efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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 07-01-2019 , and ending 06-30-2020

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

C Name of organization
BEEBE MEDICAL CENTER INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
424 SAVANNAH ROAD

City or town, state or province, country, and ZIP or foreign postal code
LEWES, DE 19958

D Employer identification number
51-0067938

E Telephone number
(302) 645-3300

G Gross receipts $ 511,298,879

F Name and address of principal officer:
DAVID TAM MD
424 SAVANNAH ROAD
LEWES, DE 19958

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.BEEBEHEALTHCARE.ORG

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

L Year of formation: 1916

M State of legal domicile: DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
BEEBE MEDICAL CENTER'S MISSION IS TO ENCOURAGE HEALTHY LIVING, PREVENT ILLNESS SEE SCHEDULE O

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,549
6	Total number of volunteers (estimate if necessary)	**6**	422
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	42,783
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	40,033

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	479,036	34,836,968
9	Program service revenue (Part VIII, line 2g)	422,067,709	407,022,134
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,472,123	8,101,177
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,634,502	4,532,501
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	430,653,370	454,492,780
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,137,259	1,298,088
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)	172,181,739	175,650,851
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)	209,946,107	227,798,689
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	383,265,105	404,747,628
19	Revenue less expenses. Subtract line 18 from line 12	47,388,265	49,745,152

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	602,362,321	695,597,598
21	Total liabilities (Part X, line 26)	350,305,947	451,709,559
22	Net assets or fund balances. Subtract line 21 from line 20	252,056,374	243,888,039

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

****** 2021-05-17
Signature of officer Date

PAUL PERNICE 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
				P01272637

Firm's name ▶ GRANT THORNTON LLP — Firm's EIN ▶ 36-6055558

Firm's address ▶ 2001 MARKET STREET SUITE 700
PHILADELPHIA, PA 19103 — Phone no. (215) 561-4200

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:

SEE SCHEDULE OBEEBE MEDICAL CENTER'S CHARITABLE MISSION IS TO ENCOURAGE HEALTHY LIVING, PREVENT ILLNESS AND RESTORE OPTIMAL HEALTH WITH THE PEOPLE RESIDING, WORKING AND VISITING IN THE COMMUNITIES WE SERVE. BEEBE MEDICAL CENTER PROVIDES HEALTHCARE SERVICES REGARDLESS OF RACE, COLOR, RELIGION, AGE, GENDER OR SEX, NATIONAL ORIGIN OR ANCESTRY, DISABILITY, VETERAN'S STATUS, GENETIC INFORMATION, SEXUAL ORIENTATION, GENDER IDENTITY OR ANY OTHER LEGALLY PROTECTED CHARACTERISTIC.

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 $ 339,963,590 including grants of $ 1,298,088) (Revenue $ 397,966,113)
See Additional Data

4b (Code:) (Expenses $ 7,773,646 including grants of $) (Revenue $ 8,864,947)
See Additional Data

4c (Code:) (Expenses $ 2,312,325 including grants of $) (Revenue $ 586,354)
See Additional Data

(Code:) (Expenses $ 2,050,556 including grants of $) (Revenue $ 776,136)
COMMUNITY OUTREACH PROGRAM EXPENSES OF $810,634, DELMARVA HEALTH NETWORK, LLC EXPENSES OF $549,831 AND REVENUE OF $473,370, ADULT DAY CARE PROGRAM EXPENSES OF $690,091 AND REVENUE OF $302,766.

4d Other program services (Describe in Schedule O.)
(Expenses $ 2,050,556 including grants of $) (Revenue $ 776,136)

4e **Total program service expenses ▶** 352,100,117

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Yes	
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	Yes	
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	Yes	
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	170		
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**	2,549		
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**	22		
	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**	16		
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**		No
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**		No
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**	Yes	
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**		No

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:
▶MARCIA RIGSBY-DYKES 431C SAVANNAH ROAD LEWES, DE 19958 (302) 645-3460

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,639,697	0	374,464

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 ▶ 211

			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**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *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
WHITING-TURNER CONTRACTING CO 300 EST JOPPA ROAD BALTIMORE, MD 21286	CONTRACTOR	40,516,463
MEDICAL SOLUTIONS 1010 N 102 STREET SUITE 300 OMAHA, NE 68114	CONTRACT LABOR	9,725,871
WILLOW CONSTRUCTION LLC 400 MARYLAND AVENUE EASTON, MD 21601	CONTRACTOR	6,164,608
DELAWARE ANESTHESIA ASSOCIATES PO BOX 719 LEWES, DE 19958	ANESTHESIA SERVICES	2,667,494
MAYO MEDICAL LABORATORY PO BOX 9146 MINNEAPOLIS, MN 554809146	LAB SERVICES	2,262,441

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 ▶ 98

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	12,590,686			
e Government grants (contributions)	1e	20,586,859			
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,659,423			
g Noncash contributions included in lines 1a - 1f: $	1g				
h **Total.** Add lines 1a-1f		34,836,968			
Program Service Revenue	Business Code				
2a GENERAL MEDICAL SURGICAL	900099	398,157,187	398,157,187		
b HOME HEALTH	621610	8,864,947	8,864,947		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f	407,022,134				
3 Investment income (including dividends, interest, and other similar amounts)		1,885,939		42,783	1,843,156
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal				
6a Gross rents	6a	336,178					
b Less: rental expenses	6b	0					
c Rental income or (loss)	6c	336,178					
d Net rental income or (loss)				336,178			336,178

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	62,949,177	72,160				
b Less: cost or other basis and sales expenses	7b	56,642,547	163,552				
c Gain or (loss)	7c	6,306,630	-91,392				
d Net gain or (loss)				6,215,238			6,215,238

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				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					

Miscellaneous Revenue	Business Code				
11a CAFETERIA	900099	1,496,353			1,496,353
b DISTRIBUTION INCOME	900099	682,596			682,596
c NMH MED ONCOL REIMBURSEMENT	900099	472,804			472,804
d All other revenue		1,544,570	1,051,874		492,696
e **Total.** Add lines 11a–11d		4,196,323			
12 **Total revenue.** See instructions		454,492,780	408,074,008	42,783	11,539,021

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	1,298,088	1,298,088		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,652,143	1,214,268	5,437,875	
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	131,790,577	120,606,233	11,184,344	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,341,029	4,886,643	454,386	
9 Other employee benefits	22,200,645	20,314,425	1,886,220	
10 Payroll taxes	9,666,457	8,753,803	912,654	
11 Fees for services (non-employees):				
a Management				
b Legal	243,882	87,239	156,643	
c Accounting	198,454		198,454	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	233,330		233,330	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,416,350	31,056,156	5,360,194	
12 Advertising and promotion	1,533,123	70,467	1,462,656	
13 Office expenses	8,467,276	7,408,625	1,058,651	
14 Information technology	12,337,713	1,715,631	10,622,082	
15 Royalties				
16 Occupancy	7,271,384	6,662,663	608,721	
17 Travel	356,055	307,671	48,384	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	470,470	392,267	78,203	
20 Interest	1,044,897	990,586	54,311	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,921,985	11,803,337	9,118,648	
23 Insurance	4,054,949	4,054,949		
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 PATIENT RELATED SUPPLIE	99,540,885	99,510,794	30,091	
b BAD DEBT EXPENSE	21,378,699	21,378,699		
c MAINTENANCE	10,944,520	8,597,003	2,347,517	
d EMPLOYEE RECRUITMENT	919,958	1,006	918,952	
e All other expenses	1,464,759	989,564	475,195	
25 **Total functional expenses.** Add lines 1 through 24e	404,747,628	352,100,117	52,647,511	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			1	
	2	Savings and temporary cash investments		70,432,235	2	148,990,001
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,965,254	4	46,338,838
	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			7	
	8	Inventories for sale or use		9,346,863	8	10,095,652
	9	Prepaid expenses and deferred charges		8,959,175	9	9,191,677
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 489,465,059			
	b	Less: accumulated depreciation	10b 244,041,639	158,944,386	10c	245,423,420
	11	Investments—publicly traded securities		245,689,827	11	185,656,705
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		3,104,085	14	3,104,085
	15	Other assets. See Part IV, line 11		54,920,496	15	46,797,220
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		602,362,321	16	695,597,598
Liabilities	17	Accounts payable and accrued expenses		52,204,000	17	124,136,098
	18	Grants payable			18	
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		221,095,776	20	218,065,998
	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		77,006,171	25	109,507,463
	26	**Total liabilities.** Add lines 17 through 25		350,305,947	26	451,709,559
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		219,448,862	27	217,419,878
	28	Net assets with donor restrictions		32,607,512	28	26,468,161
		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		252,056,374	32	243,888,039
	33	Total liabilities and net assets/fund balances		602,362,321	33	695,597,598

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	454,492,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	404,747,628
3	Revenue less expenses. Subtract line 2 from line 1	3	49,745,152
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	252,056,374
5	Net unrealized gains (losses) on investments	5	-4,732,951
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	-53,180,536
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	243,888,039

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		
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: 51-0067938

Name: BEEBE MEDICAL CENTER INC

Form 990 (2019)

Form 990, Part III, Line 4a:

GENERAL MEDICAL SURGICAL PATIENT CARE. BEEBE MEDICAL CENTER EXPERIENCED 9,548 DISCHARGES IN 2020 RESULTING IN 43,793 PATIENT DAYS OF WHICH 6,435 DISCHARGES AND 31,626 PATIENT DAYS WERE COVERED UNDER THE MEDICARE PROGRAM. THE MEDICAID PROGRAM COVERED 998 DISCHARGES AND 4,061 PATIENT DAYS. ADDITIONAL VOLUMES ACHIEVED IN 2020 INCLUDE 43,982 EMERGENCY VISITS; 13,113 OPERATING ROOM CASES OF WHICH 110 WERE OPEN HEART SURGERIES; 4,288 CARDIAC CATHETERIZATION PROCEDURES; AND 160,461 OUTPATIENT IMAGING PROCEDURES. TOTAL SELF-PAY INPATIENT DAYS WERE 901 AND SELF-PAY DISCHARGES WERE 191 IN 2020.

