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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 07-01-2018 , and ending 06-30-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization
Northwest Medical Center Association Inc

Doing business as
Northwest Medical Center

Number and street (or P O box if mail is not delivered to street address)Room/suite
705 North College Street

City or town, state or province, country, and ZIP or foreign postal code
Albany, MO 64402

F Name and address of principal officer
Dwain Stilson
5325 Faraon Street
St Joseph, MO 64506

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 ▶

D Employer identification number
44-0580870

E Telephone number
(816) 271-7070

G Gross receipts \$ 25,053,699

I Tax-exempt status

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

J Website: ▶ [https //www mymlc com/Main/Location/albany-mo/mosaic-medical-center-albany/](https://www.mymlc.com/Main/Location/albany-mo/mosaic-medical-center-albany/)

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1955

M State of legal domicile
MO

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
NORTHWEST MEDICAL CENTER SERVES AS A COMPASSIONATE, EFFICIENT HEALTH HOME THAT ENCOURAGES WELLNESS, RESTORES HEALTH, AND PROMOTES A SUPERIOR QUALITY OF LIFE

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II

Signature Block

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

Sign Here

Signature of officer

Dwain Stilson Officer

Type or print name and title

2020-05-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P01306883

Firm's name ▶ RSM US LLP

Firm's EIN ▶ 42-0714325

Firm's address ▶ 4650 East 53rd Street

Davenport, IA 52807

Phone no (563) 888-4000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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:

WITH THE HELP OF TRUSTED, INTEGRATED PARTNERS, NORTHWEST MEDICAL CENTER SERVES AS A COMPASSIONATE, EFFICIENT HEALTH HOME THAT ENCOURAGES WELLNESS, RESTORES HEALTH AND PROMOTES A SUPERIOR QUALITY OF LIFE

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 \$ 12,039,158	including grants of \$	(Revenue \$ 13,113,242)
See Additional Data				

4b	(Code)	(Expenses \$ 3,155,947	including grants of \$ 7,604	(Revenue \$ 3,437,508)
See Additional Data				

4c	(Code)	(Expenses \$ 1,610,949	including grants of \$	(Revenue \$ 1,754,671)
See Additional Data				

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

4e	Total program service expenses	16,806,054
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Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	29	
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	178			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c	Yes	
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?						
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		

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 6		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 2		
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		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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.
 ► Dwain Stilson 5325 Faraon Street St Joseph, MO 64506 (816) 271-7070

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) Mark Laney MD Director/Mosaic Health System CEO	1 0 35 0	X		X				0	1,485,460	25,971
(2) Michael Pulido Secretary/Director/Chair	1 0 35 0	X		X				0	685,830	147,227
(3) Brady D Dubois Director (As of 01/2017)	1 0 39 0	X						0	399,104	85,346
(4) Matt Baker Director (As of 06/2019)	1 0 3 0	X						0	0	0
(5) Serena Naylor Director	1 0 4 0	X						0	2,500	0
(6) Davin Turner DO Director/Vice Chair (as of 01/2017)	1 0 39 0	X						0	544,411	81,597
(7) Jon Doolittle President	39 0 1 0			X				233,108	0	35,167
(8) Dwain Stilson CFO/Treasurer	1 0 36 0			X				0	661,558	36,467
(9) Katie Dias DO Staff Physician	40 0 0					X		214,951	0	22,051
(10) Angelia Martin MD Staff Physician	39 0 1 0					X		255,109	0	28,828
(11) Jackie Miller DO Staff Physician	40 0 0					X		356,567	0	18,487
(12) Curt Kretzinger Former Director/Vice-Chair (until 01/2017)	0 0 40 0						X	0	512,184	16,015
(13) John P Wilson Former Director/Secretary (until 01/2017)	0 0 40 0						X	0	352,360	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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)								1,059,735	4,643,407	497,156

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LEHR CONSTRUCTION COMPANY INC PO Box 168 St Joseph, MO 64502	Construction	1,509,519
IHP INDUSTRIAL INC PO Box 578 St Joseph, MO 645020578	Mechanical Contractor	960,805
MD ELECTRIC LLC PO Box 316 Stewartsville, MO 64490	Electric Contractor	904,773
Capital Performance Management 11709 Roe D236 Leawood, KS 662112607	CONSTRUCTION MANAGEMENT	274,718
MO Network Alliance LLC 2005 West Broadway BUILDING A SUITE 215 Columbia, MO 65203	Internet Service	248,481

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 ► 9

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c	30,965			
d Related organizations	1d	6,659,481			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	44,967			
g Noncash contributions included in lines 1a - 1f \$ _____					
h Total. Add lines 1a-1f ▶		6,735,413			

Program Service Revenue

	Business Code				
2a Net Patient Service Revenue	621110	17,012,142	17,012,142		
b 340B Pharmacy Revenue	621110	1,046,881	1,046,881		
c _____					
d _____					
e _____					
f All other program service revenue		0	0	0	0
g Total. Add lines 2a-2f ▶		18,059,023			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		6,365			6,365
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real 2,200	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	2,200	0			
d Net rental income or (loss) ▶		2,200	2,200		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)	0	0			
d Net gain or (loss) ▶					
8a Gross income from fundraising events (not including \$ 30,965 of contributions reported on line 1c) See Part IV, line 18 a		6,500			
b Less direct expenses b		5,124			
c Net income or (loss) from fundraising events ▶		1,376			1,376
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances a					
b Less cost of goods sold b					
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11a Cafeteria	722514	90,360	90,360		
b _____					
c _____					
d All other revenue		153,838	153,838	0	0
e Total. Add lines 11a-11d ▶		244,198			
12 Total revenue. See Instructions ▶		25,048,575	18,305,421	0	7,741

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	7,604	7,604		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	352,622	0	352,622	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	8,579,743	8,230,925	348,818	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	249,893	239,300	10,593	
9 Other employee benefits.	1,799,969	1,637,876	162,093	
10 Payroll taxes.	569,142	535,990	33,152	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	886		886	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,647,471	1,410,666	2,236,805	0
12 Advertising and promotion.	447	347	100	
13 Office expenses.	1,056,362	978,172	78,190	
14 Information technology.	696,829	696,829		
15 Royalties.				
16 Occupancy.	303,410	284,840	18,570	
17 Travel.	43,553	33,005	10,548	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	14,295	10,627	3,668	
20 Interest.	122,636		122,636	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	826,952	440,992	385,960	
23 Insurance.	232,463		232,463	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical Supplies/Includes 340B.	1,672,529	1,672,529		
b FRA Tax.	611,376	611,376		
c Dues & Subscriptions.	51,077	14,976	36,101	
d				
e All other expenses.	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e.	20,839,259	16,806,054	4,033,205	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	992,964	1	611,733
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	0	3	
	4 Accounts receivable, net	1,952,654	4	1,874,541
	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	114,685	8	106,329
	9 Prepaid expenses and deferred charges	512,496	9	229,539
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	13,410,527		
	b Less: accumulated depreciation	2,224,094		
	11 Investments—publicly traded securities	3,900,382	11	3,953,231
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,001,050	16	17,961,806	
Liabilities	17 Accounts payable and accrued expenses	1,485,124	17	1,529,375
	18 Grants payable	0	18	0
	19 Deferred revenue	7,122	19	585,050
	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	10,241,563	25	10,174,921
	26 Total liabilities. Add lines 17 through 25	11,733,809	26	12,289,346
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	1,267,241	27	5,672,460
	28 Temporarily restricted net assets	0	28	
	29 Permanently restricted net assets	0	29	
	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	0	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	
33 Total net assets or fund balances	1,267,241	33	5,672,460	
34 Total liabilities and net assets/fund balances	13,001,050	34	17,961,806	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,048,575
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,839,259
3	Revenue less expenses Subtract line 2 from line 1	3	4,209,316
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,267,241
5	Net unrealized gains (losses) on investments	5	195,903
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,672,460

