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

2019

Open to Public Inspection

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

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

C Name of organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
933 EAST PIERCE STREET

City or town, state or province, country, and ZIP or foreign postal code
COUNCIL BLUFFS, IA 51503

D Employer identification number
42-0680355

E Telephone number
(402) 354-4840

G Gross receipts $ 135,620,949

F Name and address of principal officer:
STEVEN BAUMERT
933 EAST PIERCE STREET
COUNCIL BLUFFS, IA 51503

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.BESTCARE.ORG

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

L Year of formation: 1894

M State of legal domicile: IA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO PROVIDE AND MAINTAIN HOSPITAL AND AMBULATORY FACILITIES FOR THE CARE OF PATIENTS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	897
6	Total number of volunteers (estimate if necessary)	6	339
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	587,100
b	Net unrelated business taxable income from Form 990-T, line 39	7b	161,501

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	409,879	1,136,547
	9	Program service revenue (Part VIII, line 2g)	108,863,143	111,995,170
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,055,857	7,894,568
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,126,279	949,353
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,455,158	121,975,638
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,749,809	4,405,415
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,890,717	52,303,856
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	54,138,032	56,801,926
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	106,778,558	113,511,197
	19	Revenue less expenses. Subtract line 18 from line 12	6,676,600	8,464,441

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	123,635,706	141,736,527
	21	Total liabilities (Part X, line 26)	33,834,549	41,671,522
	22	Net assets or fund balances. Subtract line 21 from line 20	89,801,157	100,065,005

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 — Date: 2020-11-13

JEFFREY E FRANCIS VICE PRES FINANCE, CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P00798244
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 1212 NORTH 96TH STREET SUITE 300 OMAHA, NE 68114			Phone no. (402) 348-1450	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 6,170,624 including grants of $ 471,390) (Revenue $ 11,236,558)

See Additional Data

4b (Code:) (Expenses $ 6,199,343 including grants of $ 341,930) (Revenue $ 8,153,844)

See Additional Data

4c (Code:) (Expenses $ 16,692,040 including grants of $ 777,059) (Revenue $ 18,523,326)

See Additional Data

(Code:) (Expenses $ 69,109,943 including grants of $ 2,815,036) (Revenue $ 74,829,169)

JENNIE EDMUNDSON HOSPITAL IS THE OLDEST ENTITY IN THE NEBRASKA HEALTH SYSTEM FAMILY. IT IS A 230-BED REGIONAL HEALTH CARE CENTER SERVING SOUTHWESTERN IOWA. IT IS THE ONLY HOSPITAL IN THE REGION THAT OFFERS NATIONALLY ACCREDITED CANCER AND BREAST CANCER PROGRAMS.IN ADDITION TO BIRTH SERVICES, OTHER HEALTH CARE OFFERINGS INCLUDE DIABETES, EMERGENCY SERVICES, HEALTH AND LUNG WELLNESS, IMAGING, LUNG/PULMONARY, NEUROLOGY, NUTRITION COUNSELING, ORTHOPEDICS, PAIN MANAGEMENT, PATHOLOGY, PHYSICAL/OCCUPATION AND SPEECH THERAPY, SEXUAL ASSAULT/DOMESTIC VIOLENCE SERVICES, SLEEP, SPORTS MEDICINE URGENT CARE AND WOUND CARE.

4d Other program services (Describe in Schedule O.)

(Expenses $ 69,109,943 including grants of $ 2,815,036) (Revenue $ 74,829,169)

4e **Total program service expenses ▶** 98,171,950

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	61			
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	

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

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**	897			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			**16**		No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 12			
	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** 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

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:
▶JEFFREY E FRANCIS 825 S 169TH STREET OMAHA, NE 68118 (402) 354-4840

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) JEFFREY FRANCIS CFO	6.00 34.00			X				0	547,699	120,992
(2) HEATHER HERGOTT MD EMERGENCY ROOM PHYSICIAN	40.00 0.00					X		416,732	0	20,961
(3) WILLIAM SHIFFERMILLER MD DIRECTOR	1.00 39.00	X						0	416,348	82,657
(4) STEVEN BAUMERT PRESIDENT	35.00 5.00			X				0	389,137	97,379
(5) PATRICK COSTELLO MD EMERGENCY ROOM PHYSICIAN	40.00 0.00					X		374,314	0	48,595
(6) EVAN NEESEN MD PHYSICIAN	40.00 0.00					X		361,868	0	40,204
(7) PAUL MILERIS MD PHYSICIAN	40.00 0.00					X		353,332	0	51,803
(8) THOMAS CHEATLE MD PHYSICIAN	40.00 0.00					X		347,186	0	49,771
(9) PEGGY HELGET EXEC. PATIENT SVCS	40.00 0.00				X			0	197,629	38,484
(10) DAN KINNEY PHD CHAIRMAN	1.00 0.00	X		X				0	0	0
(11) EMMA CHANCE VICE CHAIRMAN	1.00 0.00	X		X				0	0	0
(12) THOMAS D WHITSON TREASURER	1.00 0.00	X		X				0	0	0
(13) JOHN NELSON SECRETARY	1.00 0.00	X		X				0	0	0
(14) DEB BASS DIRECTOR	1.00 0.00	X						0	0	0
(15) JASON JAMES DIRECTOR	1.00 0.00	X						0	0	0
(16) SPENCER C STEVENS DIRECTOR	1.00 0.00	X						0	0	0
(17) LAWRENCE F UEBNER DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) RICK CROWL JR DIRECTOR	1.00 0.00	X						0	0	0
(19) MICHAEL ZLOMKE MD DIRECTOR	1.00 0.00	X						0	0	0
(20) KAREN COLLINS DIRECTOR	1.00 0.00	X						0	0	0

	(D)	(E)	(F)
1b Sub-Total . . . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . ▶			
d Total (add lines 1b and 1c) . . . ▶	1,853,432	1,550,813	550,846

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 ▶ 46

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PATHLAB LTD 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	MEDICAL SERVICES	6,914,417
HOLLAND BASHAM ARCHITECTS 119 S 49TH AVE OMAHA, NE 68132	ARCHITECTURAL SERVICES	1,334,530
HORIZON HEALTH MANAGEMENT P O BOX 840839 DALLAS, TX 75284	MEDICAL SERVICES	671,977
ACCELECARE WOUND CENTERS 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503	MEDICAL SERVICES	412,041
JE DUNN CONSTRUCTION CO 17110 MARCY SUITE LL01 OMAHA, NE 68118	CONSTRUCTION SERVICES	374,531