Form 990, Part III, Line 4b:

BEEBE HOME HEALTH (BHHA) PROGRAM COVERS EASTERN SUSSEX COUNTY. IN 2020, BHHA ADMITTED 3,885 NEW PATIENTS AND HAD AN ACTIVE CASELOAD OF 7,121 PATIENTS. THERE WERE A TOTAL OF 77,228 VISITS DURING THE YEAR.

Form 990, Part III, Line 4c:

THE MARGARET D ROLLINS SCHOOL OF NURSING CONTINUES TO BE FULLY CERTIFIED. THE SCHOOL HAD A TOTAL OF 70 STUDENT ENROLLED IN FY20, 29 SENIORS AND 41 FIRST YEAR STUDENTS.

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY M FRIED FORMER PRESIDENT/CEO (END MAR. 2019)	0.00 0.00						X	884,608	0	7,191
NISARG DESAI PHYSICIAN	40.00 0.00					X		699,926	0	29,959
RICHARD SCHAFFNER EXED VP/COO	40.00 0.00				X			634,690	0	31,652
PAUL J PERNICE VP FINANCE CFO	40.00 4.00			X				631,249	0	7,272
SRIHARI PERI PHYSICIAN	40.00 0.00					X		632,538	0	4,457
SRUJITHA MURUKUTLA PHYSICIAN	40.00 0.00					X		588,046	0	21,617
JEFFREY HAWTOF MD VP MEDICAL OPS & INFORMATICS	40.00 0.00				X			558,921	0	25,739
BRUCE LESHINE VP CORPORATE COUNSEL	40.00 0.00				X			419,570	0	31,847
MICHAEL MAKSYMOW VP INFORMATION SYSTEMS	40.00 0.00				X			347,611	0	35,733
CATHERINE HALEN VP HUMAN RESOURCES	40.00 0.00				X			361,424	0	16,742

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN D RHONE VP PATIENT CARE (END JAN. 2020)	40.00 0.00				X			340,753	0	23,686
ALEX SYDNOR VP EXTERNAL AFFAIRS (END OCT. 2020)	40.00 0.00				X			295,167	0	35,098
MICHAEL SALVATORE PHYSICIAN	40.00 0.00					X		283,281	0	29,665
MARCY JACK VP QUALITY, SAFETY, RISK MGMT	40.00 0.00				X			276,190	0	28,398
MARK LOUKIDES VP LOUKIDES	40.00 0.00				X			255,669	0	35,852
PRAMOD VADLAMANI PHYSICIAN	40.00 0.00					X		223,330	0	9,556
MOUHANAD FREIH MD DIRECTOR/PHYSICIAN	2.00 0.00	X						85,583	0	0
PAUL C PEET MD DIRECTOR/PRESIDENT OF MEDICAL STAFF	2.00 0.00	X						82,925	0	0
WILSON C CHOY MD DIRECTOR/PHYSICIAN	2.00 0.00	X						38,216	0	0
DAVID A HERBERT CHAIRMAN	2.00 0.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY A MEGEE VICE CHAIRMAN	2.00 0.00	X		X				0	0	0
DAVID A TAM MD SECRETARY/CEO (START MAR 2020)	40.00 2.00	X		X				0	0	0
PAUL T COWAN JR DO TREASURER	2.00 0.00	X		X				0	0	0
GERGORY A BAHTIARIAN DO DIRECTOR	2.00 0.00	X						0	0	0
JAMES W BARTLE DIRECTOR	2.00 0.00	X						0	0	0
DANEL CUOZZO DO DIRECTOR	2.00 0.00	X						0	0	0
FRANK CZERWINSKI DIRECTOR	2.00 0.00	X						0	0	0
ANDREW W DAHLKE MD DIRECTOR	2.00 0.00	X						0	0	0
STEPHEN M FANTO MD DIRECTOR	2.00 0.00	X						0	0	0
R CHRISTIAN HUDSON DIRECTOR	2.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANET B MCCARTY DIRECTOR	2.00 0.00	X						0	0	0
MICHAEL A MEOLI DIRECTOR	2.00 0.00	X						0	0	0
WESLEY E PERKINS DIRECTOR	2.00 0.00	X						0	0	0
ANIS K SALIBA MD DIRECTOR	2.00 0.00	X						0	0	0
ERIC C SUGRUE DIRECTOR	2.00 0.00	X						0	0	0
CHRISTOPHER J WEEKS DIRECTOR	2.00 0.00	X						0	0	0
MICHAEL L WILGUS DIRECTOR	2.00 0.00	X						0	0	0
JACQUELYN O WILSON EDD DIRECTOR	2.00 0.00	X						0	0	0
JOSEPH R HUDSON CHAIRMAN EMERITUS	1.00 0.00	X						0	0	0
PAUL H MYLANDER DIRECTOR (EMERITUS OCT. 18)	2.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM SWAIN LEE DIRECTOR (EMERITUS OCT. 19)	2.00 0.00	X						0	0	0
R MICHAEL CLEMMER DIRECTOR (END JUNE 2020)	2.00 0.00	X						0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 **33 1/3% 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 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: 51-0067938

Name: BEEBE MEDICAL CENTER INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC	51-0067938

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)		0
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		0
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		300
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		11,659
j	Total. Add lines 1c through 1i			11,959
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 1G	THE PRESIDENT AND THE VP OF CORPORATE AFFAIRS OF BEEBE MEDICAL CENTER HAVE QUARTERLY BREAKFAST MEETINGS WITH STATE AND LOCAL POLITICIANS.
PART II-B, LINE 1I	OTHER ACTIVITIES INCLUDE THE PERCENTAGE OF DHA MEMBERSHIP DUES ALLOCATED TO LOBBYING.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

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	81,718,611	76,272,284	71,360,235	63,901,344	64,097,414
b Contributions					
c Net investment earnings, gains, and losses	2,929,214	5,546,389	4,999,696	7,763,189	124,797
d Grants or scholarships					
e Other expenditures for facilities and programs				29,477	
f Administrative expenses	114,275	100,062	87,647	274,821	320,867
g End of year balance	84,533,550	81,718,611	76,272,284	71,360,235	63,901,344

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

a Board designated or quasi-endowment ▶ 98.900 %

b Permanent endowment ▶ 1.100 %

c Temporarily restricted endowment ▶ .....

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

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

	Yes	No
3a(i) (i) unrelated organizations		No
3a(ii) (ii) related organizations	Yes	
3b b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		10,534,572		10,534,572
b Buildings		199,627,179	102,675,239	96,951,940
c Leasehold improvements		8,143,384	6,268,753	1,874,631
d Equipment		177,739,174	135,097,647	42,641,527
e Other		93,420,750		93,420,750
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				245,423,420

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)INT IN FDN. RESTRICT NET ASSET	27,410,997
(2)OTHER ASSETS	7,733,447
(3)WORK COMP & MALP INSURANCE	4,909,583
(4)INT IN FDN. UNRESTR NET ASSETS	4,103,772
(5)EQUITY IN BEEBE PHYS. NETWORK	1,359,075
(6)TEMPORARILY RESTRICTED FUNDS	650,832
(7)PERMANENTLY RESTRICTED FUNDS	315,761
(8)EBRIGHT	313,753
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	46,797,220

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	
(2) ACCRUED PENSION LIABILITY	43,606,165
(3) ACC. POST RETIREMENT BENEFIT	24,536,331
(4) RIGHT OF USE LIABILITY	17,100,958
(5) ACC. MEDICAL MALPRACTICE LIABILI	8,427,989
(6) OTHER LIABILITIES	6,020,336
(7) ASBESTOS REMOVAL OBLIGATION	4,375,464
(8) ACC. WORKERS COMP. LIABILITY	4,295,396
(9) CAPITAL LEASE OBLIGATION NET	1,144,824
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	109,507,463

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: 51-0067938
Name: BEEBE MEDICAL CENTER INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	BEEBE MEDICAL CENTER USES ITS ENDOWMENT FUNDS FOR CAPITAL ASSET ACQUISITIONS AND TO SUPPORT THE OPERATIONS OF THE MEDICAL CENTER.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FIN 48 (ASC 740) THE SYSTEM FOLLOWS THE ACCOUNTING GUIDANCE FOR UNCERTAINTIES IN INCOME TA X POSITIONS WHICH REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "M ORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE A NY MATERIAL UNCERTAIN TAX POSITIONS. AT JUNE 30, 2020, THE SYSTEM S TAX YEARS ENDED JUNE 3 0, 2017 THROUGH 2020 FOR THE FEDERAL TAX JURISDICTION REMAIN OPEN.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