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0580870
Name: Northwest Medical Center Association Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

OUTPATIENT SERVICE THERE WERE 20,169 OUTPATIENT VISITS MEDICARE PATIENTS ACCOUNTED FOR 49% AND MEDICAID PATIENTS WERE 10%

Form 990, Part III, Line 4b:

INPATIENT HOSPITAL CARE OUR ACUTE CARE AND SWINGBED PROGRAM SAW A TOTAL OF 2,409 PATIENT DAYS MEDICARE PATIENT DAYS CONSISTED OF 1,677 DAYS
OR 70% OF TOTAL DAYS MEDICAID PATIENT DAYS WERE 3% OR 71 PATIENT DAYS

Form 990, Part III, Line 4c:

EMERGENCY SERVICES TOTAL PATIENTS SEEN IN THE EMERGENCY ROOM WERE 2,391, OF THAT AMOUNT 38% OF REVENUE WAS FROM MEDICARE PATIENTS AND 16% WAS FROM MEDICAID PATIENTS

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
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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

11

☐

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

12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a

☐

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

b

☐

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

c

☐

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

d

☐

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

e

☐

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

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2018

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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: 18007697
Software Version: 2018v3.1
EIN: 44-0580870
Name: Northwest Medical Center Association 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

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 Northwest Medical Center Association Inc	Employer identification number 44-0580870
--	--

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		6,385
j	Total. Add lines 1c through 1i			6,385
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 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS THAT ARE USED FOR LOBBYING PURPOSES BY THE HOSPITAL ASSOCIATIONS 29 10% of the membership dues paid to the Missouri Hospital Association are used for lobbying activities 22 73% of the membership dues paid to the American Hospital Association are used for lobbying activities

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
Northwest Medical Center Association Inc

Employer identification number
44-0580870

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	132,765	132,765	132,765	132,765	132,765
b Contributions					
c Net investment earnings, gains, and losses	6,890	9,847	12,587	2,768	24,556
d Grants or scholarships					
e Other expenditures for facilities and programs	6,890	9,847	12,587	2,768	24,556
f Administrative expenses					
g End of year balance	132,765	132,765	132,765	132,765	132,765

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment ▶ 0 %
b Permanent endowment ▶ 100 %
c Temporarily restricted endowment ▶ 0 %
The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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		0		0
b Buildings		4,909,853	174,256	4,735,597
c Leasehold improvements		2,373,111	131,438	2,241,673
d Equipment		3,230,030	1,913,084	1,316,946
e Other		2,897,533	5,316	2,892,217
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,186,433

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to NWMC Foundation	6,911,164
Due to Heartland Regional Medical Center	3,263,757
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	10,174,921

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0580870
Name: Northwest Medical Center Association Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The earnings from the endowment fund can be used for any and all expenses needed to support the Northwest Medical Center Association, Inc (Mosaic-Albany)

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Mosaic Health System, Heartland Regional Medical Center (Mosaic-St Joseph), Mosaic Medical Center-Maryville (Mosaic-Maryville), Northwest Medical Center Association, Inc (Mosaic-Albany), Heartland Long-Term Acute Care Hospital (HLTACH), Heartland Foundation, and Northwest Medical Center Foundation (NMC Foundation) are nonprofit corporations described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Internal Revenue Code. However, they are subject to federal income tax on any unrelated business taxable income. Midwestern Health Management, Inc (Midwestern) and HHS Properties, Inc are subject to income taxation. Village at Burlington Creek Office, LLC is a limited liability company that is taxed as a partnership. With a few exceptions, Mosaic is no longer subject to U.S. federal, state and local income tax examinations by tax authorities for years before 2015. At June 30, 2019, net operating loss carryforwards available to offset future taxable income for these entities aggregated approximately \$15,900 and expire through 2038. Separate return limitation restrictions apply to a portion of these net operating loss carryforwards. Tax positions are not offset or aggregated with other positions. Tax positions that meet the more-likely-than-not recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompanying balance sheet along with any associated interest and penalties that would be payable to the taxing authorities upon examination. As of June 30, 2019 and 2018, there were no uncertain tax positions identified and recorded as a liability.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF TOURNAMENT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	37,465			37,465
	2 Less Contributions	30,965			30,965
	3 Gross income (line 1 minus line 2)	6,500	0	0	6,500
Direct Expenses	4 Cash prizes	500			500
	5 Noncash prizes	240			240
	6 Rent/facility costs	1,000			1,000
	7 Food and beverages	1,050			1,050
	8 Entertainment	0			0
	9 Other direct expenses	2,334			2,334
	10 Direct expense summary Add lines 4 through 9 in column (d) ►				5,124
	11 Net income summary Subtract line 10 from line 3, column (d) ►				1,376

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No				
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes ☐ No				
13 Indicate the percentage of gaming activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference

Explanation

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization

Northwest Medical Center Association Inc

Employer identification number

44-0580870

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

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

1a

Yes

No

b

If "Yes," was it a written policy?

1b

Yes

No

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

Yes

No

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

No

c

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

4

Yes

No

5a

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

5a

Yes

No

b

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

5b

No

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 eligible for free or discounted care?

5c

No

Yes

6a

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

6a

No

Yes

b

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

6b

No

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)	0	0	308,341	0	308,341	1 48 %
b Medicaid (from Worksheet 3, column a)	0	0	2,583,461	2,331,197	252,264	1 21 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	2,891,802	2,331,197	560,605	2 69 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	0	0	0	0 %
f Health professions education (from Worksheet 5)	0	0	0	0	0	0 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	18,429	0	18,429	0 09 %
j Total. Other Benefits	0	0	18,429	0	18,429	0 09 %
k Total. Add lines 7d and 7j	0	0	2,910,231	2,331,197	579,034	2 78 %

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

Cat No 50192T

Schedule H (Form 990) 2018

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	0	0	0	0	0	0 %
2 Economic development	0	0	0	0	0	0 %
3 Community support	0	0	0	0	0	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	0	0	0	0 %
7 Community health improvement advocacy	0	0	0	0	0	0 %
8 Workforce development	0	0	0	0	0	0 %
9 Other	0	0	0	0	0	0 %
10 Total	0	0	0	0	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,389,996	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	7,954,971
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	9,599,085
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-1,644,114
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☒ Cost to charge ratio	☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Northwest Medical Center (Mosaic-Albany)