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns . .	1a					
b Membership dues . .	1b					
c Fundraising events . .	1c					
d Related organizations	1d	1,136,547				
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f					
g Noncash contributions included in lines 1a - 1f:$	1g					
h **Total.** Add lines 1a-1f . . . . ▶			1,136,547			
Program Service Revenue		Business Code				
2a NET PATIENT SVC REV.		621990	110,625,284	110,625,284		
b OTHER PATIENT REVENUE		621990	1,369,886	1,369,886		
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f. . . . . ▶		111,995,170				
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) . . . . ▶						
4 Income from investment of tax-exempt bond proceeds ▶			7,546,514			7,546,514
5 Royalties . . . . ▶						

		(i) Real	(ii) Personal
6a Gross rents	6a	1,842,741	
b Less: rental expenses	6b	2,309,077	
c Rental income or (loss)	6c	-466,336	

	(A)	(B)	(C)	(D)
d Net rental income or (loss) . . . . ▶	-466,336			-466,336

		(i) Securities	(ii) Other
7a Gross amount from sales of assets other than inventory	7a	11,366,894	196,883
b Less: cost or other basis and sales expenses	7b	11,195,007	20,716
c Gain or (loss)	7c	171,887	176,167

			(A)	(B)	(C)	(D)
d Net gain or (loss) . . . . ▶			348,054			348,054
8a Gross income from fundraising events (not including $ ____________ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses . . .	8b					
c Net income or (loss) from fundraising events . . ▶						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses . . .	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a	201,373				
b Less: cost of goods sold . .	10b	120,511				
c Net income or (loss) from sales of inventory . . ▶			80,862			80,862
Miscellaneous Revenue		Business Code				
11a CAFETERIA		722210	747,727	747,727		
b LABORATORY		621500	587,100		587,100	
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . ▶			1,334,827			
12 **Total revenue.** See instructions . . . . . ▶			121,975,638	112,742,897	587,100	7,509,094

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	60,434	60,434		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,344,981	4,344,981		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	39,775,059	39,775,059		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,875,491	2,875,491		
9 Other employee benefits	6,861,083	6,861,083		
10 Payroll taxes	2,792,223	2,792,223		
11 Fees for services (non-employees):				
a Management				
b Legal	62,353		62,353	
c Accounting				
d Lobbying	18,149		18,149	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	128,763		128,763	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,766,089	10,766,089		
12 Advertising and promotion	158,755	158,755		
13 Office expenses	1,183,890	1,183,890		
14 Information technology	30,652	30,652		
15 Royalties				
16 Occupancy	4,667,358	4,667,358		
17 Travel	51,359	51,359		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	23,809	23,809		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,383,810	4,383,810		
23 Insurance	573,913	431,931	141,982	
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	17,827,517	17,827,517		
b ALLOCATIONS	14,988,000		14,988,000	
c MEDICAID PROVIDER TAX	878,434	878,434		
d DUES, LICENSES AND SUBS	225,334	225,334		
e All other expenses	833,741	833,741		
25 **Total functional expenses.** Add lines 1 through 24e	113,511,197	98,171,950	15,339,247	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			6,961,121	1	3,254,224
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			14,473,792	4	17,157,948
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7	Notes and loans receivable, net			484,393	7	886,059
	8	Inventories for sale or use			1,489,851	8	1,676,967
	9	Prepaid expenses and deferred charges			607,024	9	629,138
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	151,449,707			
	b	Less: accumulated depreciation	10b	108,335,564	36,144,274	10c	43,114,143
	11	Investments—publicly traded securities			50,199,248	11	55,368,925
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11			222,744	13	232,102
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			13,053,259	15	19,417,021
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			123,635,706	16	141,736,527
Liabilities	17	Accounts payable and accrued expenses			15,011,063	17	20,717,854
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	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			18,823,486	25	20,953,668
	26	**Total liabilities.** Add lines 17 through 25			33,834,549	26	41,671,522
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**					
	27	Net assets without donor restrictions			89,701,157	27	99,965,005
	28	Net assets with donor restrictions			100,000	28	100,000
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds				29	
	30	Paid-in or capital surplus, or land, building or equipment fund				30	
	31	Retained earnings, endowment, accumulated income, or other funds				31	
	32	Total net assets or fund balances			89,801,157	32	100,065,005
	33	Total liabilities and net assets/fund balances			123,635,706	33	141,736,527

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	121,975,638
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,511,197
3	Revenue less expenses. Subtract line 2 from line 1	3	8,464,441
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	89,801,157
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,799,407
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	100,065,005

Part XII Financial Statements and Reporting

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

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

THE METHODIST JENNIE EDMUNDSON CARDIAC CENTER IS A LEADER IN THE TREATMENT OF COMPLEX HEART CONDITIONS OFFERING THE HIGHEST LEVEL OF CARE AND CARDIAC EXPERTS WHO USE ADVANCED DIAGNOSTIC AND THERAPEUTIC TECHNOLOGIES. OUR CARDIAC TEAM WORKS TO ENSURE PATIENTS HAVE THE HIGHEST QUALITY CARE - FROM DIAGNOSIS AND TREATMENT THROUGH RECOVERY AND REHABILITATION.SERVICES INCLUDE A CARDIAC CATHETERIZATION LAB, CHEST PAIN CENTER, HEART FAILURE PROGRAM, CARDIAC REHABILITATION SERVICES AND INPATIENT CARE PROVIDED BY A TEAM SPECIALIZED IN CARDIAC CARE. THE CHEST PAIN CENTER WAS MOST RECENTLY RE-ACCREDITED IN 2018 BY THE JOINT COMMISSION. MJE HAS BEEN ACCREDITED SINCE 2014.ALSO IN 2019, METHODIST JENNIE EDMUNDSON HOSPITAL WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AS THE RECIPIENT OF ITS MISSION: LIFELINE NSTEMI GOLD QUALITY ACHIEVEMENT AWARD AND MISSION: LIFELINE STEMI RECEIVING CENTER QUALITY ACHIEVEMENT GOLD AWARD FOR IMPLEMENTING SPECIFIC QUALITY IMPROVEMENT MEASURES OUTLINED BY THE AMERICAN HEART ASSOCIATION FOR THE TREATMENT OF PATIENTS WHO SUFFER HEART ATTACKS.