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: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
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)			10,673,842	7,369,524	3,304,318	0.860 %
b Medicaid (from Worksheet 3, column a)						0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			10,673,842	7,369,524	3,304,318	0.860 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			2,820,170	932,861	1,887,309	0.490 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			29,243,082		29,243,082	7.630 %
h Research (from Worksheet 7)			224,535	3,036	221,499	0.060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			174,429		174,429	0.050 %
j **Total.** Other Benefits			32,462,216	935,897	31,526,319	8.230 %
k **Total.** Add lines 7d and 7j			43,136,058	8,305,421	34,830,637	9.090 %

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						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			368,326		368,326	0.090 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			6,339,111		6,339,111	1.570 %
9 Other						
10 Total			6,707,437		6,707,437	1.660 %

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	21,378,699		
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	163,647,665		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	238,950,721		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-75,303,056		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group BEEBE MEDICAL CENTER

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
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.BEEBEHEALTHCARE.ORG			
b	☑ Other website (list url): WWW.DELAWAREHEALTHTRACKER.COM; WWW.HEALTHIERSUSSEXCOUNTY.COM			
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 19			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): WWW.BEEBEHEALTHCARE.ORG			
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)

BEEBE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 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.BEEBEHEALTHCARE.ORG			
b	☑ The FAP application form was widely available on a website (list url): WWW.BEEBEHEALTHCARE.ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.BEEBEHEALTHCARE.ORG			
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

BEEBE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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)