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>https://www.mymhc.com/General/Community-Health-Needs-Assessment/albany-community-health-needs-assess</u>		
b ☐ Other website (list url) _____		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.mymhc.com/General/Community-Health-Needs-Assessment/albany-community-health-needs-assess</u>	10 Yes	
a If "Yes" (list url) _____		
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)**

Northwest Medical Center (Mosaic-Albany)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>125.0</u> % and FPG family income limit for eligibility for discounted care of <u>200.0</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☐ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☒ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>See Schedule O</u>			
b ☒ The FAP application form was widely available on a website (list url) <u>See Schedule O</u>			
c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>See Schedule O</u>			
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**

Northwest Medical Center (Mosaic-Albany)

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)**

Northwest Medical Center (Mosaic-Albany)

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 Mosaic Family Care-Albany East 1607 East HWY 136 Albany, MO 64402	Physician Clinic
2 Mosaic Family Care- Grant City 307 East 2nd Street Grant City, MO 64456	Physician Clinic
3 Mosaic Family Care-Stanberry 202 East Main Street Stanberry, MO 64489	Rural Health Clinic
4 Mosaic Family Care- New Hampton 304 Lincoln Way New Hampton, MO 64471	Physician Clinic
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c	Not Applicable

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	Not Applicable

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f	Northwest Medical Center Association (Mosaic-Albany) did not report bad debt expense as part of operating expenses for health professions education for year ended 06/30/19

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Not Applicable

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	0

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2. FINANCIAL ASSISTANCE AT COST WAS \$308,000 AND \$304,000 FOR YEARS ENDED 6/30/19 AND 6/30/18, RESPECTIVELY. MEDICAID NET COMMUNITY BENEFIT EXPENSE WAS \$252,000 AND \$228,000 FOR THE YEAR ENDED 6/30/19 AND 6/30/18, RESPECTIVELY. THE MEDICAL CENTER RECEIVES REIMBURSEMENT FROM THE MEDICAID PROGRAM IN RELATION TO THE PERCENTAGE OF MEDICAID AND INDIGENT POPULATION THEY SERVE.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Not Applicable

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	Northwest Medical Center Association (Mosaic-Albany), calculates bad debt expense at the established rate as reported in patient service revenue in the audited financial statements. Discounts provided by third-party payors on patient accounts are written off as contractual allowances. Payments received on an account previously written off to bad debt expense are credited to a bad debt recovery account.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Northwest Medical Center Association (Mosaic-Albany) adopted a new charity care assessment system during the tax year-ended June 30, 2019 that assists the organization in identifying patients who are eligible for financial assistance under the organization's financial assistance policy (FAP) As a result, Mosaic-Albany reported zero dollars for the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE BAD DEBT EXPENSE FOOTNOTE IS ON PAGE 10 OF THE ATTACHED AUDITED FINANCIAL STATEMENTS SEE ALSO THE PARAGRAPH IN THE CHARITY CARE FOOTNOTE ON PAGE 16

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	THE MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO DIRECTLY FROM THE MEDICARE COST REPORT WHICH RESULTS IN A SHORTFALL OF COVERING THE HOSPITAL'S COST OF TREATING MEDICARE PATIENTS THIS SHORTFALL, IN ADDITION TO NON-PAYMENT BY MEDICARE RECIPIENTS FOR THEIR DEDUCTIBLE AND COINSURANCE AMOUNT INCREASES FINANCIAL ASSISTANCE AND BAD DEBT Northwest Medical Center Association (Mosaic-Albany) PROVIDES SERVICES TO ALL MEDICARE PATIENTS WITH THE KNOWLEDGE THAT THE COST OF PROVIDING CARE TO THEM MAY EXCEED THE REIMBURSEMENT FROM MEDICARE FOR THE SERVICES PROVIDED THE SHORTFALL OF COSTS, FINANCIAL ASSISTANCE AND BAD DEBT IS CONSIDERED TO BE A COMMUNITY BENEFIT BECAUSE THE Mosaic-Albany IS ABSORBING THE ADDITIONAL COST OF PROVIDING CARE TO THE ELDERLY AND DISABLED IN THE COMMUNITY IN ADDITION, THIS COINCIDES WITH THE IRS REVENUE RULING 69-545, WHICH provides general requirements for tax exemption, along with section 501(c)(3)

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	THE NORTHWEST MEDICAL CENTER'S FINANCIAL ASSISTANCE POLICY CONTAINS PROVISIONS ON COLLECTING ON PRACTICES TO BE FOLLOWED FOR PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ONLY. ACCORDING TO THIS POLICY, FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA ARE BASED ON RESIDENCY, GROSS HOUSEHOLD INCOME & HOUSEHOLD SIZE. APPLYING FOR FINANCIAL ASSISTANCE: Patients will be informed of the Northwest Medical Center financial assistance policy and the process for submitting an application. To determine if the patient or guarantor is eligible for financial assistance, Northwest Medical Center asks for the necessary information and documents to prove household size, income, and residency. A completed application for financial assistance should be submitted within 240 days from the date of the first post-discharge billing statement. Northwest Medical Center will make reasonable efforts to explain the Medicaid benefits, the health insurance exchange and coverage, and other public and private coverage that may apply. Northwest Medical Center will also provide the details of these programs and offer to help patients and guarantors apply for them as well as private programs and COBRA coverage. Once the patient or guarantor is screened to be potentially eligible for any of these programs, public or private, Northwest Medical Center expects him or her to apply. If a patient or guarantor chooses not to apply, he or she may be denied financial assistance. If the patient or guarantor is potentially eligible for any third party coverage, he or she must provide documentation of approval or denial of that third party coverage, before a Northwest Medical Center financial assistance application will be accepted. Information on the Northwest Medical Center Financial Assistance Policy will be communicated to patients in a culturally appropriate language. Collection actions: No account will be subject to collection actions within 120 days of issuing the first post discharge statement and without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation showing that an application has been submitted for Medicaid or other publicly sponsored health programs, and that an eligibility determination is still pending. If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Northwest Medical Center will attempt to find a correct address. If the correct address cannot be found, Northwest Medical Center will attempt to contact the patient or guarantor by telephone at the number listed by the patient or guarantor. If efforts to communicate with the patient or guarantor fail, accounts will be sent to a collection agency. Reasonable efforts to inform patient of financial assistance: Prior to sending an account to a collection agency, the patient or guarantor will generally receive a minimum of four written statements (includes the first post-discharge statement and three subsequent statements). These statements will include a telephone number for information on paying patient balances and a notice about financial assistance. If an agreement has not been made to resolve the account, a final letter will be sent to the patient or guarantor. This letter acts as a notice to the account owner of the amount owed to Northwest Medical Center and that the account will be placed with a third-party collection agency in 30 days. This letter will include a plain language summary and will outline any collection actions that may be taken if a plan is not put in place to settle the account. There are other times when accounts may be placed in collections including when: 1. The patient or guarantor has not made timely payments according to the agreed-upon payment plan. 2. The patient or guarantor has received a financial assistance discount, but is no longer working with Northwest Medical Center in good faith to pay off the remaining amount owed. Extraordinary collection activities: Once an account is with the collection agency, the following actions may be taken to make sure debt for services and care is paid. They are "Extraordinary Collection Activities": 1. Seizing the patient's or guarantor's bank account. 2. Civil actions. 3. Property liens. 4. Garnishing of wages. 5. Reporting adverse information to credit bureaus. Before "Extraordinary Collection Activities" can begin, the account must be reviewed, and approval must be given by Northwest Medical Center Revenue Cycle Leadership. When one of these actions is to be taken against a patient or guarantor, the patient or guarantor will be given a 30-day written notice of the action to be taken. The patient or guarantor will also be informed of the Northwest Medical Center Financial Assistance Policy and how to apply for it. A plain language summary of the Financial Assistance Policy will be included with the notice. ENFORCEMENT Northwest