Form 990, Part III, Line 4b:

METHODIST JENNIE EDMUNDSON CANCER CENTER IS THE ONLY CANCER CENTER IN WESTERN IOWA ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS, COMMISSION ON CANCER. THE PROGRAM HAS BEEN RECEIVING APPROVAL FROM THE COMMISSION ON CANCER (COC) SINCE 1996. COC APPROVAL MEANS THAT OUR PROGRAM MEETS PROGRAM STANDARDS, PROVIDES SUPPORT AND EDUCATION, AND DELIVERS QUALITY CARE TO ITS PATIENTS.ALL NEWLY DIAGNOSED CANCER PATIENTS' CASES ARE PRESENTED AT A WEEKLY CANCER CONFERENCE FOR IN-DEPTH REVIEW BY SURGEONS, RADIOLOGISTS, PATHOLOGISTS, MEDICAL AND RADIATION ONCOLOGISTS AND OTHER SPECIALIZED CARE PROVIDERS. METHODIST JENNIE EDMUNDSON HOSPITAL USES THE NEWEST EQUIPMENT AND TECHNOLOGY TO HELP FIGHT CANCER.

Form 990, Part III, Line 4c:

THE SURGICAL TEAM AT METHODIST JENNIE EDMUNDSON HOSPITAL IS A HIGHLY TRAINED GROUP OF PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS WHO WILL WORK CLOSELY WITH PATIENTS AND THEIR FAMILIES TO PLAN THEIR CARE AND ACHIEVE THE BEST OUTCOMES.SURGICAL SPECIALTIES FOR CHILDREN, ADOLESCENTS AND ADULTS INCLUDE THE FOLLOWING: DENTAL, GENERAL, GYNECOLOGY, HEART SURGERY, NEUROSURGERY, ORTHOPEDICS, PAIN MANAGEMENT, PEDIATRIC SURGERY, PLASTIC/RECONSTRUCTIVE, PERIPHERAL VASCULAR, RESPIRATORY/PULMONARY, SURGICAL ONCOLOGY, THORACIC, UROGYNECOLOGY AND UROLOGY.

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . **15**

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . . ▶ ☐

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **331/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

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

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

Additional Data

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

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

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

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.

	(a)	(b)
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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		18,149
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			18,149
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X ▶ $ ____________

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	105,814	207,314	206,865	203,643	212,488
b Contributions		-101,500			
c Net investment earnings, gains, and losses			13,290	9,659	-391
d Grants or scholarships					
e Other expenditures for facilities and programs			12,841	6,437	8,454
f Administrative expenses					
g End of year balance	105,814	105,814	207,314	206,865	203,643

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 94.510 %

c Temporarily restricted endowment ▶ 5.490 %

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

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

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)	Yes	
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,277,081		3,277,081
b Buildings		80,996,236	58,025,478	22,970,758
c Leasehold improvements				
d Equipment		67,176,390	50,310,086	16,866,304
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				43,114,143

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)CONSTRUCTION IN PROGRESS	19,248,883
(2)RIGHT OF USE ASSETS	168,138
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	19,417,021

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	20,953,668

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-0680355

Name: JENNIE EDMUNDSON MEMORIAL HOSPITAL

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	PERMANENTLY RESTRICTED NET ASSETS INCLUDE ENDOWMENT FUNDS WHICH ARE INTENDED TO BE HELD IN PERPETUITY. THE INCOME ON SUCH FUNDS IS EXPENDABLE FOR THE BENEFIT OF JENNIE EDMUNDSON ME MORIAL HOSPITAL.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	JENNIE EDMUNDSON MEMORIAL HOSPITAL RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. IN 2019 AND 2018 MANAGEMENT DETERMINED THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS. NO CHANGES WERE MADE TO THE FINANCIAL STATEMENTS DUE TO FIN 48.

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			3,216,492	18,961	3,197,531	2.820 %
b Medicaid (from Worksheet 3, column a)			18,768,060	16,966,204	1,801,856	1.590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			21,984,552	16,985,165	4,999,387	4.410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			387,183		387,183	0.340 %
f Health professions education (from Worksheet 5)			2,001,207		2,001,207	1.760 %
g Subsidized health services (from Worksheet 6)			717,957		717,957	0.630 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			537,769		537,769	0.470 %
j **Total.** Other Benefits			3,644,116		3,644,116	3.200 %
k **Total.** Add lines 7d and 7j			25,628,668	16,985,165	8,643,503	7.610 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			16,927		16,927	0.010 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			1,012		1,012	0 %
7 Community health improvement advocacy			297		297	0 %
8 Workforce development						
9 Other			134,672		134,672	0.120 %
10 Total			152,908		152,908	0.130 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

					Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?			1	Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	3,862,824			
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				
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	33,816,152
6	Enter Medicare allowable costs of care relating to payments on line 5	6	35,259,936
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,443,784

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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

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

Part V **Facility Information**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group JENNIE EDMUNDSON MEMORIAL HOSPITAL

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?.	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): WWW.BESTCARE.ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN/			
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 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWW.BESTCARE.ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN/			
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)

Name of hospital facility or letter of facility reporting group JENNIE EDMUNDSON MEMORIAL HOSPITAL

		Line	Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.BESTCARE.ORG/TOOLS/FINANCIAL-ASSISTANCE/			
b	☑ The FAP application form was widely available on a website (list url): WWW.BESTCARE.ORG/TOOLS/FINANCIAL-ASSISTANCE/			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.BESTCARE.ORG/TOOLS/FINANCIAL-ASSISTANCE/			
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

Name of hospital facility or letter of facility reporting group JENNIE EDMUNDSON MEMORIAL HOSPITAL

			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 (if not, describe in Section C) b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☑ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
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)

Name of hospital facility or letter of facility reporting group JENNIE EDMUNDSON MEMORIAL HOSPITAL

