN DRIVE OSAWATOMIE, KS 66064	48-0698824	GOVERNMENT		29,136		SPORTS MEDICINE	COMMUNITY WELLNESS
OSAWATOMIE ROTARY CLUB PO BOX 427 OSAWATOMIE, KS 66064	48-6118683	501(C)(3)	10,000				COMMUNITY WELLNESS

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 accured 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
FORM 990, PART VII & SCHEDULE J, PART I, LINE 3	THE COMPENSATION REPORTED FOR PAUL LUCE WAS REVIEWED AND APPROVED BY THE PERSONNEL AND COMPENSATION COMMITTEE OF THE BOARD OF OLATHE HEALTH SYSTEM, INC (THE SOLE MEMBER OF MIAMI COUNTY MEDICAL CENTER INC) THE COMPENSATION COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS, WHICH INCLUDES A BOARD MEMBER FROM MIAMI COUNTY MEDICAL CENTER, INC THE COMMITTEE UTILIZED AN INDEPENDENT COMPENSATION CONSULTANT AND THIRD PARTY SALARY SURVEYS IN THE ESTABLISHMENT OF MR LUCES COMPENSATION AND BENEFITS

Return Reference	Explanation
FORM 990, PART VII & SCHEDULE J, PART I, LINE 3	THE COMPENSATION BEING REPORTED FOR FRANK H DEVOCELLE, TIERNEY L GRASSER, JAMES L WETZEL, MD, STAN HOLM AND DAVID PURSELL IS FROM OLATHE HEALTH SYSTEM, INC , A RELATED TAX EXEMPT ORGANIZATION AND THE SOLE MEMBER OF MIAMI COUNTY MEDICAL CENTER, INC OLATHE HEALTH SYSTEM, INC USES A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT BOARD MEMBERS TO ESTABLISH AND APPROVE COMPENSATION AND BENEFITS FOR ALL OFFICERS OF OLATHE HEALTH SYSTEM, INC AND ITS AFFILIATED COPRORATIONS THE COMMITTEE UTILIZED AN INDEPENDENT COMPENSATION CONSULTANT, A WRITTEN CONTRACT FOR THE CEO AND COMPENSATION SURVERYS TO ESTABLISH FAIR MARKET VALUE SALARIES AND BENEFITS FOR OLATHE MEDICAL CENTER, INC AND ITS AFFILIATES OFFICERS

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	FRANK H DEVOCELLE, JAMES WETZEL AND TIERNEY GRASSER PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), IN WHICH THEY ARE FULLY VESTED IN 2018, THERE WAS A CONTRIBUTION OF $ 123,843 TO FRANK H DEVOCELLE, $74,811 TO TIERNEY L GRASSER AND $67,026 TO JAMES WETZEL WHICH IS REPORTED AS TAXABLE COMPENSATION AND INCLUDED IN THEIR W-2 THE FOLLOWING AMOUNTS WERE ACCRUED IN 2018 FOR A 457(F) PLAN AND INCLUDED AS DEFERRRED INCOME ON SCHEDULE J FOR THE BENEFIT OF STAN HOLM, PRESIDENT & CHIEF EXECUTIVE OFFICER, $23,793 A SELECT GROUP OF PHYSICIANS ALSO PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) DRS BRIAN COOKE ($5,399), JONATHAN NEWKIRK ($7,188), AND MICHAEL MCGINNIS ($8,229) PARTICPATE IN THE PLAN AND THEIR 2018 CONTRIBUTIONS ARE INCLUDED AS DEFERRED COMPENSATION

Additional Data

Software ID:

Software Version:

EIN: 48-1155548

Name: MIAMI COUNTY MEDICAL CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
FRANK H DEVOCELLE PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	744,177	130,152	215,962	2,500	18,021	1,110,812	0
TIERNEY L GRASSER TREASURER/SVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	420,355	40,240	80,277	2,500	30,999	574,371	0
JAMES WETZEL SVP/CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	423,892	52,572	78,430	2,500	18,224	575,618	0
DAVID PURSELL SECRETARY/VP/GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	353,653	17,152	4,404	2,500	25,475	403,184	0
PAUL LUCE VICE PRESIDENT/COO - MCMC	(i)	162,911	9,148	3,478	2,500	18,074	196,111	0
	(ii)	0	0	0	0	0	0	0
JONATHON NEWKIRK PHYSICIAN	(i)	186,097	1,532	2,079	9,688	8,318	207,714	0
	(ii)	132,927	1,095	1,485	0	6,067	141,574	0
BRIAN COOKE PHYSICIAN	(i)	148,995	1,248	715	7,899	15,723	174,580	0
	(ii)	106,425	892	511	0	11,356	119,184	0
JAY ALLEN PHYSICIAN	(i)	145,176	1,196	725	0	14,098	161,195	0
	(ii)	103,697	854	518	0	10,196	115,265	0
AMANDA SOMMERVILLE PHYSICIAN	(i)	122,468	0	252	0	14,222	136,942	0
	(ii)	87,477	0	180	0	10,279	97,936	0
STANLEY HOLM PRESIDENT-CEO	(i)	0	0	0	0	0	0	0
	(ii)	164,051	0	9,557	23,793	2,689	200,090	0
MICHAEL MCGINNIS PHYSICIAN	(i)	112,723	1,084	466	10,729	14,177	139,179	0
	(ii)	80,517	775	333	0	10,252	91,877	0

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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) SEE SCHEDULE L PART V					

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	(A) ROBYN LUCE (B) ROBYN LUCE IS THE SPOUSE OF PAUL LUCE, AN OFFICER OF MIAMI COUNTY MEDICAL CENTER, INC (C) $16,139 (D) COMPENSATION (E) NO (A) PATRICIA DIEHM (B) PATRICIA DIEHM IS THE SISTER-IN-LAW OF PAUL LUCE, AN OFFICER OF MIAMI COUNTY MEDICAL CENTER, INC (C) $95,743 (D) COMPENSATION (E) NO

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	MIAMI COUNTY MEDICAL CENTER ACQUIRED 5 RURAL HEALTH CLINICS FROM OLATHE HEALTH PHYSICIANS IN 2018 THE CLINICS OPERATE IN AREAS DESIGNATED AS MEDICALLY UNDERSERVED THESE CLINICS H ELP MEET THE NEEDS OF THEIR RESPECTIVE COMMUNITIES BY PROVIDING PRIMARY CARE PHYSICIANS AN D MID-LEVEL PROVIDERS, LAB SERVICES AND X-RAY SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	MIAMI COUNTY MEDICAL CENTER, INC OPERATES AN ACUTE CARE HOSPITAL IN PAOLA, KANSAS MIAMI COUNTY MEDICAL CENTER, INC CARRIES OUT ITS MISSION BY HELPING PEOPLE THROUGH HEALING, HEALTH, AND HAPPINESS IN MIAMI COUNTY, KANSAS AND THE SURROUNDING AREA MIAMI COUNTY MEDICAL CENTER, INC IS A JOINT COMMISSION ACCREDITED HOSPITAL AND IS LICENSED FOR 39 BEDS AND CURRENTLY STAFFS 18 INPATIENT BEDS PROGRAM SERVICE EXPENSES ARE ALL RELATED TO THE PROVISION OF HEALTHCARE SERVICES IN 2018, MIAMI COUNTY MEDICAL CENTER, INC PROVIDED 970 DAYS OF INPATIENT CARE, PROVIDED 55,995 OUTPATIENT PROCEDURES, AND 8,101 EMERGENCY VISITS TO THE COMMUNITY MIAMI COUNTY MEDICAL CENTER ACQUIRED 5 RURAL HEALTH CLINICS FROM OLATHE HEALTH PHYSICIANS IN 2018 THE CLINICS OPERATE IN AREAS DESIGNATED AS MEDICALLY UNDERSERVED THESE CLINICS HELP MEET THE NEEDS OF THEIR RESPECTIVE COMMUNITIES BY PROVIDING PRIMARY CARE PHYSICIANS AND MID-LEVEL PROVIDERS, LAB SERVICES AND X-RAY SERVICES THE RURAL HEALTH CARE CLINICS COST IN EXCESS OF PAYMENTS WAS $746,907 EDUCATIONAL SUPPORT IN ADDITION TO PROVIDING UNCOMPENSATED CARE FOR PATIENTS IN NEED, THE MEDICAL CENTER PROVIDES OTHER HEALTH CARE RELATED BENEFITS TO THE COMMUNITIES IT SERVES BY PROVIDING 24-HOUR EMEGENCY CARE TO THE PUBLIC REGARDLESS OF ABILITY TO PAY THE MEDICAL CENTER ALSO PROVIDES EDUCATION FOR A VARIETY OF MEDICAL PROFESSIONALS, HEALTH CARE SCREENINGS AND EDUCATION PROGRAMS FOR THE GENERAL PUBLIC AND SUPPORT GROUP SPONSORSHIPS SPORTS NET MIAMI COUNTY MEDICAL CENTER PROVIDES ATHLETIC TRAINING STAFF FOR AREA HIGH SCHOOLS AND JUNIOR HIGH SCHOOOLS DURING THE SCHOOL YEAR THROUGH ITS SPORTS NET PROGRAM IN 2018, $58,412 OF ATHLETIC TRAINER SERVICES WAS PROVIDED TO THE SCHOOLS IN THE MIAMI COUNTY MEDICAL CENTERS SERVICE AREA CONTRIBUTIONS MIAMI COUNTY MEDICAL CENTER SUPPORTS A VARIETY OF SOCIAL, EDUCATION AND CIVIC HEALTHCARE RELATED ORGANIZATIONS WITHIN ITS SERVICE AREA IN 2018, $48,136 WAS CONTRIBUTED TO VARIOUS AGENCIES AND CHARITABLE ORGANIZATIONS AND $8,000 IN SCHOLARSHIPS TO STUDENTS INTERESTED IN PURSUING HEALTHCARE EDUCATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FRANK H DEVOCELLE, STAN HOLM AND TIERNEY L GRASSER HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER THEY SERVE AS AN OFFICER OR DIRECTOR FOR OLATHE HEALTH DEVELOPMENT CORPORATION OR O LATHE MEDICAL CENTER DOCTORS BUILDING CONDOMINIUM OWNERS ASSOCIATION, WHICH ARE RELATED FO R PROFIT COMPANIES CHIP WOOD IS A BOARD MEMBER OF OLATHE HEALTH SYSTEMS INC AND FRANK H DEVOCELLE, STAN HOLM, TIERNEY L GRASSER, DAVID PURSELL, AND JAMES L WETZEL, MD ARE EMPLOY ED BY OLATHE HEALTH SYSTEM, INC WHICH IS THE SOLE MEMBER OF MIAMI COUNTY MEDICAL CENTER, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE GOVERNING DOCUMENTS WERE AMENDED TO CHANGE THE MISSION STATEMENT OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	OLATHE HEALTH SYSTEM, INC , A NOT-FOR-PROFIT, 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF MIAMI COUNTY MEDICAL CENTER, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	OLATHE HEALTH SYSTEM, INC IS THE SOLE MEMBER OF MIAMI COUNTY MEDICAL CENTER, INC AND HAS THE RIGHT TO ELECT ALL THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	OLATHE HEALTH SYSTEM, INC IS THE SOLE MEMBER, AND HAS THE RIGHTS TO APPROVE MIAMI COUNTY MEDICAL CENTER, INC S BYLAWS AND ARTICLES OF INCORPORATION AND ALSO APPROVE MIAMI COUNTY M EDICAL CENTERS BOARD MEMBERS AND HAVE AUTHORITY OVER CERTAIN TRANSACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTING FIRM PREPARES AND REVIEWS THE 990 THE 990 IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PERSONNEL ANY QUESTIONS AND CONCERNS MANAGEMENT HAS ARE ADDRESSED AND ANY CORRECTIONS OR CLARIFICATIONS ARE MADE THE 990 IS THEN REVIEWED BY THE AUDIT AND COMPLIANCE COMMITTEE OF THE OLATHE HEALTH SYSTEM, INC BOARD ON BEHALF OF ALL OF ITS AFFILIATES THE AUDIT & COMPLIANCE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS OF OLATHE HEALTH SYSTEM, INC PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE PURPOSE OF THE ORGANIZATIONS CONFLICT OF INTEREST POLICY IS TO PROTECT THE ORGANIZATIO NS INTEREST WHEN IT IS CONTEMPLATING A DECISION OR ENTERING INTO A TRANSACTION OR ARRANGEM ENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY PERSON IN A POSITION OF AUTHORITY OVER THE ORGANIZATION, OR MIGHT RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION CORPORATE OFFI CERS AND MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AND COMP LETE A DISCLOSURE OF INFORMATION FORM ANNUALLY A SUMMARY OF THE ANNUAL DISCLOSURES OF INF ORMATION IS PROVIDED TO THE FULL BOARD FOR REVIEW AT LEAST ONE TIME PER YEAR THE CONFLICT OF INTEREST POLICY CALLS FOR ANY INTERESTED PERSON TO DISCLOSE THE EXISTENCE OF A FINANCI AL RELATIONSHIP OR COMPETITIVE INTEREST IN CONNECTION WITH ANY PENDING TRANSACTION OR ARRA NGEMENT THE INDIVIDUAL IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIR ECTORS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THAT GAVE RISE TO THE DISCLOSUR E WHEN A TRANSACTION INVOLVES AN INTERESTED PARTY, THE FOLLOWING PROCEDURES ARE FOLLOWED 1 THE INTERESTED PARTY LEAVES THE MEETING AFTER PROVIDING ANY MATERIAL FACTS OR DISCUSSI ON REGARDING THE MATTER THAT GIVES RISE TO THE INTEREST UNLESS REQUESTED TO STAY BY THE RE MAINING BOARD OR COMMITTEE MEMBERS 2 IF APPROPRIATE, THE BOARD MAY APPOINT A NON-INTERES TED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION, 3 THE IN TERESTED DIRECTOR MAY NOT VOTE ON THE MATTER THAT GIVES RISE TO THE INTEREST 4 IN ORDER TO APPROVE THE TRANSACTION, THE BOARD MUST FIRST FIND, BY A MAJORITY VOTE OF THE DIRECTORS THEN IN OFFICE, WITHOUT COUNTING THE VOTE OF THE INTERESTED DIRECTOR, a THAT THE PROPOSE D TRANSACTION IS IN THE ORGANIZATIONS BEST INTERESTS AND FOR ITS OWN BENEFIT, AND b THAT, AFTER REASONABLE INVESTIGATION, THE BOARD HAS DETERMINED THAT THE ORGANIZATION CANNOT OBT AIN A MORE ADVANTAGEOUS TRANSACTION WITH EFFORTS UNDER THE CIRCUMSTANCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & B	ANNUALLY, THE PERSONNEL AND COMPENSATION COMMITTEE OF THE OLATHE HEALTH SYSTEM, INC BOARD , WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF OLATHE HEALTH SYSTEM, INC , RE VIEWS AND APPROVES THE CEO AND OTHER OFFICERS AND KEY EMPLOYEES OF THE CORPORATIONS COMPEN SATION IN ACCORDANCE WITH THEIR COMPENSATION POLICY THE COMPENSATION COMMITTEE REVIEWS TH IRD PARTY SALARY SURVEYS AND ALSO UTILIZES WRITTEN CONTRACTS FOR THE CEO TO DETERMINE THE FAIR MARKET VALUE OF THE CURRENT COMPENSATION SALARY RANGES AND BENEFITS COMPENSATION FOR SUCH OFFICERS IS APPROVED BY THE COMMITTEE AND INFORMATION OF THEIR FINDINGS IS AVAILABLE TO ALL BOARD MEMBERS AT THEIR REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT ARE NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, COLUMN B, LINES 11-15	MIAMI COUNTY MEDICAL CENTER, INC ACQUIRED 5 RURAL HEALTH CLINICS FROM OLATHE HEALTH PHYSI CIANS, INC IN JUNE 2018 THE RELATED ORGANIZAITON HOURS BEING REPORTED FOR THE PHYSICIANS FOR THESE CLINICS ARE BEING REPORTED FOR THE PERIOD 1/1/2018 THROUGH 5/31/2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL PROFESSIONAL FEES TOTAL FEES 2354612

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OUTSIDE SERVICES TOTAL FEES 987350

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES FOR SERVICES TOTAL FEES 825870

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MIAMI COUNTY MEDICAL CENTER INC

Employer identification number
48-1155548

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	(g) Section 512(b)(13) controlled entity? No
(1)OLATHE MEDICAL CENTER INC 20333 W 151ST ST OLATHE, KS 66061 48-0577664	HOSPITAL	KS	501(C)(3)	3	OHSI	Yes	
(2)OLATHE HEALTH SYSTEM INC 20333 W 151ST ST OLATHE, KS 66061 48-0979845	SUPPORT ORG	KS	501(C)(3)	12C	NA		No
(3)OLATHE HEALTH PHYSICIANS INC 20333 W 151ST ST OLATHE, KS 66061 48-1088982	CLINICS	KS	501(C)(3)	10	OHSI	Yes	
(4)OLATHE HEALTH CHARITABLE FOUNDATION 20333 W 151ST ST OLATHE, KS 66061 48-1136010	FUNDRAISING	KS	501(C)(3)	12A	OMCI	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)OMC DOCTOR'S BLDG CONDO OWNERS ASSOC 20333 W 151ST ST OLATHE, KS 66061 48-1244766	REAL ESTATE	KS		C CORPORATION				Yes	
(2)OLATHE HEALTH DEVELOPMENT CORPORATION 20333 W 151ST ST OLATHE, KS 66061 36-3445097	MEDICAL SERVICES	KS		C CORPORATION				Yes	

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

		Yes	No
1 During the tax year, did the orgranization 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	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
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	Yes	
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		No
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	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 48-1155548
Name: MIAMI COUNTY MEDICAL CENTER INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	OLATHE MEDICAL CENTER INC	M	204,199	COST
(1)	OLATHE MEDICAL CENTER INC	N	1,038,286	COST
(2)	OLATHE MEDICAL CENTER INC	O	1,759,986	COST
(3)	OLATHE MEDICAL CENTER INC	P	944,797	COST
(4)	OLATHE MEDICAL CENTER INC	Q	2,789,396	COST
(5)	OLATHE MEDICAL CENTER INC	R	12,684,452	COST
(6)	OLATHE MEDICAL CENTER INC	S	5,228,046	COST
(7)	OLATHE HEALTH SYSTEM INC	M	399,584	COST
(8)	OLATHE HEALTH SYSTEM INC	S	406,537	COST
(9)	OLATHE HEALTH PHYSICIANS INC	S	6,248,220	COST
(10)	OLATHE HEALTH PHYSICIANS INC	H	5,412,104	COST
(11)	OLATHE HEALTH PHYSICIANS INC	Q	827,243	COST
(12)	OLATHE HEALTH CHARITABLE FOUNDATION	C	62,005	COST