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	t Medical Center staff are expected to uphold the highest ethical standards. All business must be conducted in the name of the caller or Northwest Medical Center. Everything a staff member says must be true and correct using a professional approach. Northwest Medical Center staff as well as all third-party vendors working on behalf of Northwest Medical Center, will uphold and adhere to the Fair Debt Collection Practices Act.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Northwest Medical Center (Mosaic-Albany) Line 16a URL See Schedule O,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Northwest Medical Center (Mosaic-Albany) Line 16b URL See Schedule O,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Northwest Medical Center (Mosaic-Albany) Line 16c URL See Schedule O,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	Northwest Medical Center Association (Mosaic-Albany) HAS A ROBUST APPROACH FOR ASSESSING THE NEEDS OF THE COMMUNITIES IT SERVES THIS ONGOING COMMITMENT INCLUDES COLLABORATING WITH LOCAL GROUPS, SCHOOL DISTRICTS AND CITY AND COUNTY AGENCIES TO IDENTIFY NEEDS, PROMOTE HEALTHY LIVING, ASSURE THAT AFFORDABLE MEDICAL SERVICES ARE AVAILABLE, DEVELOP STRATEGIES FOR IMPROVING EDUCATION AND ECONOMIC STRENGTH, AND PROVIDING ONGOING SUPPORT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Northwest Medical Center Association (Mosaic-Albany) SOCIAL WORKER/PATIENT ADVOCATE EDUCATES PATIENTS AND GUARANTORS ABOUT ELIGIBILITY FOR FINANCIAL ASSISTANCE AND HELPS THEM TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND OTHER REQUIRED PAPERWORK GUIDELINES FOR FINANCIAL ASSISTANCE ARE AVAILABLE AT REGISTRATION DESKS AND ARE INCLUDED IN ADMISSION PACKETS Mosaic-Albany PROVIDES A DESIGNATED FINANCIAL SERVICES REPRESENTATIVE TO HELP PATIENTS AND GUARANTORS SET UP PAYMENT PLANS, PROVIDE CHARITY CARE PACKETS, FOLLOW UP ON MISSING OR INCOMPLETE FORMS AND ANSWER QUESTIONS PERTAINING TO THE FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Northwest Medical Center Association (Mosaic-Albany) IS A CRITICAL ACCESS HOSPITAL LOCATED IN ALBANY, MISSOURI, AND OPERATES CLINICS IN ALBANY, GRANT CITY, NEW HAMPTON AND STANBERRY ITS PRIMARY SERVICE AREA IS PRIMARILY RURAL AND INCLUDES GENTRY, HARRISON AND WORTH COUNTIES LOCATED IN NORTHWEST MISSOURI ACCORDING TO THE 2017 U S CENSUS ESTIMATES, THE POPULATION IN THE THREE COUNTY SERVICE AREA IS APPROXIMATELY 16,871, WHICH INCLUDES A HIGH PERCENTAGE OF LOW INCOME FAMILIES THE ORGANIZATION SUPPORTS A PAYOR MIX OF APPROXIMATELY 71 66% GOVERNMENTAL OR SELF-PAY PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Northwest Medical Center Association (Mosaic-Albany) is a nonprofit critical access hospital operating to serve a public rather than a private interest and meeting the requirements of Revenue Ruling 69-545 Control of the Mosaic-Albany rests with its Board, which is primarily composed of members of the community, in addition to a few select employees of Mosaic-Albany Mosaic-Albany accepts patients paying with Medicaid and Medicare and operates an active and generally accessible emergency room open to all patients without regard to ability to pay Mosaic-Albany uses surplus funds to improve the quality of patient care, maintain and improve equipment and facilities, extend service offerings to new areas and provide support to the communities it services Mosaic-Albany promotes health in the Albany region in numerous ways Mosaic-Albany provided direct funding support to the community organizations with like missions including community events and activities of local schools and nursing homes The organization offers many educational programs throughout the year to help maintain a healthy lifestyle Some of the programs promote health education and preventative care awareness and resources to the community This includes programs about breast cancer, prostate cancer, diabetes, Parkinson's disease, and stroke awareness within the community The programs are well-advertised and most of them are free of charge One program that Mosaic-Albany provides to the community is transportation for patients to the hospitals and primary care clinics for the existing patients throughout the region In addition, this transportation has been used for other community needs by taking area residents to other appointments at other facilities not related to the organization Another area of focus is obesity with a presence in three elementary schools for the past six years The Tri-Learn-a-thon program promotes wellness by encouraging reading, running and completing good deeds throughout the school year THE 340B DRUG PRICING PROGRAM ("340B PROGRAM") ENABLES SAFETY NET HEALTHCARE ORGANIZATIONS SERVING UNINSURED, VULNERABLE AND INDIGENT POPULATIONS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT A DISCOUNT Mosaic-Albany HAS PARTICIPATED IN THIS PROGRAM SINCE 2011 THIS PARTICIPATION HAS GENERATED REVENUE FROM THE CONTRACTED RETAIL PHARMACY RELATIONSHIPS, CURRENTLY THREATENED BY REGULATION CHALLENGES Mosaic-Albany HAS RECOGNIZED REDUCED DRUG PRICING FOR OUTPATIENT MEDICATIONS, CURRENTLY THREATENED BY LEGISLATIVE CHALLENGES BECAUSE OF Mosaic-Albany's 340B PROGRAM OUR LOCAL PATIENTS HAVE BENEFITED FROM SAVINGS BY ACCESSING 340B CASH PRICING FOR THEIR MEDICATIONS AT CONTRACTED LOCAL RETAIL PHARMACIES THE 340B PROGRAM RESULTED IN COMMUNITY SAVINGS WHICH HAS ALLOWED Mosaic-Albany TO SUPPORT COMMUNITY PROGRAMS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	THE ORGANIZATION IS AFFILIATED, THROUGH A PARENT BOARD, WITH A REGIONAL Medical CENTER Hospital, A COMMUNITY FOUNDATION, A LONG-TERM ACUTE CARE HOSPITAL, A CRITICAL ACCESS RURAL HOSPITAL, A RURAL COMMUNITY FOUNDATION AND A GENERAL MEDICAL AND Surgical HOSPITAL ALL OF WHICH COLLABORATE WITH EDUCATIONAL, GOVERNMENTAL AND LOCAL BUSINESS LEADERS TO IMPLEMENT PROGRAMS TO HELP IMPROVE HEALTH HABITS AND, IN THE LONG-TERM, THE HEALTH OF THE COMMUNITIES SERVED BY THE ORGANIZATION These affiliations include the hospital reported on this tax return THE PARENT BOARD IS COMPRISED OF COMMUNITY LEADERS WHO REPRESENT THE EDUCATIONAL, MEDICAL, GOVERNMENTAL AND BUSINESS SECTORS IN THE COMMUNITY THE COMMUNITY FOUNDATION OVERSEES A NUMBER OF PROGRAMS WORKING TO IMPROVE HEALTH and Educational needs IN THE COMMUNITY The Regional Medical center hospital provides general medical and surgical needs to patients and provides both primary and specialty physicians, in addition to providing emergent and outpatient clinic care for all The Long-term acute care hospital IS A FACILITY DEDICATED TO THE CARE OF PATIENTS WHO HAVE CHRONIC CONDITIONS REQUIRING A LONGER LENGTH OF STAY THAN IS NORMALLY PROVIDED IN AN ACUTE CARE HOSPITAL THE GENERAL MEDICAL and Surgical CARE HOSPITAL PROVIDES ACUTE, EMERGENT AND OUTPATIENT CLINIC CARE FOR ALL THE CRITICAL ACCESS RURAL HOSPITAL PROVIDES ACUTE, EMERGENT AND OUTPATIENT CLINICS ARE FOR THOSE IN THE RURAL COMMUNITY AREA THE RURAL COMMUNITY FOUNDATION SUPPORTS THE CRITICAL ACCESS RURAL HOSPITAL ALL HOSPITAL FACILITIES PROVIDE CARE FOR ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY ALL THE HOSPITAL Organizations MAINTAIN AN ONGOING COMMITMENT TO PROVIDE SUPPORT FOR THE BETTERMENT OF THE COMMUNITY