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	THE METHODS PRIMARILY USED ARE THE FINANCIAL INFORMATION FROM THE MEDICARE COST REPORT AND ACTUAL EXPENDITURES.
PART I, LINE 7G:	A SUBSIDIZED HEALTH BENEFIT IS CALCULATED FOR DEPARTMENTS AND SERVICES RECOGNIZING THESE AREAS OPERATE AT A NEGATIVE MARGIN. TRANSPORT SERVICES AND CLINICS IN UNDERSERVED AREAS, FOR EXAMPLE, ARE SERVICES THAT OPERATE AT NEGATIVE MARGINS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE PERCENTAGE IS ARRIVED AT BY DIVIDING NET COMMUNITY BENEFIT EXPENSES IN COLUMN (E) BY THE AMOUNT ON FORM 990, PART IX, LINE 25, COLUMN (A).
PART I, LINE 6A AND 6B:	ANNUAL COMMUNITY BENEFIT REPORT:NEBRASKA METHODIST HEALTH SYSTEM PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT WHICH INCLUDES INFORMATION ON COMMUNITY BENEFITS ACTIVITIES FROM ALL AFFILIATES. IN ADDITION, A QUARTERLY PUBLICATION, "CHART" ADDRESSES ONGOING COMMUNITY BENEFIT ACTIVITIES. THE WEBSITE "WWW.BESTCARE.ORG/ABOUT/COMMUNITY-BENEFITS/OUR-PLAN" IS DEDICATED TO METHODIST JENNIE EDMUNDSON AND NEBRASKA METHODIST HEALTH SYSTEM AFFILIATES' COMMUNITY WORKS. IT PROVIDES INFORMATION ABOUT THE SUCCESSES IN IMPACTING THE COMMUNITY'S OVERALL HEALTH.PART VI, LINE 7:NO DIRECT REPORT IS PROVIDED TO THE STATE OF IOWA. HOWEVER, INFORMATION FROM THE HOSPITAL'S COMMUNITY BENEFIT DATA IS INCLUDED IN A REPORT COMPILED BY THE IOWA HOSPITAL ASSOCIATION.PART I, LINE 7:INFORMATION ON PROGRAMS CONSTITUTING COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, SUBSIDIZED HEALTH SERVICES AND IN-KIND DONATIONS IS COLLECTED THROUGHOUT THE YEAR USING THE COMMUNITY BENEFITS INVENTORY SOCIAL ACCOUNTABILITY SOFTWARE WHICH FOLLOWS CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR COMMUNITY BENEFIT REPORTING. AMOUNTS SHOWN AS COMMUNITY BENEFIT ARE AT COST LESS ANY REVENUE EXCLUSIVE OF ANY GRANTS. CASH AND IN-KIND DONATIONS THAT SUPPORT FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT ACTIVITIES ARE INCLUDED IN CONTRIBUTIONS.PART I, LINE 7E:METHODIST JENNIE EDMUNDSON AND OTHER ORGANIZATIONS IN THE COMMUNITY HAVE UNITED IN THE SHAKEN BABY TASK FORCE IN A COMMUNITY EFFORT TO PREVENT SHAKEN BABY SYNDROME. THE TASK FORCE, LED BY MEMBERS OF THE STAFF OF JENNIE EDMUNDSON HOSPITAL, DEVELOPED A COPYRIGHTED CURRICULUM, VIDEO AND SAFEBABY.ORG WEBSITE AND THE NATION'S ONLY 24-HOUR DEDICATED CRYING BABY HOTLINE. THE VIDEO "SHAKEN BABIES: SHATTERED LIVES" IS FREE ON REQUEST AND HAS BEEN SENT TO REQUESTERS IN THE UNITED STATES AND COUNTRIES OUTSIDE THE UNITED STATES. RECENTLY, THE TASK FORCE EXPANDED THEIR MISSION TO INCLUDE KEEPING BABIES SAFE FROM SUDDEN INFANT DEATH SYNDROME (SIDS), CO-SLEEPING, AND SECOND AND THIRD-HAND SMOKE EXPOSURE.METHODIST JENNIE EDMUNDSON'S COMMITMENT TO SOUTHWEST IOWA EXTENDS TO A WIDE VARIETY OF OTHER ANNUAL SCREENING PROGRAMS ON PROSTATE CANCER, COLORECTAL CANCER, BREAST CANCER AND CERVICAL CANCER. IN ADDITION, PHYSICIANS AND HOSPITAL STAFF PROVIDE EDUCATIONAL PROGRAMS TO ORGANIZATIONS AND AT COMMUNITY EVENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	AS A COMMUNITY LEADER, METHODIST JENNIE EDMUNDSON EMPLOYEES ARE ACTIVE IN COMMUNITY ORGANIZATIONS, HOLDING LEADERSHIP ROLES ON BOARDS OF DIRECTORS, COMMITTEE CHAIRMANSHIPS AND MEMBERSHIPS. JENNIE EDMUNDSON PARTICIPATES IN THE CHAMBER OF COMMERCE, THE AMERICAN HEART ASSOCIATION AND OTHER ORGANIZATIONS TO STRENGTHEN THE INFRASTRUCTURE OF THE COMMUNITY.
PART III, LINE 4:	THE NEBRASKA METHODIST HEALTH SYSTEM ADOPTED THE NEW REVENUE RECOGNITION STANDARD IN 2019. BAD DEBT EXPENSE IS NO LONGER DISCUSSED SEPARATELY. THE FOOTNOTE ADDRESSING REVENUE RECOGNITION IS ON THE ATTACHED AUDITED FINANCIAL STATEMENTS, PAGE 12.THE COST METHODOLOGY FOR THE BAD DEBT EXPENSE PRESENTED IN THE PART III, LINE 2, IS CONSISTENT WITH THAT OF THE 2019 FILED MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	SOURCE FOR MEDICARE REVENUE AND ALLOWABLE COSTS IS THE 2019 MEDICARE COST REPORT AS FILED.
PART III, LINE 9B:	COLLECTION PRACTICES FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE.METHODIST JENNIE EDMUNDSON HAS ADOPTED A PROCEDURE FOR THOSE SITUATIONS WHERE A PATIENT POTENTIALLY MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT OR CANNOT COMPLETE THE APPLICATION. THIS PROCEDURE, REFERRED TO AS THE PRESUMPTIVE CHARITY PROCESS, IS FOLLOWED BY HOSPITAL PERSONNEL AS WELL AS THIRD-PARTY VENDORS ASSISTING WITH SELF-PAY COLLECTIONS.SOME OF THE INDIVIDUAL LIFE CIRCUMSTANCES THAT HAVE BEEN ESTABLISHED AS INDICATORS OF PRESUMPTIVE ELIGIBILITY INCLUDE:PARTICIPATION IN STATE-FUNDED PRESCRIPTION PROGRAMS; RECEIVING CARE FROM A HOMELESS PERSONS CLINIC; PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAMS; SNAP BENEFITS; ELIGIBILITY FOR SUBSIDIZED SCHOOL LUNCH PROGRAM; ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED (E.G. MEDICAID SPEND-DOWN); LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS VALID ADDRESS.THE HOSPITAL STAFF, AS WELL AS VENDORS UTILIZED FOR SELF-PAY COLLECTIONS, HAVE BEEN TRAINED TO IDENTIFY INDICATORS OF PRESUMPTIVE ELIGIBILITY AND DOCUMENT SUCH AS SUPPORT FOR A FINANCIAL ASSISTANCE DETERMINATION.THE HOSPITAL BILLS ALL THIRD PARTY RESOURCES THAT MAY BE ABLE TO PROVIDE REIMBURSEMENT FOR CARE PROVIDED TO PATIENTS. THIS INCLUDES, BUT IS NOT LIMITED TO, COMMERCIAL INSURANCE, MEDICARE, MEDICAID, COUNTY GOVERNMENT AND OTHER GOVERNMENT PROGRAMS, AND ANY OTHER POTENTIAL SOURCE OF REIMBURSEMENT.EVERY EFFORT IS MADE TO IDENTIFY PATIENTS THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE PRIOR TO OR DURING THE TIME OF SERVICE. THOSE PATIENTS ARE ENCOURAGED TO COMPLETE AN APPLICATION FOR FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	BROAD-BASED COMMUNITY HEALTH AND OUTREACH INTIATIVES INCLUDE TARGETED PROGRAMS THAT ALIGN WITH KEY HEALTH NEEDS IDENTIFIED BY THE MOST RECENT CHNA.
PART VI, LINE 3:	FINANCIAL ASSISTANCE APPLICATIONS ARE INCLUDED IN ALL INPATIENT ADMISSION PACKETS. METHODIST JENNIE EDMUNDSON CONTRACTS WITH AN ELIGIBILITY SERVICE TO ASSIST INDIVIDUALS IN DETERMINING ELIGIBILITY AND COMPLETING THE REQUIRED PAPERWORK TO PARTICIPATE IN MEDICAID OR GOVERNMENT MEANS-TESTED PROGRAMS. HOSPITAL FINANCIAL COUNSELORS AND ELIGIBILITY SERVICE PERSONNEL ARE CONVENIENTLY LOCATED AT THE HOSPITAL FOR PRIVATE CONSULTATION FOR BOTH INPATIENT AND OUTPATIENT COUNSELING. THE COUNSELORS ARE INCLUDED IN THE ADMISSION/DISCHARGE PROCESS TO ENSURE THAT THE PATIENT IS FULLY INFORMED ABOUT THE PROCESS AND TO HELP THE PATIENT DETERMINE WHAT ASSISTANCE MAY BE NEEDED AND WHAT IS AVAILABLE TO THEM. THE HOSPITAL CUSTOMER SERVICE UNIT IS ALSO TRAINED TO ASSIST PATIENTS WITH FINANCIAL NEED. PATIENTS WHO CONTACT THE UNIT EXPRESSING DIFFICULTY IN MEETING THEIR FINANCIAL OBLIGATION ARE PROVIDED WITH APPLICATIONS AND ARE ASSESSED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE.APPROPRIATE RESOURCES ARE USED TO PROVIDE EFFECTIVE COMMUNICATION WITH NON-ENGLISH SPEAKING PATIENTS INCLUDING CYRACOM LANGUAGE LINE SYSTEM THAT PROVIDES 24-HOUR ACCESS TO SEVERAL HUNDRED DIFFERENT LANGUAGE INTERPRETERS. OTHER RESOURCES INCLUDE HOPE MEDICAL OUTREACH AND ON-SITE STAFF OR CONTRACTED INTERPRETER SERVICES. THE HOSPITAL PROVIDES FOR INTERPRETATIVE SERVICES AT NO COST TO THE PATIENT.INFORMATION ON THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE TO THE PUBLIC ON THE BESTCARE.ORG WEBSITE IN BOTH ENGLISH AND SPANISH. ADDITIONALLY, PATIENT STATEMENTS INCLUDE A STATEMENT ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE INCLUDING CONTACT INFORMATION. PLAIN LANGUAGE SUMMARIES AND APPLICATIONS ARE AVAILABLE AT ALL REGISTRATION DESKS WITHIN THE HOSPITAL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	METHODIST JENNIE EDMUNDSON SERVES COUNCIL BLUFFS, IOWA AND SURROUNDING COMMUNITIES IN SOUTHWESTERN IOWA.METHODIST JENNIE EDMUNDSON'S PROGRAMS ALIGN CLOSELY WITH THE KEY HEALTH NEEDS IDENTIFIED IN THE MOST RECENT CHNA.
PART VI, LINE 5:	METHODIST JENNIE EDMUNDSON'S BOARD OF DIRECTORS IS COMPOSED OF COMMUNITY LEADERS WITH DIVERSE BACKGROUNDS AND PROVIDES OVERSIGHT OF ALL OPERATIONS. THE COMPOSITION INCLUDES A COMBINATION OF THOSE WITH LONGEVITY ON THE BOARD AND THOSE WHO ARE NEWER MEMBERS. PHYSICIAN INVOLVEMENT ON THE BOARD ENHANCES THE HOSPITAL'S ABILITY TO BE A LEADER IN MEDICAL SERVICES.MEDICAL STAFF PRIVILEGES ARE EXTENDED TO ALL PRACTITIONERS WHO CONTINUOUSLY MEET THE QUALIFICATIONS, STANDARDS AND REQUIREMENTS TO PROMOTE A UNIFORM STANDARD OF QUALITY PATIENT CARE, TREATMENT AND SERVICES.