BEEBE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

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

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
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 III, LINE 2:	THE ORGANIZATION'S METHODOLOGY FOR REPORTING BAD DEBT ON SCHEDULE, H, LINE 2 IS GROSS CHARGES.
PART III, LINE 4:	UNDER THE PROVISIONS OF ASU-2014-09, WHEN THERE IS AN UNCONDITIONAL RIGHT TO PAYMENT, SUBJECT ONLY TO PASSAGE OF TIME, THE RIGHT IS TREATED AS A RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE, INCLUDING BILLED ACCOUNTS AND UNBILLED ACCOUNTS, WHICH HAVE THE UNCONDITIONAL RIGHT TO PAYMENT AND ESTIMATED AMOUNTS DUE FROM THIRD PARTY PAYERS FOR RETROACTIVE ADJUSTMENTS, ARE RECORDED AS RECEIVABLES SINCE THE RIGHT TO CONSIDERATION IS UNCONDITIONAL AND ONLY THE PASSAGE OF TIME IS REQUIRED BEFORE PAYMENT OF THAT CONSIDERATION IS DUE. THE ESTIMATED UNCOLLECTIBLE AMOUNTS ARE GENERALLY CONSIDERED IMPLICIT PRICE CONCESSIONS THAT ARE RECORDED AS A DIRECT REDUCTION TO PATIENT ACCOUNTS RECEIVABLE RATHER THAN AN ALLOWANCE FOR DOUBTFUL ACCOUNTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	BEEBE MEDICAL CENTER (BMC) SERVES THE COMMUNITY AS A WHOLE. IT IS THE ONLY HOSPITAL WITHIN 23 MILES AND IS THE ONLY TERTIARY HOSPITAL WITHIN 40 MILES. BMC ACCEPTS ALL PATIENTS REGARDLESS OF ABILITY TO PAY. BEEBE MEDICAL CENTER'S PRIMARY SERVICE AREA IS RURAL WITH A VERY HIGH MEDICARE POPULATION. MEDICARE REPRESENTS 63% OF HOSPITAL BUSINESS. MEDICARE RATES DO NOT KEEP UP WITH HEALTHCARE COSTS AND WITH THE HIGH PERCENTAGE OF MEDICARE VOLUMES. THE MEDICARE SHORTFALL OF $(75,303,056) IS CONSIDERED A COMMUNITY BENEFIT.RATIO OF COST TO CHARGES WAS USED TO DETERMINE THE AMOUNT ON LINE 6.
PART III, LINE 9B:	BEEBE MEDICAL CENTER COLLECTION POLICY INCLUDES INFORMATION ABOUT OUR FINANCIAL ASSISTANCE POLICY (FAP) AND HOW TO FIND THE FAP. THE DEBT COLLECTION POLICY APPLIES TO ALL PATIENTS. ADDITIONALLY, OUR COLLECTION POLICY INSTRUCTIONS THAT EXTRAORDINARY COLLECTION ACTIONS (ECA) WILL BE SUSPENDED WHEN A PATIENT REQUESTS INFORMATION ON OUR FAP OR SUBMITS A FINANCIAL ASSISTANCE APPLICATION WITHIN 240 DAYS OF THE FIRST POST-DISCHARGE BILLING STATEMENT. OUR POLICY DESCRIBES WHAT TO DO IF THE FINANCIAL ASSISTANCE APPLICATION IS INCOMPLETE AND WHAT IS REQUIRED TO BE REFUNDED IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE AFTER MAKING A PAYMENT. WE INCLUDE DATES IN WHICH SERVICES ARE INCLUDE IN THE FINANCIAL ASSISTANCE SO THAT WE UNDERSTAND WHEN NORMAL COLLECTIONS EFFORTS ARE APPROPRIATE.WITHIN OUR COLLECTION POLICY WE DESCRIBE THAT A PATIENT DENIED FINANCIAL ASSISTANCE MAY REQUEST A RECONSIDERATION. FOR DATES OF SERVICES APPROVED FOR FINANCIAL ASSISTANCE COLLECTIONS PROCESSES ARE HALTED AS THE ACCOUNT IS ADJUSTED TO ZERO DUE FROM PATIENT. THE POLICY STATES HOW TO PROCESS THE PATIENT BALANCE WHEN ONLY A PORTION OF THE CHARGE QUALIFIED FOR FINANCIAL ASSISTANCE, COLLECTIONS WILL ONLY BE PURSUED ON THE AMOUNT THAT DID NOT QUALIFY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	BEEBE MEDICAL CENTER HAS VARIOUS METHODS FOR ASSESSING THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES: - COMMUNITY-BASED BOARD OF DIRECTORS - NON-DIRECTOR MEMBERS OF THE BUILDING AND EQUIPMENT COMMITTEE, SAFETY AND QUALITY COMMITTEE AND COMMUNITY HEALTH WORKGROUP - CONSUMER PERCEPTION SURVEY - NEIGHBORS' COMMITTEE - PATIENT FAMILY ADVISORY COUNCIL - WELLNESS NEEDS ASSESSMENTS WITHIN PARTNERED COMMUNITIES - PRESS-GANEY PATIENT SATISFACTION SURVEY - POST-PARTICIPATION PROGRAM SURVEYS - PUBLIC DATA - COMMUNITY FOCUS GROUPS
PART VI, LINE 3	BEEBE MEDICAL CENTER (BMC) IS A NOT-FOR-PROFIT, COMMUNITY-BASED HEALTHCARE FACILITY. IT IS HOSPITAL POLICY THAT NO ONE WILL BE DENIED MEDICALLY NECESSARY HOSPITAL SERVICES BASED UPON THE PATIENT'S ABILITY TO PAY FOR THOSE SERVICES. A PUBLIC NOTICE OF THE AVAILABILITY OF FINANCIAL AID IS VISIBLE WITHIN THE HOSPITAL. BEEBE MEDICAL CENTER COMPLIES WITH ALL FEDERAL, STATE AND CONTRACTUAL LAWS, REGULATIONS AND REQUIREMENTS.OBJECTIVE: THE PATIENT OR GUARANTOR HAS THE ULTIMATE FINANCIAL RESPONSIBILITY FOR CARE RECEIVED FROM BEEBE MEDICAL CENTER. BMC COOPERATES WITH AND ASSISTS ALL PATIENTS IN THE FULFILLMENT OF THEIR FINANCIAL RESPONSIBILITY. THIS COOPERATION INCLUDES ASSISTANCE WITH ENROLLMENT IN PUBLIC OR PRIVATE INSURANCE PROGRAMS, CHARITY-BASED PROGRAMS, FINANCIAL ASSISTANCE PROGRAMS, OR OTHER THIRD PARTY PAYMENT PROGRAMS. PATIENTS HAVE THE RESPONSIBILITY TO PROVIDE TIMELY AND ACCURATE INFORMATION WHEN SEEKING CONSIDERATION UNDER THE BMC CHARITY AND FINANCIAL AID POLICY.PROCEDURES:1. PATIENTS RESIDING IN OUR DESIGNATED RESIDENTIAL AREA WHO MAY QUALIFY FOR OUR CHARITY OR FINANCIAL ASSISTANCE PROGRAM RECEIVE A NOTIFICATION OF OUR PROGRAM (INSURED AND UNINSURED).2. PATIENT APPLIES AND SUBMITS ALL RELATIVE DOCUMENTATION FOR THE BMC FINANCIAL ASSISTANCE PROGRAM APPLICATION PROCESS. SELF PAY PATIENT RECEIVES SERVICES FROM BMC AND IS REGISTERED AS A SELF PAY WITH NO INSURANCE COVERAGE. A. APPROVAL FOR THE ELIGIBILITY FOR THE BMC FINANCIAL ASSISTANCE PROGRAM IS COMMUNICATED IN A LETTER INDICATING THE COVERAGE PERIOD. THE PATIENT MAY RECEIVE 40% TO 100% OF FINANCIAL ASSISTANCE BASED ON FINANCIAL INFORMATION PRESENTED. ALL OUTSTANDING ELIGIBLE ACCOUNTS ARE WRITTEN OFF TO CHARITY OR FINANCIAL ASSISTANCE BASED ON THE APPROVAL LEVEL. B. FINANCIAL ASSISTANCE APPROVALS ARE GOOD FOR UP TO A YEAR AS LONG AS ELIGIBILITY DOES NOT CHANGE. PATIENTS ARE REQUIRED TO REAPPLY ANNUALLY. C. THE PATIENT RECEIVES A FINANCIAL ASSISTANCE CARD INDICATING THE APPLICATION TIME PERIOD AND THE FINANCIAL ASSISTANCE NUMBER. D. THE PATIENT IS INSTRUCTED TO PRESENT THE CARD AT EACH EPISODE OF CARE AT REGISTRATION. FINANCIAL ASSISTANCE IS ENTERED IN THE REGISTRATON IN THE SAME MANNER AS INSURER COVERAGE.3. PATIENT RETURNS FOR SERVICES PRESENTING WITH THE FINANCIAL ASSISTANCE/CHARITY CARD AT REGISTRATION. A. PATIENT IS REGISTERED AS THE PRIMARY PLAN AND FINANCIAL ASSISTANCE IS REGISTERED AS SECONDARY COVERAGE. B. A WEEKLY REPORT IS GENERATED LISTING ALL PATIENTS THAT VISITED THE HOSPITAL WITH A FINANCIAL ASSISTANCE LISTED IN THE SECONDARY INSURANCE. C. THE REPORT IS REVIEWED BY THE HOSPITAL FINANCIAL COUNSELOR AND THE ACCOUNT IS WRITTEN OFF ACCORDING TO THE ASSISTANCE PROGRAM OF WHICH THE PATIENT IS ELIGIBLE. I. IF PATIENT QUALIFIES FOR THE CHARITY PROGRAM, CHARITY WRITE OFF IS 100% OF CHARGES (UNLESS APPROVED UNDER HEALTH CARE CONNECTION (HCC) FEE FOR SERVICE). PATIENT RECEIVES NO FURTHER STATEMENTS UNLESS OUTSTANDING FEE FOR SERVICE APPROVED UNDER HEALTH CARE CONNECTION (HCC). II. IF PATIENT QUALIFIES FOR THE BMC FINANCIAL ASSISTANCE DISCOUNTED PROGRAM - ACCOUNT IS WRITTEN OFF FOR THE PERCENTAGE OF APPROVED DISCOUNT AMOUNT THAT THE PATIENT QUALIFIED FOR. FINANCIAL ASSISTANCE CAN BE GRANTED FOR UP TO 100% OF CHARGES. 1. PATIENT WILL THEN RECEIVE STATEMENTS FOR THE REMAINING BALANCE ON NON BAD DEBT ACCOUNTS. SYSTEM DOES NOT GENERATE PATIENT STATEMENTS AFTER ACCOUNT IS DEEMED BAD DEBT. 2. THE NEW ACCOUNTS ARE COMBINED WITH EXISTING PAYMENT ARRANGMENTS AND A MONTHLY PAYMENT IS RE-CALCULATED BASED ON QUALIFICATION AND PATIENT ABILITY TO PAY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	THE MEDICAL CENTER IS LOCATED IN SUSSEX COUNTY, THE SOUTHERN-MOST OF THREE DELAWARE COUNTIES, WHICH CONSISTS OF 938 SQUARE MILES, OR 48% OF DELAWARE'S ENTIRE LAND AREA. BECAUSE OF ITS CLIMATE AND LOW PROPERTY TAXES, SUSSEX COUNTY HAS BECOME AN ATTRACTIVE RETIREMENT COMMUNITY. ALL OF THE COUNTY'S GROWTH OVER THE NEXT DECADE IS POJECTED TO COME FROM PERSONS MOVING INTO THE COUNTY.TRADITIONALLY, SUSSEX COUNTY HAS BEEN REGARDED AS A RURAL AGRICULTURAL AREA. HOWEVER, THE EASTERN EDGE OF SUSSEX COUNTY THAT FRONTS ON THE DELAWARE BAY AND ATLANTIC OCEAN HAS BECOME A MAJOR TOURIST RESORT AND, MOST RECENTLY, A FAVORED RETIREMENT AREA, RETAIL, AND HOSPITALITY CENTER. EASTERN AND SOUTHEASTERN SUSSEX COUNTY, WHICH IS BEEBE MEDICAL CENTER'S PRIMARY SERVICE AREA, IS PARTICULARLY ATTRACTIVE DUE TO ITS PROXIMITY TO THE ATLANTIC OCEAN AND DELAWARE BAY. AS A RESULT, THE MEDICAL CENTER GENERALLY EXPERIENCES A SIGINIFICANT INCREASE IN PATIENT VISITS DURING THE SUMMER PERIODS.ACCORDING TO THE 2010 CENSUS, DELAWARE'S POPULATION WAS 897,934, WITH 61% LIVING IN NEW CASTLE COUNTY, 21% IN SUSSEX, AND 18% IN KENT COUNTY (DELAWARE HEALTH TRACKER). THERE HAS BEEN NO CENSUS SINCE 2010, BUT THE ESTIMATED POPULATION OF DELAWARE IN 2014 WAS 935,614 (DELAWARE HEALTH TRACKER). THE ESTIMATED POPULATION FOR SUSSEX COUNTY IN 2010 WAS 197,145 WITH A POPULATION OF 41,073 (20.8%) OVER THE AGE OF 65. SUSSEX ALSO HAS A VERY HIGH PERCENTAGE OF MEDICARE RECIPIENTS AT 23.3%. THE PERCENTAGE IN POVERTY IS LISTED AT 13.9%. THE SERVICE AREA POPULATION IS ESTIMATED AT 199,118 WITH A 3-YEAR GROWTH RATE OF 4.6%, APPROXIMATELY 9,197 RESIDENTS. IT IS NOTED THAT OUR SERVICE AREA HAS A 21% POPULATION AGE 65 OR OLDER WHERE THE U.S AVERAGE IS 13%. (BEEBE MEDICAL STAFF DEVELOPMENT PLAN, NOVEMBER 18, 2012).
PART VI, LINE 5	BEEBE MEDICAL CENTER'S MISSION IS ROOTED IN THREE ACTIONS, EMPOWERING HEALTHY LIVING, PREVENTING ILLNESS AND RESTORING OPTIMAL HEALTH WITH THE PEOPLE RESIDING, WORKING, OR VISITING THE COMMUNITIES WE SERVE. BEEBE MEDICAL CENTER'S BOARD IS COMPRISED OF PERSONS WHO RESIDE IN THE ORGANIZATIONS PRIMARY SERVICE AREA AND THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL PHYSICIANS IN ITS COMMUNITY.ADDITIONALLY, AS A COMMUNITY ORGANIZATION, BEEBE HEALTHCARE IS CONTINUOUSLY PARTICIPATING IN COMMUNIT EVENTS AND PARTICIPATING WITH COMMUNITY ORGANIZATIONS TO OFFER NO-COST SEMINARS, WORKSHOPS AND ACTVITITES DEDICATED TO EDUCATING AND SUPPORT THE COMMUNITY ALONG WITH THE CONTINUUM OF CARE. EMPOWERMENT AND EDUCATION ARE INTEGRAL COMPONENTS IN THE PROMOTION OF SELF-ADVOCACY AND SELF-CARE. THESE OFFERINGS CREATE OPPORTUNITIES FOR OUR RESIDENTS TO ENGAGE IN KNOWLEDGE-BUILDING AND SKILL-BUILDING EXPERIENCES THAT TEACH WAYS TO BETTER SELF-MANAGE THEIR CONDITIONS AND IMPROVE THEIR HEALTH OUTCOMES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	BEEBE MEDICAL CENTER (BMC) IS A MEMBER OF AN AFFILIATED HEALTH CARE SYSTEM THAT INCLUDES BEEBE PHYSICIAN NETWORK (BPN), A NOT-FOR-PROFIT TAX-EXEMPT CORPORATION THAT OPERATES A PHYSICIAN NETWORK PROVIDING INTEGRATED PHYSICIAN SERVICES IN COORDINATION WITH THE MEDICAL CENTER. BMC IS LOCATED IN A COMMUNITY THAT HAS BEEN DESIGNATED AS A PHYSICIAN UNDER-SERVED AREA SINCE 1976 AND BPN WAS ORGANIZED TO ENCOURAGE PHYSICIANS TO PRACTICE IN THE AREA TO ENSURE ACCESS TO CARE FOR THE SURROUNDING COMMUNITIES.IN MAY 2013 BMC'S HEALTH CARE SYSTEM ADDED DELMARVA HEALTHCARE NETWORK, LLC (DHN). DHN IS AN ACCOUNTABLE CARE ORGANIZATION (ACO) WITH BEEBE AS THE SOLE MEMBER.
PART VI, LINE 7	COMMUNITY BENEFIT REPORT IS FILED WITH THE STATE OF DELAWARE.