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0580870
Name: Northwest Medical Center Association Inc

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	Northwest Medical Center (Mosaic-Albany) 705 North College Street Albany, MO 64402 www.mymhc.com/MAIN/LOCATION/ALBANY-MO/mosaic-medical-center-albany/ 98-61	X	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 3E	The significant health needs of the community are a prioritized description of various factors including - ACCESS TO AFFORDABLE HEALTH CARE, - OBESITY PREVENTION, AND - HEALTH EDUCATION RESOURCES These significant health needs are identified through The Community Health Needs Assessment (CHNA)

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 Facility , 1	Facility , 1 - Northwest Medical Center Association (Mosaic-Albany) Northwest Medical Center Association (Mosaic-Albany) conducted a Community Health Needs Assessment (CHNA) during tax year 2018 TO DETERMINE SERVICES NEEDED BY THE MEDICALLY UNDERSERVED, LOW INCOME OR MINORITY POPULATIONS TO ENSURE INPUT WAS TAKEN INTO ACCOUNT FROM PERSONS WHO REPRESENT THE COMMUNITY, Mosaic-Albany UTILIZED AN INDEPENDENT CONSULTING FIRM NAMED CROWE, LLP THIS FIRM CONDUCTED the key stakeholder interviews Key Stakeholder Interviews Community input was obtained through one-on-one key stakeholder interviews that were performed with community leaders from eight community organizations/agencies representing public health, senior living facilities, social service organizations and government agencies To assure the medically underserved were represented in this CHNA, interviews were conducted with representatives from the following organizations, Albany Chamber of Commerce, City of Albany, Missouri, City of Grant City, Missouri, Grand River Regional Ambulance District, Northwest Medical Center, Northwest Medical Center Foundation, Pine View Manor Skilled Nursing and Assisted Living and Tri County Health Department The key stakeholder Interviews were conducted between March 11 and March 15, 2019 To ensure consistency in the topics covered a semi-structured interview guide was used All interviews were conducted by Crowe, LLP Feedback was gathered on pressing health care concerns, access challenges and identification of populations with serious unmet health care needs Approaches to improve the community's health were also solicited to ensure community benefit programs and resources are focused on significant health needs as perceived by the community at large This alignment Mosaic-Albany's mission, services and strategic priorities

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 11 Facility , 1	Facility , 1 - Northwest Medical Center Association (Mosaic-Albany) THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED AND AN IMPLEMENTATION PLAN FOR ADDRESSING THE IDENTIFIED NEEDS WAS ADOPTED IN THE 2018 TAX YEAR THE THREE PRIMARY HEALTH ISSUES IDENTIFIED WERE 1) ACCESS TO AFFORDABLE HEALTH CARE, 2) OBESITY PREVENTION, AND 3) HEALTH EDUCATION RESOURCES TO ADDRESS THE TOP THREE NEEDS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT, North west Medical Center Association (Mosaic-Albany) ADOPTED THE FOLLOWING ACTION PLAN SIGNIFICANT NEED #1 ACCESS TO AFFORDABLE HEALTH CARE A) Transportation Van purchased by Northwest Medical Center Foundation, operated by Northwest Medical Center Provides transportation to and from our hospital and primary care clinics for existing patients throughout the region In some cases, has been used for other community needs and even take area residents to appointments and surgeries at other facilities B) Partner with local employers and with local insurance brokers who help people connect with insurers and with their benefits C) Institute role of financial counselor to assist the public in understanding and navigating their coverage options D) Host on-site wellness program in our on-site hospital fitness gym in addition to cardiopulmonary rehab services KEY PARTNERS - TRI-COUNTY HEALTH DEPARTMENT - MOSAIC LIFE CARE SIGNIFICANT NEED #2 OBESITY PREVENTION A) Group visits and wellness fairs/education events for patients with diabetes and other chronic conditions B) Host on-site wellness program in our on-site hospital fitness gym in addition to cardiopulmonary rehab services C) CONTINUE TRI-LEARN-A-THON WITH THE THREE Elementary schools for kids in the K-6th Grades FOR THE PAST SIX YEARS, Mosaic-Albany HAS COLLABORATED WITH THE ALBANY R-III SCHOOL DISTRICT TO PROMOTE WELLNESS TO INDIVIDUALS OF ALL AGES IN THE COMMUNITY THROUGH THE TRI-LEARN-AT-HON GIVEN THE SUCCESS OF THE TRI-LEARN-A-THON PROGRAM, Mosaic- Albany EXPANDED THE PROGRAM TO INCLUDE AREA HOMETOWN SCHOOLS OF JEFFERSON, KING CITY AND STANBERRY THE TRILEARNATHON ENCOURAGES STUDENTS, TEACHERS AND PARENTS TO READ 26 BOOKS, RUN 26 MILES AND COMPLETE 26 DEEDS THROUGHOUT THE SCHOOL YEAR D) Sponsor Mosaic-Albany Caregivers' participation in fitness events (e.g. area races and fun runs) E) Healthy grilling exhibitions for annual caregiver celebrations F) Fantastic BASED ON A SUCCESSFUL MODEL LED BY CHILDREN'S MERCY HOSPITAL, 4TH GRADE CHALLENGE, ETC G) POUND PLUNGE TO HELP PREVENT ADULT OBESITY, Mosaic-Albany WILL ADOPT MOSAIC LIFE CARE'S ESTABLISHED, SUCCESSFUL PROGRAM H) 5K & 1 MILE RUN/WALK - Mosaic-Albany IS THE PROUD SPONSOR OF A 5K & 1 MILE WALK/RUN TO HELP PROMOTE WELLNESS AND FITNESS THROUGHOUT OUR REGION I) Mosaic-Albany OPERATES A CARE MANAGEMENT PROGRAM THROUGH WHICH A NURSE VISITS PATIENTS WITH CHRONIC CONDITIONS AND/OR SIGNIFICANT BARRIERS TO HEALTH AND WELLNESS THE CARE MANAGEMENT NURSE ASSISTS WITH COORDINATION OF CARE, ACCESS