990 Schedule H, Supplemental Information

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	JENNIE EDMUNDSON MEMORIAL HOSPITAL 933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 WWW.BESTCARE.ORG 780039H	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
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5: THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS SPONSORED BY A COALITION OF LOCAL HEALTH SYSTEMS AND LOCAL HEALTH DEPARTMENTS. THE CHNA WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS INC. (PRC), A NATIONALLY-RECOGNIZED HEALTHCARE CONSULTING FIRM WITH EXTENSIVE EXPERIENCE CONDUCTING COMMUNITY HEALTH NEEDS ASSESSMENTS.THE CHNA INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INCLUDED PRIMARY DATA REPRESENTATION FROM TELEPHONE INTERVIEWS WHICH INCORPORATED BOTH LANDLINE AND CELL PHONE INTERVIEWS. THIS TELEPHONE SURVEY CONSISTED OF AN INITIAL STRATIFIED RANDOM SAMPLE OF INDIVIDUALS AGE 18 AND OLDER IN THE METRO AREA. OVERSAMPLING WAS THEN UTILIZED, WHICH RESULTED IN CONTACT WITH 2,527 METRO AREA RESIDENTS. IN ADDITION 163 COMMUNITY STAKEHOLDERS TOOK PART IN AN ONLINE KEY INFORMANT SURVEY, INCLUDING PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, BUSINESS LEADERS AND OTHER COMMUNITY LEADERS.

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

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

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

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

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B: IN ADDITION TO THE THREE OMAHA HEALTH SYSTEMS, AND LOCAL HEALTH DEPARTMENTS IDENTIFIED ABOVE, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) INCLUDED SUPPORT FROM CHARLES DREW HEALTH CENTER, INC., LIVE WELL OMAHA, OMAHA COMMUNITY FOUNDATION, ONE WORLD COMMUNITY HEALTH CENTERS INC., AND UNITED WAY OF THE MIDLANDS.