Additional Data

Software ID:

Software Version:

EIN: 51-0067938

Name: BEEBE MEDICAL CENTER INC

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	BEEBE MEDICAL CENTER INC 424 SAVANNAH ROAD LEWES, DE 19958 WWW.BEEBEHEALTHCARE.ORG HSPTL-007	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
BEEBE MEDICAL CENTER	PART V, SECTION B, LINE 5: TO MAINTAIN ALIGNMENT OF BEEBE HEALTHCARE WITH THE HEALTH AND NEEDS OF OUR COMMUNITY, A COMMUNITY HEALTH NEEDS ASSESSMENT WAS ONCE AGAIN INITIATED IN THE SUMMER OF 2018 AND COMPLETED IN JUNE 2019. MULTIPLE STAKEHOLDERS, FOCUS GROUP PARTICIPANTS AND COMMUNITY MEMBERS ACROSS THE COUNTY WERE SURVEYED FOR THEIR VIEWS OF THE HEALTH NEEDS OF OUR COMMUNITY. THROUGH A VARIETY OF METHODS, THE COMMUNITY WAS ASSESSED FOR THEIR GREATEST HEALTH NEEDS, GREATEST BARRIERS, ACCESS TO CARE, PREVENTATIVE CARE, HEALTH ISSUES AND HABITS. ANALYSIS OF THE DATA LED TO IDENTIFICATION OF MAJOR THEMES WHICH WERE RECURRENT THROUGH MULTIPLE GROUPS. THE MAJOR THEMES WERE THEN PRIORITIZED, AND A PLAN OF ACTION IS BEING DEVELOPED TO STRATEGICALLY UTILIZE OUR RESOURCES AND IMPLEMENT PROGRAMS FOR THE COMMUNITY'S UNMET HEALTH NEEDS.

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
BEEBE MEDICAL CENTER	PART V, SECTION B, LINE 6A: BAYHEALTH MILFORD AND NANTICOKE HEALTH SERVICES. EACH HEALTHCARE SYSTEM PUBLISHED AN INDIVIDUAL REPORT AND IMPLEMENTATION PLAN.

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
BEEBE MEDICAL CENTER	PART V, SECTION B, LINE 6B: SUSSEX COUNTY HEALTH COALITION, SUSSEX COUNTY'S FEDERALLY QUALIFIED HEALTH CENTER - LA RED, MULTIPLE INSURERS, LOCAL UNIVERSITIES AND THE DELAWARE DIVISION OF PUBLIC HEALTH.

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
BEEBE MEDICAL CENTER	PART V, SECTION B, LINE 11: THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED NEEDS WE RE PRIORITIZED ON THE BASIS OF MULTIPLE DYNAMICS INCLUDING PRIMARY AND SECONDARY DATA, ALO NG WITH CURRENT RESOURCES, COLLABORATIONS AND FEASIBILITY OF EFFECTIVE PROGRAMMING. THE PR IORITIZATION WAS AGREED UPON BY BEEBE HEALTHCARE'S COMMUNITY HEALTH WORKGROUP WITH CONTRIB UTION FROM THE HEALTHIER SUSSEX COUNTY TASK FORCE'S CHNA WORKGROUP. THE THREE HIGHEST RANK ING NEEDS, IN ORDER ARE: (1) BEHAVIORAL HEALTH AND MENTAL HEALTH (2) CANCER / PREVENTION & SCREENING (3) OBESITY / NUTRITION / CHRONIC DISEASE. LACK OF ACCESS TO CARE AND RISKS RES ULTING FROM SOCIAL DETERMINANTS OF HEALTH HAVE ALSO BEEN IDENTIFIED AS AREAS OF BROAD IMPA CT ON HEALTH OUTCOMES FOR THOSE LIVING IN SUSSEX COUNTY THROUGH FINDINGS IN THE COMMUNITY HEALTH NEEDS ASSESSMENT AND SECONDARY DATA SOURCES. BEEBE HEALTHCARE'S IMPLEMENTATION PLAN INTEGRATES AND ADDRESSES THESE NEEDS, AS RELEVANT, THROUGHOUT THE 3 PRIORITY AREAS: BEHAV IORAL AND MENTAL HEALTH, CANCER, SCREENING AND PREVENTION AND OBESITY AND NUTRITION WITH A FOCUS ON CHRONIC DISEASE. BEEBE HEALTHCARE HAS IMPLEMENTED THE FOLLOWING PROGRAMS TO ADDR ESS THE SIGNIFICANT NEEDS IDENTIFIED IN THE CHNA. THEY ARE AS FOLLOWS: PRIORITY AREA: MENT AL AND BEHAVIORAL HEALTH 1) BEEBE HEALTHCARE EXPANDED ITS MENTAL AND BEHAVIORAL HEALTH NUR SE NAVIGATOR TEAM TO FOUR FULL-TIME AND THREE PER-DIEM STAFF MEMBERS, ALLOWING FOR GREATER CAPACITY TO OFFER BEHAVIORAL HEALTH SERVICES 24 HOURS A DAY TO ALL PATIENTS EXPERIENCING ANY MENTAL HEALTH OR SUBSTANCE ABUSE CRISIS IN BOTH THE EMERGENCY DEPARTMENT AND OUR INPAT IENT UNITS. THE MENTAL AND BEHAVIORAL HEALTH NURSE NAVIGATORS COMPLETE BEHAVIORAL HEALTH A ND MENTAL HEALTH SCREENINGS AS WELL AS ASSESSMENTS TO IDENTIFY TAILORED CARE FOR EACH INDI VIDUAL. THE NURSE NAVIGATOR COLLABORATES WITH OUR TELEHEALTH PSYCHIATRISTS, THE PATIENT, F AMILY, AND ANY OUTPATIENT PROVIDERS TO DEVELOP AND IMPLEMENT A PLAN OF CARE. THROUGH ON-SI TE NURSE NAVIGATION SERVICES AND A PARTNERSHIP WITH INSIGHT TELEPSYCHIATRY, BEEBE OFFERS: PSYCHIATRIC CONSULTATIONS FOR ANY PATIENT 24/7 IN THE EMERGENCY DEPARTMENT AND INPATIENT M EDICAL FLOORS; 24HR DETENTION ON ADULTS WHO MEET CRITERIA FOR FURTHER ASSESSMENT AT AN INP ATIENT PSYCHIATRIC FACILITY; REFERRALS AND TRANSFERS TO DETOX, REHAB, CRISIS, INPATIENT PS YCHIATRIC FACILITIES, AND OTHER BEHAVIORAL UNITS; OUTPATIENT RESOURCES FOR MENTAL HEALTH A ND SUBSTANCE ABUSE SERVICES FUNDED BY THE STATE AND THOSE THAT ARE PRIVATE ENTITIES; COORD INATION WITH OUTPATIENT PROVIDERS WHEN APPROPRIATE; VERIFICATION OF METHADONE DOSING SO PA TIENTS CAN CONTINUE THEIR TREATMENT IN THE HOSPITAL; DE-ESCALATION, BEHAVIORAL MANAGEMENT, THERAPEUTIC SUPPORT, AND CRISIS INTERVENTION, WHEN APPLICABLE. 2) REFERRALS TO RECOVERY I NNOVATIONS INCLUDE OPPORTUNITY FOR TEAM MEMBERS TO COME TO THE HOSPITAL TO PROVIDE SERVICE S FOR PATIENTS WITH AN IDENTIFIED NEED AND CONTINUE TO SUPPORT THOSE INDIVIDUALS AS THEY T RANSITION BACK TO THEIR RESIDE

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
BEEBE MEDICAL CENTER	NCE IN THE COMMUNITY. 3) RECENT INITIATION OF THE BEHAVIORAL HEALTH INPATIENT BEHAVIORAL E MERGENCY RESPONSE TEAM (BERT) FOR PATIENTS IN OR EXHIBITING POTENTIAL FOR CRISIS. AN ALERT TO THIS TEAM CAN BE ACTIVATED BY ANY STAFF MEMBER WHEN NEED IS IDENTIFIED AND WILL ALSO B E ACTIVATED THROUGH THE BROSET VIOLENCE CHECKLIST SCORE VIA THE NURSING EMR WORKFLOW. 4) E XPANSION OF MENTAL AND BEHAVIORAL HEALTH SERVICES AT BEEBE HEALTHCARE'S ADVANCED CARE CLIN IC. 5) PALLIATIVE CARE SERVICES OFFERED INPATIENT AND OUTPATIENT. 6) EDUCATION PROVIDED TO BEEBE HEALTHCARE'S MEDICAL STAFF AND EMERGENCY DEPARTMENT STAFF THROUGH THE DIVISION OF P ROFESSIONAL REGULATION BASED ON CDC AND STATE OF DELAWARE RESTRICTIONS REGARDING OPIOID PR ESCRIBING PRACTICES FOR BOTH ACUTE AND CHRONIC PAIN MANAGEMENT. 7) COMMUNITY-BASED TRAININ GS OFFERED IN PARTNERSHIP WITH THE MENTAL HEALTH FIRST AID USA PROGRAM TO CREATE AWARENESS AND PROVIDE LAY PERSON EDUCATION AROUND IDENTIFYING AND RESOURCING INDIVIDUALS WHO MAY BE DEMONSTRATING SIGNS AND SYMPTOMS OF A MENTAL HEALTH CONCERN. 8) ORGANIZATION OF COMMUNITY -BASED EVENTS TO CREATE AWARENESS, OFFER PARTNER RESOURCES AND PROGRAMS IN ADDITION TO RED UCING THE STIGMA AROUND SUBSTANCE USE DISORDER. 9) BEEBE HEALTHCARE'S POPULATION HEALTH DE PARTMENT PARTNERED WITH DELAWARE TECHNICAL COMMUNITY COLLEGE ON EVENTS THAT PROVIDE RESOUR CES AND OFFER WELLNESS-BASED SERVICES TO VETERANS, ACTIVE MILITARY AND THEIR FAMILY MEMBER S, TO RAISE AWARENESS AROUND POST-TRAUMATIC STRESS DISORDER AND ITS ASSOCIATED SYMPTOMS AS WELL AS PROVIDE OPPORTUNITIES TO CONNECT TO ELIGIBLE PROGRAMS AND SERVICES. 10) BEEBE HEA LTHCARE IS A PARTNER IN THE VETERANS' CONTINUED CARE IN THE COMMUNITY PROGRAM THAT ENABLES VETERANS IN SUSSEX COUNTY TO SEEK SPECIALTY CARE AND DIAGNOSTICS SERVICES IN OUR HEALTHCA RE SYSTEM UTILIZING THEIR VA BENEFITS. 11) COLLABORATION WITH HEALTH MANAGEMENT ASSOCIATES , PARTNER IN DELAWARE'S LIEUTENANT GOVERNOR'S THREE YEAR BEHAVIORAL HEALTH CONSORTIUM ACTI ON PLAN, TO PARTICIPATE AS MEMBERS OF THE COMMUNITY RESPONSE TEAM (CRT) IN SUSSEX COUNTY, STRATEGY AIMED AT INCREASING AND ORGANIZING COMMUNICATIONS THROUGHOUT THE COMMUNITY AND MU LTIPLE SECTORS IN A SYSTEMATIC WAY TO DISSEMINATE REAL TIME UPDATES ON CONTAMINATED SUPPLI ES OF ILLICIT DRUGS AND IMPROVING EMERGENCY RESPONSE TIME TO SUPPORT LOCAL AUTHORITIES IN MANAGING OVERDOSE SPIKES. 12) NEONATAL ABSTINENCE SYNDROME PROGRAMMING NOW INCLUDES UNIVER SAL DRUG SCREENING ON ALL MOTHERS. 13) WOMEN'S HEALTH NURSE NAVIGATION SERVICES NOW INCLUD ES POST-PARTUM DEPRESSION SCREENING, INPATIENT ROUNDING ON NEW MOTHERS TO EDUCATE ON POST- PARTUM DEPRESSION SIGNS AND SYMPTOMS, ON-SITE EDUCATION TO PREGNANT WOMEN AND MOTHERS AT A REA MAT CENTERS. AREA PEDIATRICIANS CONDUCT POST-PARTUM DEPRESSION SCREENINGS AS WELL AS A CE SCREENING DURING MOM/BABY VISITS, REFERRING MOTHERS BACK TO HER WOMEN'S HEALTH PROVIDER FOR FOLLOW-UP. 14) HIGH SCHOOL WELLNESS CENTERS PROVIDE FREE HEALTH EDUCATION, NUTRITIONA L HELP, MENTAL HEALTH COUNSELI