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 11 Facility , 1	TO CARE AND PROPER NUTRITION, AMONG OTHER FACTORS J) Warrior 50 Community Event KEY PART NERS -AREA SCHOOLS (ALBANY, WORTH COUNTY, STANBERRY, KING CITY, JEFFERSON) -ALBANY PARKS AND RECREATION -MOSAIC LIFE CARE SIGNIFICANT NEED #3 HEALTH EDUCATION AND RESOURCES PLAN A) Sponsor "NATIONAL AWARENESS" OPPORTUNITIES TO EDUCATE OUR COMMUNITIES ON THE IMPORTANCE OF PREVENTIVE CARE -BREAST CANCER AWARENESS MONTH -PROSTATE CANCER AWARENESS MONTH -NATIONAL HEART MONTH -AMERICAN DIABETES MONTH B) Add health education nurse to assist with care transitions inside the health system and to do community education on emerging initiatives including heart health, Parkinson's Disease education and stroke education C) Add the role of "care manager" assigned by our primary care providers to their patients with chronic/unusual needs D) Send educators and nurses to area schools E) School assemblies and programs to promote mental health, healthy living and healthy family relationships KEY HEALTH PARTNERS - MOSAIC LIFE CARE (ST JOSEPH, MO) - TRI-COUNTY HEALTH DEPARTMENT (STANBERRY , MO) - AREA SCHOOLS (ALBANY, WORTH COUNTY, STANBERRY, KING CITY, JEFFERSON) THE COMPLETE CHNA WITH IMPLEMENTATION STRATEGY CAN BE FOUND AT https://www.mymhc.com/GENERAL/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/ALBANY-COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

Schedule J (Form 990)	Compensation Information	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Northwest Medical Center Association Inc		Employer identification number 44-0580870

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification 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	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[illegible]

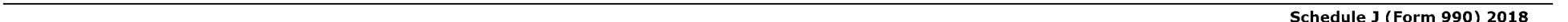
Part III **Supplemental Information**

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
Schedule J, Part I, Line 3 Compensation Plan	COMPENSATION IS ESTABLISHED BY MOSAIC HEALTH SYSTEM, A RELATED ENTITY, USING THE FOLLOWING 1 COMPENSATION COMMITTEE 2 INDEPENDENT COMPENSATION CONSULTANT 3 COMPENSATION SURVEYS OR STUDIES 4 APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	Due to the confidentiality agreements between the former employees and the organizations, the names and amounts are not disclosed

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	DAVIN TURNER, DO - VESTED \$58,786, ACCRUED \$47,730 BRADY DUBOIS - VESTED \$0, ACCRUED \$51,149 MICHAEL PULIDO - VESTED \$67,482, ACCRUED \$113,030 THOSE LISTED ABOVE HAVE SIGNED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH RECOGNIZES THE VALUE OF THE INDIVIDUAL AND THE MUTUAL BENEFIT OF CONTINUED EMPLOYMENT FOR AN EXTENDED PERIOD OF TIME BY ESTABLISHING A 457F PLAN THE FOLLOWING ARE THE GENERAL STIPULATIONS OF THE AGREEMENT 1 THE PLAN IS FUNDED YEARLY AS THE RESULT OF A CALCULATION DESCRIBED IN THE AGREEMENT, WHICH WILL REWARD THE INDIVIDUAL WITH 100% VESTING BASED ON A 5-YEAR CLIFF VESTING SCHEDULE 2 DISTRIBUTION WILL OCCUR AT NORMAL RETIREMENT AGE OR UPON DEATH OR UPON SEPARATION FROM SERVICE DUE TO DISABILITY OR UPON INVOLUNTARY SEPARATION FROM SERVICE WITHOUT CAUSE THEN A LUMP SUM PAYMENT WILL BE DISBURSED WITHIN 90 DAYS OF EACH SITUATION TAKING INTO CONSIDERATION A NON-COMPETE COVENANT 3 SEPARATION WITH CAUSE MAKES THE SUPPLEMENTAL EXECUTIVE RETIREMENT AGREEMENT NULL AND VOID



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 44-0580870
Name: Northwest Medical Center Association 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				
Curt Kretzinger	(i)	0	0	0	0	0	0	0
Former Director/Vice-Chair (until 01/2017)	(ii)	0	106,963	405,220	0	16,015	528,199	0
John P Wilson	(i)	0	0	0	0	0	0	0
Former Director/Secretary (until 01/2017)	(ii)	0	0	352,360	0	0	352,360	0
Mark Laney MD	(i)	0	0	0	0	0	0	0
Director/Mosaic Health System CEO	(ii)	881,882	403,217	200,361	11,000	14,971	1,511,430	0
Michael Pulido	(i)	0	0	0	0	0	0	0
Secretary/Director/Chair	(ii)	544,266	138,876	2,688	124,030	23,197	833,057	67,482
Brady D Dubois	(i)	0	0	0	0	0	0	0
Director (As of 01/2017)	(ii)	321,009	76,588	1,507	62,149	23,197	484,451	0
Davin Turner DO	(i)	0	0	0	0	0	0	0
Director/Vice Chair (as of 01/2017)	(ii)	425,351	115,922	3,138	58,730	22,867	626,008	58,786
Jon Doolittle	(i)	185,772	46,532	804	9,651	25,517	268,275	0
President	(ii)	0	0	0	0	0	0	0
Dwain Stilson	(i)	0	0	0	0	0	0	0
CFO/Treasurer	(ii)	435,892	224,712	955	11,000	25,467	698,025	0
Katie Dias DO	(i)	212,837	1,000	1,114	8,724	13,328	237,002	0
Staff Physician	(ii)	0	0	0	0	0	0	0
Angelia Martin MD	(i)	252,371	1,000	1,739	5,631	23,197	283,937	0
Staff Physician	(ii)	0	0	0	0	0	0	0
Jackie Miller DO	(i)	353,131	1,000	2,436	11,000	7,487	375,054	0
Staff Physician	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Northwest Medical Center Association Inc

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****Employer identification number**