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	PART V, SECTION B, LINE 11: 2018 IMPLEMENTATION STRATEGY UPDATE:OVERVIEWTHE METHODIST JENN IE EDMUNDSON HOSPITAL (MJE) IS COMMITTED TO CARING FOR ITS COMMUNITY, LIVING THE MISSION O F IMPROVING THE LIVES OF OUR COMMUNITIES BY THE WAY WE CARE, EDUCATE AND INNOVATE. ALL LEA DERSHIP SUPPORT THE IMPORTANCE OF WORKING IN THE COMMUNITY WITH OVER 260 PARTNERS IN THE L AST DECADE TO ADDRESS THE IDENTIFIED NEEDS THROUGH THE REGION'S COLLABORATIVE COMMUNITY HE ALTH NEEDS ASSESSMENT (CHNA). MANAGEMENT AND BOARD MEMBERS HAVE APPROVED THE 2018 - 2020 I MPLEMENTATION STRATEGY PLAN TO STRATEGICALLY ADDRESS THE NEEDS IDENTIFIED IN THE CHNA, IN ACCORDANCE WITH OUR TALENTS, RESOURCES AND AREAS OF EXPERTISE. EACH COMMUNITY BENEFIT PROG RAM INCLUDES AT LEAST ONE OF THE FOLLOWING: ADDRESSING ACCESS TO HEALTH CARE SERVICES ENHA NCING THE HEALTH OF THE COMMUNITY ADVANCING MEDICAL OR HEALTH CARE KNOWLEDGE RELIEVING OR REDUCING THE BURDEN OF THE GOVERNMENTAS MENTIONED THROUGHOUT THIS REPORT, MJE (AS AN AFFIL IATE OF NEBRASKA METHODIST HEALTH SYSTEM) HAS WORKED WITH OVER 260 ORGANIZATIONS IN THE LA ST DECADE THROUGH PREVENTION ACTIVITIES, HEALTH PROMOTION, SOCIAL SERVICES, PASTORAL CARE, NUMEROUS VOLUNTEER EFFORTS, AND PROFESSIONAL EDUCATION, AS WELL AS DIRECT AND INDIRECT CO NTRIBUTIONS. LIKEWISE, MJE REMAINS A STRONG LEADER IN IMPROVING THE HEALTH OF OUR COMMUNIT IES - A STATEMENT WE REMAIN HIGHLY PROUD TO MAKE. IN ORDER TO ADDRESS THE MANY IDENTIFIED NEEDS OF OUR COMMUNITIES, WE REMAIN COMMITTED TO THOSE ORGANIZATIONS WHO HAVE ADDITIONAL E XPERTISE IN AREAS WE FEEL WOULD SERVE AS A PRUDENT PARTNER. IN THE FOLLOWING PAGES, WE ADD RESS THE RESULTS OF SIGNIFICANT ACTIONS TAKEN TO ADDRESS OUR TOP PRIORITIES ACROSS OUR COM MUNITIES.ACCESS TO HEALTHCARE SERVICES THE METHODIST MOBILE MAMMOGRAPHY COACH CONTINUES TO TRAVEL ACROSS NEBRASKA AND SOUTHWESTERN IOWA SERVING LOCAL COMMUNITY CENTERS, BUSINESSES AND UNDERSERVED NEIGHBORHOODS. IN ITS FIRST YEAR OF OPERATION, THE METHODIST MOBILE MAMMOG RAPHY UNIT PROVIDED NEARLY 2,000 MAMMOGRAMS IN 2019 TO WOMEN ACROSS THE METROPOLITAN REGIO N, INCLUDING 401 WOMEN RECEIVING A MAMMOGRAM FOR THE VERY FIRST TIME.CANCER METHODIST JENN IE EDMUNDSON CONTINUES TO INCREASE ITS OFFERINGS OF A VARIETY OF CANCER SCREENINGS, INCLUD ING FREE HEAD & NECK OUTREACH INITIATIVES, TO INCLUDE LOCATIONS ON-CAMPUS AND THROUGHOUT T HE LOCAL COMMUNITY. THERE ARE A NUMBER OF OTHER FREE CANCER SCREENINGS THROUGHOUT THE COMM UNITY IN PARTNERSHIP WITH OTHER HEALTH AGENCIES AND ORGANIZATIONS, FOCUSING ON: BREAST, LU NG AND SKIN, AMONG OTHERS. THESE EVENTS ARE HELD IN TANDEM WITH METRO-WIDE EVENTS, SUCH AS THE BINATIONAL HEALTH WEEK.THROUGH EVERY OUTREACH EVENT, MJE PROVIDES FREE SCREENINGS, ED UCATION AND REFERRALS (IF DEEMED NECESSARY) TO WHOEVER THE INDIVIDUAL'S PRIMARY CARE PROVI DER IS, REGARDLESS OF ANY HEALTH SYSTEM AFFILIATION; WE ALSO REFER TO FEDERALLY-QUALIFIED HEALTH CENTERS WHEN APPLICABLE.HEART DISEASE & STROKE SIMILAR TO OTHER COMMUNITY BENEFITS ACTIVITIES, EVERY SCREENING OF

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	FERED INCLUDES A NUMBER OF HEALTH EDUCATIONAL METHODS, AND HEART DISEASE AND STROKE ARE NO DIFFERENT. FREE BLOOD PRESSURES AND OTHER VITAL STATISTICS ARE TAKEN, AND ONE-ON-ONE CONS ULTATION WITH A LICENSED STAFF MEMBER IS AVAILABLE AT NEARLY EVERY COMMUNITY EVENT. THESE CONSULTATIONS INCLUDE SPECIALIZED EDUCATION REGARDING HEALTHY LIFESTYLE CHOICES THAT CAN R EDUCE HEART DISEASE AND CHANCES OF STROKE, INCLUDING BUT NOT LIMITED TO: HEALTHY EATING, F OOD PROPORTIONS, COOKING INSTRUCTIONS AND HOW TO MAKE LOW-COST MEALS FOR FAMILIES.MENTAL H EALTH & SUBSTANCE ABUSE METHODIST JENNIE EDMUNDSON PROVIDES PSYCHIATRIC TREATMENT FOR MORE THAN 1,400 MEMBERS IN THE SURROUNDING AREA PER YEAR, PROVIDING THE FOLLOWING SERVICES TO PATIENTS: -SHORT-TERM ACUTE INPATIENT PSYCHIATRIC TREATMENT FOR INDIVIDUALS 18 YEARS AND O LDER - CO-OCCURRING TREATMENT (DUAL DIAGNOSIS) FOR INDIVIDUALS DIAGNOSED WITH A PSYCHIATRI C DISORDER IN CONJUNCTION WITH A SUBSTANCE ABUSE/CHEMICAL DEPENDENCY DIAGNOSIS - GROUP AND RECREATIONAL THERAPY - 24-HOUR NURSING AND MEDICAL SUPPORT - INDIVIDUALIZED TREATMENT PLA NNING - MEDICATION STABILIZATION AND MANAGEMENT - FAMILY EDUCATION AND SUPPORT - BASIC LIF E SKILL ENHANCEMENT - DISCHARGE AND AFTERCARE PLANNING - REFERRAL FOR FOLLOW-UP SERVICESCA RING FOR OUR COMMUNITIESIN 2019, MJE CONTINUED ITS STRONG PARTNERSHIP WITH CONNECTIONS TO SUSTAIN THE CARING FOR OUR COMMUNITIES IN SOUTHWEST IOWA PROGRAM, WHICH ASSISTED 2,048 IND IVIDUALS PRESENTING TO THE HOSPITAL WITH URGENT AND EMERGENT NEEDS. THIS PROGRAM TRACKED S OCIAL DETERMINANT OF HEALTH DATA. THERE WERE 3,919 REFERRALS TO LOCAL, COMMUNITY-BASED ORG ANIZATIONS AND PROGRAMS SUCH AS LEGAL AID, HEARTLAND FAMILY SERVICES (HFS), AND VARIOUS PH YSICIAN PRACTICES, AND HELPED 559 INDIVIDUALS TO OBTAIN HEALTH INSURANCE. THIS PROGRAM INC REASES MULTIPLE POINTS OF ACCESS FOR UNDER-RESOURCED INDIVIDUALS AND THEIR FAMILIES, AND I S THE MOST IMPORTANT INITIATIVE MJE HAS TO OFFER APPROPRIATE SERVICES IN A TIMELY MANNER.T HROUGH CONNECTIONS AREA AGENCY ON AGING (CONNECTIONS), MJE ALSO FUNDS A COMMUNITY OUTREACH COACH, AND A BEHAVIORAL HEALTH COORDINATOR THROUGH HEARTLAND FAMILY SERVICES, WHOSE RESPO NSIBILITIES INCLUDE: SCREENING, ASSESSING, REFERRING AND COORDINATING SERVICES FOR PATIENT S FACING COMPLEX MEDICAL ISSUES. THIS PARTNERSHIP ALLOWS FOR MANY HEALTH AND HUMAN SERVICE S ORGANIZATIONS TO COLLABORATE ON A MORE EFFICIENT BASIS TO EFFECT TIMELY, APPROPRIATE REF ERRALS AND CARE COORDINATION.FINANCIAL ASSISTANCEIN 2019, MJE WAS ABLE TO ASSIST OVER 4,80 0 INDIVIDUALS WITH FINANCIAL ASSISTANCE, THEREBY REDUCING OR ELIMINATING THE MEDICAL PAYME NT BURDEN ON FAMILIES, ALLOWING THEM TO AFFORD HOME OWNERSHIP, EDUCATIONAL EXPENSES, AND H EALTHIER LIFESTYLE AND FOOD CHOICES. OUR FINANCIAL ASSISTANCE PROGRAM IS OFFERED TO ALL PA TIENTS UPON ADMISSION AND OUR PROVIDERS ARE KNOWLEDGEABLE REGARDING HOW THEIR PATIENTS CAN APPLY FOR THIS PROGRAM. EVALUATING OUR IMPACTIN ORDER TO BE THE BEST COMMUNITY STEWARDS A ND HEALTHCARE PROFESSIONALS, M

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

Form and Line Reference	Explanation
JENNIE EDMUNDSON MEMORIAL HOSPITAL	JE CONTINUALLY EVALUATES ALL PROGRAMS AND SERVICES REPORTED AS COMMUNITY BENEFITS IN ORDER TO ENSURE THAT BEST PRACTICES ARE USED TO IMPROVE HEALTH OUTCOMES. MJE USES A MULTI-DISCI PLINE APPROACH IN REVIEWING ALL PROGRAMS AND CONTINUES TO MOVE TOWARDS USING EVIDENCE-BASE D MODELS. AS A HEALTH SYSTEM, METHODIST HAS CONTRIBUTED OVER HALF A BILLION DOLLARS IN COM MUNITY BENEFITS SINCE 2008, DEMONSTRATING THE LEVEL OF COMMITMENT THROUGH OUR MISSION STAT EMENT, STRATEGIC PLAN AND COMMUNITY BENEFIT PROGRAMS.

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

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

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

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

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

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

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

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION 933 EAST PIERCE ST COUNCIL BLUFFS, IA 51503	42-1439454	501(C)(3)	51,000				SUPPORT OF FOUNDATION PROGRAMS

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

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

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) FINANCIAL ASSISTANCE	4828		4,344,981	BOOK	FINANCIAL ASSISTANCE TO PATIENTS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 JEFFREY FRANCIS CFO	**(i)**	0	0	0	0	0	0	0
	(ii)	472,294	0	75,405	94,788	26,826	669,313	73,229
2 HEATHER HERGOTT MD EMERGENCY ROOM PHYSICIAN	**(i)**	398,836	9,400	8,496	10,669	11,848	439,249	0
	(ii)	0	0	0	0	0	0	0
3 WILLIAM SHIFFERMILLER MD DIRECTOR	**(i)**	0	0	0	0	0	0	0
	(ii)	364,507	0	51,841	62,867	21,942	501,157	23,829
4 STEVEN BAUMERT PRESIDENT	**(i)**	0	0	0	0	0	0	0
	(ii)	349,230	0	39,907	79,521	18,480	487,138	0
5 PATRICK COSTELLO MD EMERGENCY ROOM PHYSICIAN	**(i)**	349,484	14,300	10,530	25,099	25,052	424,465	0
	(ii)	0	0	0	0	0	0	0
6 EVAN NEESEN MD PHYSICIAN	**(i)**	345,588	5,750	10,530	11,192	30,568	403,628	0
	(ii)	0	0	0	0	0	0	0
7 PAUL MILERIS MD PHYSICIAN	**(i)**	332,037	10,800	10,495	44,411	8,948	406,691	0
	(ii)	0	0	0	0	0	0	0
8 THOMAS CHEATLE MD PHYSICIAN	**(i)**	334,886	12,300	0	33,989	17,338	398,513	0
	(ii)	0	0	0	0	0	0	0
9 PEGGY HELGET EXEC. PATIENT SVCS	**(i)**	0	0	0	0	0	0	0
	(ii)	167,982	0	29,647	31,356	7,690	236,675	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	JENNIE EDMUNDSON MEMORIAL HOSPITAL IS AN AFFILIATED MEMBER OF THE NEBRASKA METHODIST HEALTH SYSTEM. POLICIES ARE CENTRALIZED AT NEBRASKA METHODIST HEALTH SYSTEM INC. METHODIST HEALTH SYSTEM, WITH WHICH JENNIE EDMUNDSON IS AFFILIATED, RETAINS AN INDEPENDENT CONSULTANT TO REVIEW ALL OFFICER COMPENSATION FOR EACH AFFILIATE. UNDER THIS PROCESS, MARKET DATA ON COMPENSATION IS GATHERED AND ANALYZED AND COMPENSATION RANGES ARE SET. THE INFORMATION IS THEN PROVIDED TO THE COMPENSATION COMMITTEE OF THE BOARD OF NEBRASKA METHODIST HEALTH SYSTEM INC., A NEBRASKA NON-PROFIT CORPORATION AND A VOTING MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL. ALL OFFICER COMPENSATION IS REVIEWED, EVALUATED AND APPROVED BY THIS COMMITTEE.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A NONQUALIFIED PLAN DURING 2019 AND RECEIVED CONTRIBUTIONS, PLAN ACCRUALS OR PLAN DISTRIBUTIONS IN THE FOLLOWING AMOUNTS: STEVEN BAUMERT $51,521 ACCRUAL JEFFREY FRANCIS $78,826 ACCRUAL, $73,229 PLAN DISTRIBUTION WILLIAM SHIFFERMILLER MD $34,867 ACCRUAL, $23,829 DISTRIBUTION PEGGY HELGET $16,632 ACCRUAL PATRICK COSTELLO $25,099 ACCRUAL HEATHER HERGOTT $10,669 ACCRUAL THOMAS CHEATLE $33,989 ACCRUAL PAUL MILERIS $44,411 ACCRUAL EVAN NEESEN $11,192 ACCRUAL