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
BEEBE MEDICAL CENTER	NG, EDUCATIONAL PROGRAMS ON STRESS REDUCTION, EMOTIONAL SUPPORT, AND, WHEN APPROPRIATE, RE FERRALS TO STUDENTS' PERSONAL PHYSICIANS FOR FOLLOW-UP CARE. IN ADDITION, THE CENTERS OFFE R ALATEEN GROUP MEETINGS. 15) BEEBE HEALTHCARE IMPLEMENTED AN OPIOID STEWARDSHIP PROGRAM T O RAISE AWARENESS, EDUCATE PROVIDERS AND TEAM MEMBERS ON PRESCRIPTION DOSE GUIDELINES, SHA RE CURRENT LOCAL AND NATIONAL STATISTICS AND OFFER RESOURCES.PRIORITY AREA: OBESITY, NUTRI TION, AND CHRONIC DISEASE - 1) COMMUNITY OUTREACH PROGRAMS WHICH PROVIDE FREE HEALTH SCREE NINGS AND EDUCATION TO THE SUSSEX COUNTY COMMUNITY BY MEANS OF HEALTH FAIRS AND THROUGH CO NNECTIONS WITH CIVIC ORGANIZATIONS AND LOCAL BUSINESSES. 2)FOOD PRESCRIPTION PROGRAM - THI S IS A PARTNERSHIP BETWEEN THE FOOD BANK OF DELAWARE AND BEEBE HEALTHCARE TO PROVIDE FOOD PRESCRIPTION VOUCHERS TO INPATIENT AND OUTPATIENT CLIENTS IDENTIFIED AS HAVING FOOD CONCER NS. 3) ESTABLISHED PARTNERSHIP WITH UNIVERSITY OF DELAWARE COOPERATIVE EXTENSION TO OFFER FARM MARKET VOUCHERS TO QUALIFYING SENIORS TO ASSIST IN PURCHASING AND CONSUMPTION OF FRUI TS AND VEGETABLES. 4) BEEBE INTEGRATIVE HEALTH PROVIDES A COLLECTION OF BEWELL PROGRAMMING THAT INCLUDES EXPERIENTIAL WORKSHOPS, LECTURE SERIES AND MIND/BODY RELAXATION TECHNIQUES, AS WELL AS ONE-ON-ONE COACHING. 5) BEWELL LIFESTYLE PROGRAM, A 12-WEEK PROGRAM PROVIDES K NOWLEDGE AND SKILL-BUILDING THAT PROMOTES HEALTHFUL BEHAVIORS AND LIFESTYLE MODIFICATIONS. 6) HEALTH COACHING PROGRAM - THE BEEBE HEALTH COACH WORKS 1:1 OR IN SMALL GROUPS, PARTNER ING WITH INDIVIDUALS TO HELP THEM MAKE LIFESTYLE CHANGES. WORKING TOGETHER, THE HEALTH COA CH AND INDIVIDUAL (S) WORK TOGETHER TO CREATE A PERSONALIZED HEALTH PLAN TO HELP TAKE A PER SON FROM WHERE HE/SHE CURRENTLY IS TO WHERE HE/SHE WANTS TO BE WITH OVERALL HEALTH AND WEL LNESS GOALS. THIS MAY INCLUDE HEALTHY EATING, WEIGHT MANAGEMENT/WEIGHT LOSS, MOVEMENT AND EXERCISE OR STRESS MANAGEMENT. 7) DIABETES MANAGEMENT & MEDICAL NUTRITION THERAPY PROGRAM - SINCE 1998, BEEBE HEALTHCARE'S DIABETES MANAGEMENT TEAM HAS PROVIDED OUTPATIENT DIABETES EDUCATION FOR THE COMMUNITY. THIS COMPREHENSIVE PROGRAM RECEIVED NATIONAL RECOGNITION BY THE AMERICAN DIABETES ASSOCIATION (ADA) FOR PROVIDING EDUCATION THAT MEETS THE NATIONAL ST ANDARD FOR DIABETES SELF-MANAGEMENT EDUCATION PROGRAMS. IN 2018, PROGRAM OFFERINGS WERE EX PANDED TO EVENINGS AND WEEKENDS AT FIVE LOCATIONS IN THE COUNTY. 8) ORNISH REVERSAL PROGRA M - THE PROGRAM TEACHES PARTICIPANTS TO ADOPT A HEALTHY LIFESTYLE BASED ON THE FOUR KEY EL EMENTS: A LOW-FAT, WHOLE FOODS, PLANT-BASED DIET; AT LEAST 30 MINUTES OF EXERCISE EACH DAY ; A PRACTICE OF STRESS MANAGEMENT TECHNIQUES; AND ACTIVE ENGAGEMENT IN SUPPORTIVE RELATION SHIPS. THIS PROGRAM HAS BEEN PROVEN TO UNDO HEART DISEASE BY DEALING WITH THE ROOT CAUSES AND NOT JUST ITS EFFECTS. 9) ROBUST PARTNERSHIP WITH DIVISION OF PUBLIC HEALTH THAT INCREA SES CHRONIC DISEASE, DIABETES, CHRONIC PAIN AND CANCER SELF-MANAGEMENT WORKSHOP OFFERINGS IN EASTERN AND SOUTHERN ...(CO

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
BEEBE MEDICAL CENTER	PART V, SECTION B, LINE 16J: BEEBE CURRENTLY PUBLISHES POLICIES AND PROCEDURES VIA ITS WEBSITE WITH THE ABILITY TO APPLY ONLINE, AT COMMUNITY OUTREACH EVENTS COORDINATED BY POPULATION HEALTH TO INCLUDE ANNUAL HEALTH FAIR AND ONSITE VIA PATIENT FINANCIAL SERVICES. BEEBE ALSO SENDS THE FAP NOTIFICATION TO ALL PATIENTS WITHIN OUR CHARITY RESIDENTIAL AREA TO MAKE THEM AWARE OF THE PROGRAM AS WELL AS EDUCATE THEM VIA PHONE CALLS WHEN MAKING ARRANGEMENTS.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (.... CONTINUATION)	SUSSEX COUNTY...(10) POPULATION HEALTH AND INTEGRATIVE HEALTH PARTNERED TO OFFER HEALTH AND WELLNESS PROGRAMMING TO BEEBE TEAM MEMBERS. 11) ESTABLISHED PARTNERSHIP WITH UNIVERSITY OF DELAWARE COOPERATIVE EXTENSION TO OFFER 5 WEEK WORKSHOPS ON BUDGET-FRIENDLY HEALTHY EATING AND MEAL PREPARATION. 12) BEEBE MEDICAL GROUP IMPLEMENTED A CHRONIC CARE MANAGEMENT PROGRAM FOR ENROLLED MEDICARE PATIENTS THAT INCLUDES MONTHLY NON FACE-TO-FACE ENCOUNTERS DURING WHICH CHRONIC CONDITION AND BARRIER ASSESSMENTS ARE CONDUCTED RESULTING IN RELATED EDUCATION AND RESOURCES BEING PROVIDED. 13) PHARMACY NAVIGATOR ROLE IMPLEMENTED TO PROVIDE ASSISTANCE, EDUCATION AND RESOURCES TO PATIENTS IN THE HOSPITAL AND EMERGENCY DEPARTMENT SETTINGS PRIOR TO AND POST DISCHARGE AS WELL AS PRESCRIPTION AND MEDICATION DELIVERY. 14) PULMONARY NAVIGATOR ROLE IMPLEMENTED TO COORDINATE DISEASE-SPECIFIC CARE FOR PATIENTS ADMITTED INTO THE HOSPITAL WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) AND/OR PNEUMONIA AND WORKS TO IDENTIFY BARRIERS TO CARE LEADING TO NON-ADHERENCE AND/OR READMISSION. 15) ONGOING PARTNERSHIPS WITH AREA COMMUNITIES WITH HEALTH AND WELLNESS COMMITTEES TO SUPPORT THEIR PROGRAMMING ON HEALTH-RELATED TOPICS AND SERVICES. 16) CIPHERHEALTH, A PATIENT ENGAGEMENT SOLUTION THAT CONTACTS PATIENTS POST-DISCHARGE AND OFFERS THE CHOICE TO BE CONTACTED BY THE DISCHARGE RN WHO CAN ASSIST WITH TRANSITION OF CARE AND RELATED CONCERNS. PRIORITY AREA: CANCER, PREVENTION AND SCREENING - 1) TUNNELL CANCER CENTER CANCER SCREENING, EDUCATION, AND OUTREACH PROGRAM - BEEBE HEALTHCARE'S TUNNELL CANCER CENTER LAUNCHED THE LUNG CANCER SCREENING USING LOWDOSE COMPUTED TOMOGRAPHY (LDCT) IN APRIL 2015. BEGINNING JUNE 1, 2016, PHYSICIANS ASSUMED THE RESPONSIBILITY OF SCREENING THEIR PATIENTS FOR APPROPRIATENESS FOR SCREENING. THE PROGRAM ALSO PROVIDES EDUCATION TO COMMUNITY RESIDENTS ABOUT SMOKING CESSATION AND LUNG CANCER SCREENING. 2) CANCER SCREENING NURSE NAVIGATOR PROVIDES COMMUNITY EDUCATION ON SCREENINGS FOR BREAST, COLON, PROSTATE AND CERVICAL CANCERS, OFFERS ASSISTANCE FOR ACCESS, FOLLOWS PATIENTS WITH ABNORMAL RESULTS FOR FUTURE SCREENING NEEDS AND HELPS COORDINATE CANCER CARE. 3) BREAST HEALTH NURSE NAVIGATOR PROVIDES PATIENTS THROUGHOUT THEIR CANCER JOURNEY WITH EDUCATION, RESOURCES AND SUPPORT. 4) SMOKING CESSATION COUNSELORS AVAILABLE TO OFFER READINESS TO QUIT SESSIONS. BEEBE DID IDENTIFY NEEDS WHICH IT WAS NOT ABLE TO ADDRESS AS PART OF ITS PLAN. AS WITH ALL ORGANIZATIONS, THERE ARE LIMITED FINANCIAL AND CAPACITY ISSUES.

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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	1 - TUNNEL CANCER CENTER 18947 JOHN J WILLIAMS HWY REHOBOTH BEACH, DE 19971	CANCER CENTER
1	2 - BOOK HAMMER OUTPATIENT CENTER 18941 JOHN J WILLIAMS HWY REHOBOTH BEACH, DE 19971	DI, LAB,REHAB, SURG, WC
2	3 - GEORGETOWN HEALTH CAMPUS 21635 BIDEN AVENUE GEORGETOWN, DE 19947	IMAGING CENTER, LAB DRAWS, REH
3	4 - MILLVILLE HEALTH CENTER 32550 DOCS PLACE UNIT 1 MILLVILLE, DE 19967	IMAGING CENTER, LAB DRAWS, REH
4	5 - BEEBE HOME HEALTH 232 MITCHELL ST SUITE 200 MILLSBORO, DE 19966	HOME HEALTH AGENCY
5	6 - BEEBE PHYSICAL REHAB CENTER 19324 LIGHTHOUSE PLAZA BLVD REHOBOTH BEACH, DE 19971	REHAB
6	7 - BEEBE ENDOSCOPY CENTER 33633 BAYVIEW MEDICAL DRIVE LEWES, DE 19958	ENDOSCOPY CENTER
7	8 - SOUTH COASTAL HEALTH CAMPUS 32750 ROXANA RD FRANKFORD, DE 19945	ED, DI, LAB, CANCER CENTER
8	9 - MILLSBORO HEALTH CENTER 28538 DUPONT BLVD MILLSBORO, DE 19966	IMAGING CENTER, LAB DRAWS, REH
9	10 - BAYVIEW VASCULAR LAB 33664 BAYVIEW MEDICAL DRIVE UNIT 2 LEWES, DE 19958	VASCULAR LAB
10	11 - BEEBE MRI AT FIVE POINTS 17252 N VILLAGE MAIN BLVD LEWES, DE 19958	MRI IMAGING
11	12 - BEEBE SCHOOL OF NURSING 420 MARKET STREET LEWES, DE 19958	CERTIFIED NURSING SCHOOL
12	13 - GULL HOUSE 34382 CARPENTER WAY LEWES, DE 19958	ADULT DAY CARE
13	14 - MILTON IMAGINGLAB 614 MULBERRY STREET MILTON, DE 19968	IMAGING CENTER, LAB DRAWS, REH
14	15 - LONG NECK LAB EXPRESS 32060 LONG NECK ROAD MILLSBORO, DE 19966	LAB DRAWS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

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) BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958	51-0319455	501(C)(3)	1,298,088		FMV		GENERAL SUPPORT

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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	THE MEDICAL CENTER ONLY MAKES GRANTS TO ITS RELATED, TAX-EXEMPT FOUNDATION BEEBE MEDICAL FOUNDATION.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

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**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4A	LINE 4A: JEFFREY M. FRIED : 464,000
PART I, LINE 7	EXECUTIVES AND MANAGEMENT TEAM MEMBERS ARE ELIGIBLE FOR BONUSES IF THEY MEET SPECIFIC ORGANIZATIONAL OBJECTIVES INCLUDING QUALITY AND SAFETY ISSUES, PATIENT SATISFACTION SCORES, AND CERTAIN FINANCIAL GOALS. FOR VICE PRESIDENTS, 80% OF THEIR ELIGIBLE INCENTIVE IS BASED UPON ORGANIZATION - WIDE GOALS AND 20% IS BASED UPON INDIVIDUAL GOALS. FOR THE CEO, 100% OF THE ELIGIBLE INCENTIVE IS BASED UPON ORGANIZATION - WIDE OR TEAM GOALS. CERTAIN PHYSICIANS ARE ELIGIBLE FOR AN INCENTIVE BASED ON THE PHYSICIAN'S INDIVIDUAL PRACTICE NUMBER OF WORKED RVU'S.

Additional Data

Software ID:
Software Version:
EIN: 51-0067938
Name: BEEBE MEDICAL CENTER INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JEFFREY M FRIED FORMER PRESIDENT/CEO (END MAR. 2019)	(i)	186,607	50,000	648,001	3,748	3,443	891,799	0
	(ii)	0	0	0	0	0	0	0
1NISARG DESAI PHYSICIAN	(i)	442,348	248,438	9,140	5,600	24,359	729,885	0
	(ii)	0	0	0	0	0	0	0
2RICHARD SCHAFFNER EXED VP/COO	(i)	483,346	71,905	79,439	5,569	26,083	666,342	0
	(ii)	0	0	0	0	0	0	0
3PAUL J PERNICE VP FINANCE CFO	(i)	453,523	82,241	95,485	5,600	1,672	638,521	0
	(ii)	0	0	0	0	0	0	0
4SRIHARI PERI PHYSICIAN	(i)	540,450	92,088	0	4,438	19	636,995	0
	(ii)	0	0	0	0	0	0	0
5SRUJITHA MURUKUTLA PHYSICIAN	(i)	441,139	129,119	17,788	5,433	16,184	609,663	0
	(ii)	0	0	0	0	0	0	0
6JEFFREY HAWTOF MD VP MEDICAL OPS & INFORMATICS	(i)	423,165	63,772	71,984	4,250	21,489	584,660	0
	(ii)	0	0	0	0	0	0	0
7BRUCE LESHINE VP CORPORATE COUNSEL	(i)	313,495	52,394	53,681	4,730	27,117	451,417	0
	(ii)	0	0	0	0	0	0	0
8MICHAEL MAKSYMOW VP INFORMATION SYSTEMS	(i)	267,307	45,876	34,428	3,809	31,924	383,344	0
	(ii)	0	0	0	0	0	0	0
9CATHERINE HALEN VP HUMAN RESOURCES	(i)	273,662	43,524	44,238	3,570	13,172	378,166	0
	(ii)	0	0	0	0	0	0	0
10STEVEN D RHONE VP PATIENT CARE (END JAN. 2020)	(i)	253,219	44,910	42,624	4,135	19,551	364,439	0
	(ii)	0	0	0	0	0	0	0
11ALEX SYDNOR VP EXTERNAL AFFAIRS (END OCT. 2020)	(i)	233,350	44,409	17,408	3,270	31,828	330,265	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL SALVATORE PHYSICIAN	(i)	264,283	1,100	17,898	4,302	25,363	312,946	0
	(ii)	0	0	0	0	0	0	0
13MARCY JACK VP QUALITY, SAFETY, RISK MGMT	(i)	213,601	40,171	22,418	3,875	24,523	304,588	0
	(ii)	0	0	0	0	0	0	0
14MARK LOUKIDES VP LOUKIDES	(i)	206,218	38,023	11,428	4,317	31,535	291,521	0
	(ii)	0	0	0	0	0	0	0
15PRAMOD VADLAMANI PHYSICIAN	(i)	205,757	10,000	7,573	1,385	8,171	232,886	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ 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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DELAWARE HEALTH FACILITIES AUTH SERIES 2014A	51-0272458		06-01-2014	31,020,000	REFUND DHFA SERIES 2002A BONDS		X		X		X
B	DELAWARE HEALTH FACILITIES AUTH SERIES 2014B	51-0272458		06-01-2014	9,670,000	REFUND DHFA SERIES 2002A BONDS		X		X		X
C	DELAWARE HEALTH FACILITIES AUTH SERIES 2015A	51-0272458		09-14-2015	16,207,224	RFUND DHFA SERIES 2005A BONDS		X		X		X
D	DELAWARE HEALTH FACILITIES AUTH SERIES 2018	51-0272458		12-19-2018	179,937,451	PLANNED EXPANSION		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,195,000	6,300,000	4,520,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	31,020,000	9,670,000	16,207,224	179,937,451
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				19,435,922
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	266,666	75,871	324,144	1,450,773
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	14,998,308			77,571,116
11	Other spent proceeds	15,755,000	9,594,129	15,883,080	
12	Other unspent proceeds				81,479,640
13	Year of substantial completion	2015	2014	2015	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X	X			X

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶						0.960 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5						0.960 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART I, LINE C, COLUMN (F)	DESCRIPTION OF PURPOSE: REFUNDING BOND ISSUE TO FINANCE CURRENT FUNDING OF THE DELAWARE HEALTH FACILITIES AUTHORITY'S $23,450,000 REVENUE BONDS. BEEBE MEDICAL CENTER PROJECT SERIES 15A BONDS OUTSTANDING AS OF 6/30/2020 WAS $11,300,000.

Return Reference	Explanation
SCHEDULE K, PART I, LINE A, COLUMN (F):	DESCRIPTION OF PURPOSE: REFUNDING BOND ISSUE TO FINANCE CURRENT REFINANCING OF THE DELAWARE HEALTH FACILITIES AUTHORITY'S $15,755,025 REVENUE BONDS. AND ALSO ISSUED TO FINANCE$14,998,308 IN CAPITAL EQUIPMENT EXPENDITURES. BEEBE MEDICAL CENTER PROJECT SERIES 2014A BONDS OUTSTANDING AS OF 6/30/2020 WAS $25,825,000

Return Reference	Explanation
SCHEDULE K, PART I, LINE B, COLUMN (F):	DESCRIPTION OF PURPOSE: REFUNDING BOND ISSUE TO FINANCE CURRENT REFINANCING OF THE DELAWARE HEALTH FACILITIES AUTHORITY'S $29,455,000 REVENUE BONDS. BEEBE MEDICAL CENTER PROJECT SERIES 2014B BONDS OUTSTANDING AS OF 6/30/2020 WAS $3,370,000

Return Reference	Explanation
SCHEDULE K, PART I, LINE D, COLUMN (F):	DESCRIPTION OF PURPOSE: BOND ISSUE TO FINANCE PLANNED EXPANSION AND CAPITAL EQUIPMENT EXPENDITURES IN SUSSEX COUNTY, DE. BEEBE MEDICAL CENTER PROJECT SERIES 2018 BONDS OUTSTANDING AS OF 6/30/2020 WAS $169,870,000. SCHEDULE K: PART IV LINE 1 COLUMNS A AND B: THE REBATE CALCULATION FOR SERIES 2014A & B WAS PERFORMED ON 6/1/2020 SCHEDULE K: PART IV LINE 1 COLUMN C: THE REBATE CALCULATION FOR SERIES 2015 WAS PERFORMED ON 9/3/2019 SCHEDULE K: PART IV LINE 1 COLUMN D: THE REBATE CALCULATION FOR SERIES 2018 WAS PERFORMED 12/20/2019

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SALIBA FAMILY LLC	SEE PART V	352,481	SEE PART V		No
(2) CARRIE SNYDER	FAMILY MEMBER	136,577	WAGES		No
(3) BEACON PEDIATRICS LLC	FAMILY MEMBER	149,454	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	FOR THE TRANSACTIONS WITH SALIBA FAMILY LLC, ANIS SALIBA, MD, A DIRECTOR OF BEEBE MEDICAL CENTER, IS A MEMBER OF THE LLC. BEEBE MEDICAL CENTER RENTS OFFICE SPACE FROM THE LLC.FOR THE TRANSACTION WITH BEACON PEDIATRICS, LLC. THE WIFE OF A BOARD MEMBER IS 100% OWNER. THE AMOUNT LISTED ON PART IV WAS PAID TO BEACON PEDIATRICS, LLC FOR PHYSICIAN CALL PAY.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	BEEBE MEDICAL CENTER'S CHARITABLE MISSION IS TO ENCOURAGE HEALTHY LIVING, PREVENT ILLNESS AND RESTORE OPTIMAL HEALTH WITH THE PEOPLE RESIDING, WORKING AND VISITING IN THE COMMUNITI ES WE SERVE. BEEBE MEDICAL CENTER PROVIDES HEALTHCARE SERVICES REGARDLESS OF RACE, COLOR, RELIGION, AGE, GENDER OR SEX, NATIONAL ORIGIN OR ANCESTRY, DISABILITY, VETERAN'S STATUS, G ENETIC INFORMATION, SEXUAL ORIENTATION, GENDER IDENTITY OR ANY OTHER LEGALLY PROTECTED CHA RACTERISTIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED INTERNALLY BY MANAGEMENT OF BEEBE MEDICAL CENTER, INC. THE RETURN IS REVIEWED BY A THIRD PARTY ACCOUNTING FIRM, GRANT THORNTON LLP. A COPY OF THE FORM 990 WAS PROVIDED TO THE GOVERNING BODY BEFORE IT WAS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BEEBE MEDICAL CENTER REQUIRES ANNUAL COMPLETION OF A CONFLICT OF INTEREST STATEMENT FOR AL L BOARD MEMBERS, EXECUTIVES, AND MANAGEMENT TEAM MEMBERS. NON-MANAGEMENT TEAM MEMBERS ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST STATEMENT UPON HIRE. CONFLICT OF INTEREST STATEM ENTS ARE REVIEWED BY THE BOARD AND AUDIT COMMITTEE FOR THE EXISTENCE OF ANY ADVERSE INTERE ST. ANY MEMBER WITH AN ACTUAL OR PERCEIVED CONFLICT RECUSES HIMSELF OR HERSELF FROM ANY DE LIBERATIONS ON THE CONFLICTED MATTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS GOVERNS AND CONTROLS EXECUTIVE COMPENSATION. PAY IS DETERMINED BY COMPARING LIKE POSITIONS TO OTHER TAX-EXEMPT HEALTH SYSTEMS SIMILAR TO BEEBE MEDICAL CENTER IN SIZE AND COMPLEXITY LOCATED REGIONALLY AND THROUGHOUT THE UNITED STATES. PAY IS POSITIONED AT A RANGE AROUND THE 50TH PERCENTILE OF BEEBE MEDICAL CENTER'S PEER GROUP, ON A NATIONAL BASIS. THE EXECUTIVE COMMITTEE UTILIZES A CONSULTANT FOR EXECUTIVE COMPENSATION ADVICE. THE EXECUTIVE COMMITTEE IS MADE UP OF INDEPENDENT PERSONS AND MINUTES OF MEETINGS ARE MAINTAINED TO DOCUMENT DELIBERATION AND DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	EQUITY LOSSES IN SUBSIDIARIES -28,070,853. INCREASE IN FOUNDATION NET ASSETS -6,931,571. C HANGE IN BENEFIT PLANS LIABILITY 317,024. OTHER CHANGES IN UNRESTRICTED NET ASSETS -4,309. NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS -1,561,889. INCREASE IN VALUE OF PER PETUAL TRUST -41,441. OTHER ACCRUED RETIREMENT COSTS -16,887,497.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137039971

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
BEEBE MEDICAL CENTER INC

Employer identification number
51-0067938

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) DELMARVA HEALTH NETWORK LLC 424 SAVANNAH ROAD LEWES, DE 19958 46-2829886	ACO	DE	473,370	1,292,575	BEEBE MED CT

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)BEEBE PHYSICIAN NETWORK INC PO BOX 760 LEWES, DE 19958 21-2011066	PHYS SUPPORT	DE	501(C)(3)	LINE 12A, I	BEEBEMEDICAL	Yes	
(2)BEEBE MEDICAL FOUNDATION 902 SAVANNAH ROAD LEWES, DE 19958 51-0319455	FUNDRAISING	DE	501(C)(3)	LINE 10	BEEBEMEDICAL	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? 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) Section 512(b)(13) controlled entity? No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	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	Yes	
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		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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)BEEBE MEDICAL FOUNDATION	B	1,298,088	FMV
(2)BEEBE MEDICAL FOUNDATION	C	12,590,686	FMV
(3)BEEBE PHYSICIAN NETWORK INC	J	287,738	FMV
(4)BEEBE PHYSICIAN NETWORK INC	L	80,707,550	FMV
(5)BEEBE PHYSICIAN NETWORK INC	R	37,900,000	FMV

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