44-0580870

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	MARK LANEY, M D , MICHAEL PULIDO, AND DWAIN STILSON HAVE A BUSINESS RELATIONSHIP AS THEY WERE OFFICERS OF HHS PROPERTIES, INC AND MIDWESTERN HEALTH MANAGEMENT, INC , BOTH RELATED TAXABLE ORGANIZATIONS, DURING THE TAX YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	MARK LANEY, MD - Business relationship, MICHAEL PULIDO - Business relationship, DWAIN STILSON - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	MOSAIC HEALTH SYSTEM, A MISSOURI NONPROFIT CORPORATION, IS THE SOLE MEMBER OF NORTHWEST MEDICAL CENTER ASSOCIATION, INC (Mosaic-Albany)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	MOSAIC HEALTH SYSTEM, AS THE SOLE MEMBER OF NORTHWEST MEDICAL CENTER ASSOCIATION, INC (MOSAIC-ALBANY) HAS THE RIGHT TO ELECT ALL THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	MOSAIC HEALTH SYSTEM, AS THE SOLE MEMBER SHALL HAVE THE FOLLOWING POWERS OVERALL STRATEGIC DIRECTION, NUMBER AND ELECTION OF BOARD MEMBERS, APPOINTMENT OF AUDITORS AND LEGAL COUNSEL, ESTABLISHMENT OF BANKING RELATIONSHIPS AND MANAGEMENT OF CASH AND OTHER ASSETS, APPROVAL OF CHANGES TO THE ARTICLES OF INCORPORATION AND BYLAWS, LONG-RANGE PLANNING, ADOPTION OF ANNUAL OPERATING PLANS AND APPLICATION FOR CERTIFICATES OF NEED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE ACCOUNTING STAFF OF THE ORGANIZATION PREPARES THE FORM 990 AND SUBMITS A DRAFT TO AN INDEPENDENT ACCOUNTING FIRM THE INDEPENDENT ACCOUNTING FIRM REVIEWS THE FORM 990 WITH INFORMATION PROVIDED FROM THE ORGANIZATION'S ACCOUNTING STAFF THE DRAFT FORM 990 IS REVISED FOR ANY CORRECTIONS OR CLARIFICATIONS BASED ON THE REVIEW BY THE INDEPENDENT ACCOUNTING FIRM THEN THE FORM 990 IS REVIEWED BY THE ORGANIZATIONS LEADERSHIP FOR ANY QUESTIONS AND CONCERNS AFTER RESOLVING QUESTIONS AND CONCERNS WITH LEADERSHIP AND THE ACCOUNTING FIRM, THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PRESENTED TO BOARD FOR APPROVAL ONCE APPROVED THEN THE 990 TAX RETURN IS ELECTRONICALLY FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THIS CONFLICTS OF INTEREST AND DOCUMENTATION POLICY ("POLICY") APPLIES TO ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE DECISIONS AND AFFAIRS OF THE ORGANIZATION (COLLECTIVELY, "COVERED PERSONS") DUTY TO DISCLOSE IF AN INTERESTED PERSON HAS A POSITION OR FINANCIAL INTEREST IN ANY BUSINESS OR OTHER ENTITY WITH WHICH THE ORGANIZATION IS CONSIDERING ENTERING INTO AN ARRANGEMENT OR TRANSACTION, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER POSITION OR FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO TO THE ORGANIZATION'S BOARD OF DIRECTORS (THE "BOARD") OR EXECUTIVE COMMITTEE AS SOON AS THE INTERESTED PERSON HAS KNOWLEDGE OF THE POTENTIAL ARRANGEMENT OR TRANSACTION, AND WHENEVER REQUESTED BY THE BOARD OR THE EXECUTIVE COMMITTEE DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF A POSITION OR A FINANCIAL INTEREST BY AN INTERESTED PERSON, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON (INCLUDING THOSE INTERESTED PERSONS WHO ARE MEMBERS OF THE BOARD OR EXECUTIVE COMMITTEE) WILL LEAVE THE BOARD MEETING WHILE THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS IN CONNECTION WITH THE PROPOSED TRANSACTION IS DISCUSSED BY THE BOARD OR THE EXECUTIVE COMMITTEE AND VOTED UPON. A POSITION OR A FINANCIAL INTEREST WILL BE CONSIDERED A CONFLICT OF INTEREST ONLY IF THE BOARD OR THE EXECUTIVE COMMITTEE MAKES SUCH DETERMINATION. AN INTERESTED PERSON IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO HIS OR HER COMPENSATION IF THE PERSON RECEIVES COMPENSATION FROM THE ORGANIZATION AND THE PERSON'S COMPENSATION IS BEING DISCUSSED OR REVIEWED BY THE BOARD OR ANY COMMITTEE THEREOF. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST *BEFORE ANY DISCUSSION AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS, AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR THE EXECUTIVE COMMITTEE REGARDING THE INTERESTED PERSON'S POSITION OR FINANCIAL INTEREST. AFTER SUCH PRESENTATION, THE INTERESTED PERSON WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE PROPOSED TRANSACTION. *THE BOARD OR THE EXECUTIVE COMMITTEE WILL UNDERTAKE APPROPRIATE DUE DILIGENCE AND INFORM ITSELF OF ALL MATERIAL INFORMATION REASONABLY AVAILABLE TO IT AND EXPLORE ALL REASONABLE ALTERNATIVES TO THE PROPOSED TRANSACTION THAT WOULD NOT INVOLVE THE CONFLICT OF INTEREST. *IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR THE EXECUTIVE COMMITTEE WILL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE PROPOSED TRANSACTION IS (I) IN THE ORGANIZATION'S BEST INTEREST, (II) FOR THE ORGANIZATION'S OWN BENEFIT, AND (III) FAIR AND REASONABLE TO THE ORGANIZATION. IN CONFORMITY WITH THIS DETERMINATION, THE BOARD WILL MAKE ITS DECISION AS TO WHETHER THE ORGANIZATION MAY ENTER INTO THE PROPOSED TRANSACTION. QUO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	RUM FOR BOARD OR EXECUTIVE COMMITTEE ACTION FOR PURPOSES OF THE BOARD OR EXECUTIVE COMMITTEE ACTIONS TO BE TAKEN UNDER THESE PROCEDURES, INCLUDING THE DETERMINATION WHETHER A CONFLICT OF INTEREST EXISTS, A MAJORITY OF THE DISINTERESTED DIRECTORS ON THE BOARD OR THE EXECUTIVE COMMITTEE WILL CONSTITUTE A QUORUM. HOWEVER, IN NO CASE WILL A SINGLE DISINTERESTED DIRECTOR TAKE ANY SUCH ACTION. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY IF THE BOARD OR THE EXECUTIVE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A COVERED PERSON HAS FAILED TO DISCLOSE A POSITION OR A FINANCIAL INTEREST, IT WILL INFORM THE COVERED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE COVERED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE COVERED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOARD OR THE EXECUTIVE COMMITTEE DETERMINES THAT THE COVERED PERSON HAS IN FACT FAILED TO DISCLOSE A POSITION OR A FINANCIAL INTEREST, THE BOARD OR THE EXECUTIVE COMMITTEE WILL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. DOCUMENTATION IN MINUTES THE MINUTES OF THE BOARD OR THE EXECUTIVE COMMITTEE WILL CONTAIN. *WITH RESPECT TO THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS, THE NAME OF THE INTERESTED PERSON WHO DISCLOSED OR WAS OTHERWISE FOUND TO HAVE A POSITION OR FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE NATURE OF THE POSITION OR FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD OR THE EXECUTIVE COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED. *WITH RESPECT TO WHETHER OR NOT THE CONFLICT OF INTEREST TRANSACTION IS APPROVED, THE NAMES OF THE PERSONS PRESENT FOR THE DISCUSSIONS AND VOTE RELATED TO THE PROPOSED TRANSACTION, THE CONTENT OF THE DISCUSSION, WHETHER ALTERNATIVES WERE DISCUSSED THAT DID NOT INVOLVE A CONFLICT OF INTEREST, THE BASIS FOR THE DETERMINATION THAT THE PROPOSED TRANSACTION WAS (I) IN THE ORGANIZATION'S BEST INTEREST, (II) FOR THE ORGANIZATION'S OWN BENEFIT, AND (III) FAIR AND REASONABLE TO THE ORGANIZATION, AND THE RECORD OF THE VOTE TAKEN IN CONNECTION WITH THE PROCEEDINGS. ANNUAL STATEMENTS EACH COVERED PERSON WILL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON *HAS RECEIVED A COPY OF THIS POLICY, *HAS READ AND UNDERSTANDS THE POLICY, *HAS AGREED TO COMPLY WITH THE POLICY, AND *UNDERSTANDS THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX AND TO MAINTAIN ITS FEDERAL TAX EXEMPTION THE ORGANIZATION MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IN ADDITION, EACH COVERED PERSON WILL ANNUALLY COMPLETE, SIGN AND PROMPTLY RETURN TO THE BOARD A QUESTIONNAIRE AND DISCLOSURE STATEMENT SUBSTANTIALLY IN THE FORM ATTACHED HERETO. A COVERED PERSON NEED NOT DISCLOSE COMPENSATION PAID TO THE COVERED PERSON BY ORGANIZATION PURSUANT TO A RESOLUTION OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST ALL OF THESE DOCUMENTS ARE LOCATED IN ADMINISTRATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 153838, Related or Exempt Function Revenue 153838, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Contract Physicians - Total Expense 389069, Program Service Expense 389069, Management and General Expenses , Fundraising Expenses , Corporate Allocations - Total Expense 2169192, Program Service Expense , Management and General Expenses 2169192, Fundraising Expenses , Other Purchased Services - Total Expense 847648, Program Service Expense 788795, Management and General Expenses 58853, Fundraising Expenses , Professional Fees - Total Expense 223359, Program Service Expense 214599, Management and General Expenses 8760, Fundraising Expenses , Utilities - Total Expense 18203, Program Service Expense 18203, Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP Website URL	https //www mymhc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/main-medical-center/medical-bills-made-easy/financial-assistance/