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE THESE DOCUMENTS SEPARATELY AVAILABLE TO THE PUBLIC. HOWEVER , ARTICLES OF INCORPORATION FOR THE ORGANIZATION ARE AVAILABLE THROUGH THE IOWA SECRETARY OF STATE'S WEBSITE. THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL MEMBERS OF THE B OARD OF DIRECTORS. FINANCIAL INFORMATION IS AVAILABLE TO THE PUBLIC THROUGH THE IRS FORM 9 90 AND FORM 990-T. THE ORGANIZATION ALSO CONTRIBUTES INFORMATION REGARDING THE COMMUNITY B ENEFITS IT PROVIDES AS PART OF THE METHODIST HEALTH SYSTEM'S ANNUAL COMMUNITY BENEFIT REPO RT. THIS REPORT IS AVAILABLE TO THE PUBLIC ON THE WEBSITE WWW.BESTCARE.ORG/ABOUT/COMMUNITY -BENEFITS/COMMUNITY-IMPACT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN MINIMUM PENSION LIABILITY -1,695,026. EQUITY TRANSFERS FROM AFFILATES 3,494,433.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JENNIE EDMUNDSON MEMORIAL HOSPITAL

Employer identification number
42-0680355

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
(1) LOESS HILLS PROPERTIES LLC 825 S 169TH STREET OMAHA, NE 68118 47-5070644	PROPERTY MANAGEMENT	IA	0	0	JENNIE EDMUNDSON MEMORIAL HOSPITAL

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.

See Additional Data Table

(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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)SHARED SERVICE SYSTEMS INC & SUBSIDIARY 825 S 169TH STREET OMAHA, NE 68118 47-0649534	MEDICAL SUPPLY DISTRIBUTION & LAUNDRY	NE	NEBRASKA METHODIST HEALTH SYSTEM INC	C					No
(2)METHODIST HEALTH PARTNERS 825 S 169TH STREET OMAHA, NE 68118 47-0797563	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM INC	C					No
(3)FREMONT HEALTH PARTNERS 450 E 23RD STREET FREMONT, NE 68025 46-0735043	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM INC	C					No
(4)HEALTH CHOICE OF NEBRASKA 450 E 23RD STREET FREMONT, NE 68025 47-0783732	MANAGED CARE CONTRACTING	NE	NEBRASKA METHODIST HEALTH SYSTEM INC	C					No

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

			Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION	C	1,136,547	BOOK
(2)JENNIE EDMUNDSON MEMORIAL HOSPITAL FOUNDATION	B	51,000	BOOK

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 42-1439454	SUPPORT OF JENNIE EDMUNDSON HOSPITAL	IA	501(C)(3)	L7	JENNIE EDMUNDSON MEMORIAL HOSPITAL	Yes	
933 EAST PIERCE STREET COUNCIL BLUFFS, IA 51503 93-0957829	MEMBER OF JENNIE EDMUNDSON MEMORIAL HOSPITAL	IA	501(C)(3)	L12: III-O	N/A		No
825 S 169TH STREET OMAHA, NE 68118 47-0639839	ADMINISTRATIVE SUPPORT	NE	501(C)(3)	L12: III-FI	N/A		No
825 S 169TH STREET OMAHA, NE 68118 47-0376604	LICENSED HOSPITAL	NE	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM INC		No
825 S 169TH STREET OMAHA, NE 68118 47-0724387	NURSING AND HEALTH EDUCATION FACILITY	NE	501(C)(3)	L2	NEBRASKA METHODIST HOSPITAL		No
825 S 169TH STREET OMAHA, NE 68118 36-3699672	INSURANCE	NE	501(C)(3)	L11: III-FI	NEBRASKA METHODIST HEALTH SYSTEM INC		No
825 S 169TH STREET OMAHA, NE 68118 47-0649790	PROPERTY MANAGEMENT	NE	501(C)(2)	N/A	NEBRASKA METHODIST HEALTH SYSTEM INC		No
825 S 169TH STREET OMAHA, NE 68118 47-0687317	CLINICAL HEALTH CARE	NE	501(C)(3)	L10	NEBRASKA METHODIST HEALTH SYSTEM INC		No
825 S 169TH STREET OMAHA, NE 68118 47-0595345	SUPPORT OF NEBRASKA METHODIST HOSPITAL	NE	501(C)(3)	L7	NEBRASKA METHODIST HEALTH SYSTEM INC		No
450 E 23RD STREET FREMONT, NE 68025 83-1362276	LICENSED HOSPITAL	NE	501(C)(3)	L3	NEBRASKA METHODIST HEALTH SYSTEM INC		No
450 E 23RD STREET FREMONT, NE 68025 47-0717207	CLINICAL HEALTH CARE	NE	501(C)(3)	L10	NEBRASKA METHODIST HEALTH SYSTEM INC		No