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application Form	https //www mymhc com/Main/Location/st-joseph-mo/mosaic-medical-center-st -joseph/main-medical-center/medical-bills-made-easy/financial-assistance/

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP Plain Language Summary	https://www.mymhc.com/Main/Location/st-joseph-mo/mosaic-medical-center-st-joseph/main-medical-center/medical-bills-made-easy/financial-assistance/

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2C Financial Statements and Reporting	The results of the consolidated audit are reviewed by the Mosaic Health System Board, the parent corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS ESTABLISHED BY MOSAIC HEALTH SYSTEM, A RELATED ENTITY AN ANNUAL REVIEW WAS PERFORMED DURING THE PRIOR FISCAL YEAR MARKET DATA WAS PROVIDED BY A THIRD PARTY COMPENSATION CONSULTANT THAT SPECIALIZES IN MARKET SALARY DATA A COMPENSATION COMMITTEE COMPRISED OF MOSAIC HEALTH SYSTEM BOARD CHAIR, MOSAIC HEALTH SYSTEM BOARD VICE-CHAIR AND THREE ADDITIONAL MOSAIC HEALTH SYSTEM BOARD MEMBERS AND INDEPENDENT LEGAL COUNSEL, AS SCRIBE, OVERSAW AN ANNUAL SALARY REVIEW PROCESS FOR OFFICERS AND ADMINISTRATORS FOR EACH POSITION TO BE REVIEWED, THE FULL SCOPE OF DUTIES AND RESPONSIBILITIES, NUMBERS OF STAFF MANAGED, PROCESSES MANAGED, APPROXIMATE REVENUE, EXPENSE, OR CAPITAL DOLLARS MANAGED WERE PROVIDED TO THE THIRD PARTY CONSULTANT FACILITY SIZE, NOT-FOR-PROFIT STATUS AND THE SCOPE OF EACH JOB POSITION WERE COMPARED TO LIKE FACILITIES TO DETERMINE BASE COMPENSATION AND INCENTIVE COMPENSATION FOR EACH POSITION THE DATA GATHERED BY THE THIRD PARTY CONSULTANT WAS REVIEWED BY THE COMPENSATION COMMITTEE, OUTLIER ISSUES WERE RESOLVED AND, BASED UPON PRESENT FINANCIAL INDICATORS, THE COMMITTEE MADE ITS DETERMINATION OF COMPENSATION LEVELS FOR THE NEXT PAY YEAR

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
Northwest Medical Center Association Inc

Employer identification number
44-0580870

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Mosaic Health System 5325 Faraon Street St Joseph, MO 64506 43-1283316	Healthcare	MO	501(c)(3)	Type II	NA		No
(2)Heartland Foundation 5325 Faraon Street St Joseph, MO 64506 43-1262768	Support	MO	501(c)(3)	7	Mosaic Health System	Yes	
(3)Heartland Long Term Acute Care Hospital 5325 Faraon Street St Joseph, MO 64506 26-1972987	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(4)Heartland Regional Medical Center 5325 Faraon Street St Joseph, MO 64506 44-0545289	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(5)Northwest Medical Center Foundation Inc 705 North College Street Albany, MO 64402 47-3694893	Support	MO	501(c)(3)	Type I	Northwest Medical Center Association Inc	Yes	
(6)Mosaic Medical Center-Maryville 5325 Faraon Street St Joseph, MO 64506 83-2249459	Healthcare	MO	501(c)(3)	3	Mosaic Health System	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ST JOSEPH DOWNTOWN DEVELOPMENT LLC 5325 FARAON STREET ST JOSEPH, MO 64506 47-4317460	DEVELOPMENT OF DOWNTOWN ST JOSEPH	MO	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) Midwestern Health Management Inc 5325 Faraon Street St Joseph, MO 64506 43-1264358	Healthcare	MO	NA	C Corporation				Yes	
(2) HHS Properties Inc 5325 Faraon Street St Joseph, MO 64506 43-1593799	Investment	MO	NA	C Corporation				Yes	
(3) Uptown Housing Inc 5325 Faraon Street St Joseph, MO 64506 26-1416252	Redevelopment	MO	NA	C Corporation				Yes	
(4) Uptown St Joseph Redevelopment Corp 5325 Faraon Street St Joseph, MO 64506 20-1742813	Redevelopment	MO	NA	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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) HEARTLAND REGIONAL MEDICAL CENTER (MOSAIC-ST JOSEPH)	M	2,392,410	FMV
(2) HEARTLAND REGIONAL MEDICAL CENTER (MOSAIC-ST JOSEPH)	P	8,485,482	FMV
(3) HEARTLAND REGIONAL MEDICAL CENTER (MOSAIC-ST JOSEPH)	R	122,636	FMV
(4) HEARTLAND REGIONAL MEDICAL CENTER (MOSAIC-ST JOSEPH)	C	6,659,481	FMV
(5) NORTHWEST MEDICAL CENTER FOUNDATION INC	E	3,000,000	FMV

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation