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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
Mosaic Medical Center Maryville

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 5325 Faraon Street | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Saint Joseph, MO 64506

D Employer identification number
83-2249459

E Telephone number
(816) 271-7374

G Gross receipts $ 87,440,620

F Name and address of principal officer:
Karen S Miller
5325 Faraon Street
Saint Joseph, MO 64506

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

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

H(c) Group exemption number ▶

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

J Website: ▶ https://www.mymlc.com/Main/Location/maryville-mo/mosaic-medical-center-maryville/

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

L Year of formation: 2018

M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE POPULATION HEALTH OUTCOMES IN OUR REGION BY PROVIDING THE RIGHT CARE, AT THE RIGHT TIME, PLACE AND COST.

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**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	2
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	552
6	Total number of volunteers (estimate if necessary)	**6**	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	140,293
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	51,409

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	13,055,224	12,446,016
9	Program service revenue (Part VIII, line 2g)	58,859,673	72,581,182
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,269,161	2,413,422
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,184,058	87,440,620
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	231,399	110,825
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	37,544,596	39,209,304
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	44,436,686	45,007,545
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	82,212,681	84,327,674
19	Revenue less expenses. Subtract line 18 from line 12	-8,028,623	3,112,946

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	31,593,665	38,239,596
21	Total liabilities (Part X, line 26)	18,221,395	21,754,380
22	Net assets or fund balances. Subtract line 21 from line 20	13,372,270	16,485,216

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

****** 2022-05-11
Signature of officer Date

Karen S Miller Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01306883

Firm's name ▶ RSM US LLP | Firm's EIN ▶ 42-0714325

Firm's address ▶ 4650 East 53rd Street, Davenport, IA 52807 | Phone no. (563) 888-4000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE POPULATION HEALTH OUTCOMES IN OUR REGION BY PROVIDING THE RIGHT CARE, AT THE RIGHT TIME, PLACE AND COST.

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 $ 70,526,948 including grants of $ 110,825) (Revenue $ 74,854,311)

See Additional Data

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

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

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

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

4e Total program service expenses ▶ 70,526,948

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	48		
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**	552		
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**	

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

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Karen S Miller 5325 Faraon Street St Joseph, MO 64506 (816) 271-7374

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			
(1) Michael Pulido COO/Secretary/Director/Chair	1.0 35.0	X		X				0	771,238	179,962
(2) Davin Turner DO Director/Vice Chair	1.0 38.0	X						0	678,787	110,974
(3) Mark Laney MD Director/CEO	1.0 36.0	X						0	2,352,409	29,716
(4) Matt Baker Director	1.0 3.0	X						0	2,500	0
(5) Serena Naylor Director	1.0 4.0	X						0	2,500	0
(6) Dwain Stilson CFO/Treasurer	1.0 36.0			X				0	741,217	42,234
(7) Nathan Blackford President	40.0 0			X				278,691	0	62,222
(8) Amrit Singh MD Staff Physician	40.0 0					X		368,659	0	19,245
(9) Benjamin Kinderknecht DO Staff Physician	40.0 0					X		422,613	0	36,063
(10) Jack Forest DO Staff Physician	40.0 0					X		427,569	0	42,184
(11) Shirley Harris MD Staff Physician	40.0 0					X		471,102	0	11,400
(12) William Humphreys MD Staff Physician	40.0 0					X		434,445	0	28,982

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,403,079	4,548,651	562,982

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 ▶ 47

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Wapiti Medical Staffing 107 Flynn Drive Suite 600 Milbank, SD 57252	Medical Services	947,124
Medicus Hospitalists LLC 22 Roulston Road Windham, NH 03087	Medical Services	810,121
Nuclear Imaging of Omaha Inc 7515 South 46 Ave Omaha, NE 68157	Medical Services	550,159
Barton & Associates Inc PO Box 417844 Boston, ME 022417844	Medical Services	527,088
Eagle Telemedicine 280 Interstate North Circle Suite 150 Atlanta, GA 30339	Medical Services	245,174

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 ▶ 6

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	6,427,528			
e Government grants (contributions)	1e	5,706,068			
f All other contributions, gifts, grants, and similar amounts not included above	1f	312,420			
g Noncash contributions included in lines 1a - 1f:$	1g	19,975			
h **Total.** Add lines 1a-1f		12,446,016			
Program Service Revenue	Business Code				
2a Net Patient Service Revenue	621110	68,057,471	68,057,471		
b 340B Pharmacy Revenue	621110	4,523,711	4,523,711		
c					
d					
e					
f All other program service revenue.		0	0	0	0
g **Total.** Add lines 2a–2f	72,581,182				
3 Investment income (including dividends, interest, and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a	143,101				
b Less: rental expenses 6b					
c Rental income or (loss) 6c	143,101	0			
d Net rental income or (loss)			143,101	143,101	
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a					
b Less: cost or other basis and sales expenses 7b					
c Gain or (loss) 7c	0	0			
d Net gain or (loss)					
Other Revenue 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 Referral Lab Revenue	621511	1,893,689	1,814,486	79,203	
b Daycare Revenue	624410	61,090		61,090	
c Cafeteria Revenue	722514	227,193	227,193		
d All other revenue		88,349	88,349	0	0
e **Total.** Add lines 11a–11d		2,270,321			
12 **Total revenue.** See instructions		87,440,620	74,854,311	140,293	0

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	110,825	110,825		
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	301,955	0	301,955	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,885,386	29,721,550	2,163,836	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	314,365	313,884	481	
9 Other employee benefits	4,869,392	4,335,820	533,572	
10 Payroll taxes	1,838,206	1,748,395	89,811	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	788		788	
d Lobbying	12,735		12,735	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,498,062	6,389,095	108,967	0
12 Advertising and promotion	2,427	2,427		
13 Office expenses	2,789,350	2,121,981	667,369	
14 Information technology	640,866	605,171	35,695	
15 Royalties				
16 Occupancy	1,145,246	115,482	1,029,764	
17 Travel	56,767	52,473	4,294	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,851	28,593	258	
20 Interest	766,541		766,541	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,236,367	1,485,289	751,078	
23 Insurance	717,737	714,199	3,538	
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 Corporate Allocations From Mosaic Health System	12,165,111	4,889,793	7,275,318	
b Medical Supplies/Includes 340B	14,789,362	14,789,362		
c FRA Tax	2,967,048	2,967,048		
d Dues and Subscriptions	101,267	46,541	54,726	
e All other expenses	89,020	89,020	0	0
25 **Total functional expenses.** Add lines 1 through 24e	84,327,674	70,526,948	13,800,726	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		13,364	1	297,858
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		8,149,160	4	9,478,200
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,287,366	8	1,901,812
	9	Prepaid expenses and deferred charges		752,401	9	680,036
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,740,746			
	b	Less: accumulated depreciation	10b 3,356,592	19,485,988	10c	22,384,154
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		1,905,386	14	1,938,607
	15	Other assets. See Part IV, line 11		0	15	1,558,929
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		31,593,665	16	38,239,596
Liabilities	17	Accounts payable and accrued expenses		2,492,579	17	3,291,590
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	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		15,728,816	25	18,462,790
	26	**Total liabilities.** Add lines 17 through 25		18,221,395	26	21,754,380
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		13,372,270	27	16,179,297
	28	Net assets with donor restrictions			28	305,919
		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		13,372,270	32	16,485,216
	33	Total liabilities and net assets/fund balances		31,593,665	33	38,239,596

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	87,440,620
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,327,674
3	Revenue less expenses. Subtract line 2 from line 1	3	3,112,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,372,270
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,485,216

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 83-2249459
Name: Mosaic Medical Center Maryville

Form 990 (2020)

Form 990, Part III, Line 4a:

MOSAIC MEDICAL CENTER-MARYVILLE (MOSAIC-MARYVILLE) IS A 81-BED MEDICAL SURGICAL HOSPITAL LOCATED IN MARYVILLE, MISSOURI. IT SERVES A COMMUNITY OF 12,000 RESIDENTS. BECAUSE MARYVILLE IS A BORDER CITY, IT ALSO PROVIDES SERVICES TO THOSE LIVING IN THE ADJACENT STATES OF KANSAS, NEBRASKA AND IOWA. THE ECONOMY OF THE REGION IS BASED ON AGRICULTURE, MINOR MANUFACTURING AND SMALL BUSINESSES RESULTING IN A PAYOR MIX FOR MOSAIC-MARYVILLE OF APPROXIMATELY 60.94% GOVERNMENTAL OR NO-PAY PATIENTS. MOSAIC-MARYVILLE PROVIDES A WIDE RANGE OF INPATIENT AND OUTPATIENT SERVICES INCLUDING VASCULAR, ORTHOPEDIC AND GENERAL SURGERIES, AND MENTAL HEALTH SERVICES. IT OPERATES A 24-HOUR EMERGENCY ROOM, AND AN OBSTETRICS DEPARTMENT PROVIDES 9 LABOR/DELIVERY/RECOVERY/POST-PARTUM BEDS. DURING FY21, APPROXIMATELY 1,400 PATIENTS WERE ADMITTED TO MOSAIC-MARYVILLE RESULTING IN APPROXIMATELY 6,100 PATIENT DAYS. A TOTAL OF APPROXIMATELY 1,500 SURGERIES WERE PERFORMED, THE EMERGENCY ROOM SERVED APPROXIMATELY 7,400 PATIENTS AND APPROXIMATELY 90,100 VISITS WERE GENERATED BY OUTPATIENTS. THERE WERE APPROXIMATELY 100,100 PATIENT VISITS DURING THE YEAR. OTHER PROGRAM SERVICES: THE MOSAIC MEDICAL CENTER-MARYVILLE HAS A 340B DESIGNATION FROM HEALTH RESOURCES AND SERVICES ADMINISTRATION (FEDERAL GOVERNMENT). THIS ALLOWS MOSAIC-MARYVILLE TO RECEIVE OUTPATIENT DRUGS AT REDUCED PRICES FROM THE DRUG MANUFACTURERS. THE 340B PROGRAM ENABLES COVERED ENTITIES TO STRETCH SCARCE FEDERAL RESOURCES AS FAR AS POSSIBLE, REACHING MORE ELIGIBLE PATIENTS AND PROVIDING MORE COMPREHENSIVE SERVICES. THE PROGRAM IS AVAILABLE TO HOSPITALS THAT PROVIDE CARE FOR A DISPROPORTIONATE NUMBER OF PATIENTS THAT RANGE FROM NO INCOME TO LOW INCOME.

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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

2020

Open to Public Inspection

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2019 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2020

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
Mosaic Medical Center Maryville	83-2249459

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		12,735
j	Total. Add lines 1c through 1i			12,735
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	PORTION OF DUES PAID TO HOSPITAL ASSOCIATIONS THAT ARE USED FOR LOBBYING PURPOSES BY THE HOSPITAL ASSOCIATIONS. 32.40% of the membership dues paid to the Missouri Hospital Association are used for lobbying activities. 25.56% of the membership dues paid to the American Hospital Association are used for lobbying activities.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

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 FASB 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 FASB 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 FASB 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term 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
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		600,000		600,000
b Buildings		16,318,053	1,052,051	15,266,002
c Leasehold improvements		20,302	5,183	15,119
d Equipment		6,793,728	1,858,050	4,935,678
e Other		2,008,663	441,308	1,567,355
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				22,384,154

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due To Affiliates	18,462,790
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	18,462,790

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: 20011424
Software Version: 2020v4.0
EIN: 83-2249459
Name: Mosaic Medical Center Maryville

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Mosaic Health System, Heartland Regional Medical Center (Mosaic-St. Joseph), Mosaic Medica l Center-Maryville (Mosaic-Maryville), Northwest Medical Center Association, Inc. (Mosaic-Albany), Heartland Long-Term Acute Care Hospital (HLTACH), Mosaic Life Care Foundation, an d Northwest Medical Center Foundation (Mosaic-Albany) are nonprofit corporations described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxe s on related income pursuant to Section 501(a) of the Internal Revenue Code. However, they are subject to federal income tax on any unrelated business taxable income. Midwestern He alth Management, Inc. (Midwestern) and HHS Properties, Inc. are subject to income taxation . With a few exceptions, Mosaic is no longer subject to U.S. federal, state and local inco me tax examinations by tax authorities for years before 2017. At June 30, 2021, net operat ing loss carryforwards generated in fiscal years ending June 30, 2018 and prior are availa ble to offset future taxable income for these entities aggregated approximately $15,800 an d expire through 2038. For net operating loss carryforwards generated in fiscal year-ended June 30, 2019 and forward will be available to offset future taxable income for these ent ities in the amount of $1,000 and carried forward indefinitely. Separate return limitation restrictions apply to a portion of these net operating loss carryforwards. Tax positions are not offset or aggregated with other positions. Tax positions that meet the more-likely -than-not recognition threshold are measured as the largest amount of tax benefit that is more than 50% likely to be realized on settlement with the applicable taxing authority. Th e portion of the benefits associated with tax positions taken that exceeds the amount meas ured as described above is reflected as a liability for uncertain tax benefits in the acco mpanying balance sheet along with any associated interest and penalties that would be paya ble to the taxing authorities upon examination. As of June 30, 2021 and 2020, there were n o uncertain tax positions identified and recorded as a liability.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

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		No
b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	4,262,989	0	4,262,989	5.07 %
b Medicaid (from Worksheet 3, column a)	0	0	9,165,436	6,389,483	2,775,953	3.30 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	13,428,425	6,389,483	7,038,942	8.37 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	0	0	36,474	510	35,964	0.04 %
f Health professions education (from Worksheet 5)	0	0	708	0	708	0 %
g Subsidized health services (from Worksheet 6)	0	0	1,813,782	877,281	936,501	1.11 %
h Research (from Worksheet 7)	0	0	0	0	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	187,797	0	187,797	0.22 %
j **Total.** Other Benefits	0	0	2,038,761	877,791	1,160,970	1.38 %
k **Total.** Add lines 7d and 7j	0	0	15,467,186	7,267,274	8,199,912	9.75 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0 %
2 Economic development	0	0	3,855	0	3,855	0 %
3 Community support	0	0	94,467	200	94,267	0.11 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	0	0	0	0	0	0 %
7 Community health improvement advocacy	0	0	0	0	0	0 %
8 Workforce development	0	0	0	0	0	0 %
9 Other	0	0	0	0	0	0 %
10 Total	0	0	98,322	200	98,122	0.12 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	2,229,292		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	13,528,874		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	17,255,758		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-3,726,884		
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 Mosaic Medical Center-Maryville

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 20			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): https://www.mymlc.com/General/Community-Health-Needs-Assessment/maryville-community-health-needs-ass			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 20			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): https://www.mymlc.com/General/Community-Health-Needs-Assessment/maryville-community-health-needs-ass			
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)

Mosaic Medical Center-Maryville

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 200.0 % and FPG family income limit for eligibility for discounted care of 300.0 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☑ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): SEE SCHEDULE O			
b	☑ The FAP application form was widely available on a website (list url): SEE SCHEDULE O			
c	☑ A plain language summary of the FAP was widely available on a website (list url): SEE SCHEDULE O			
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

Mosaic Medical Center-Maryville

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)

Mosaic Medical Center-Maryville

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? **5**

	Name and address	Type of Facility (describe)
1	Mosaic Specialty Care - East 114 East South Hills Drive Maryville, MO 64468	Behavioral Health & Walk-in Clinic
2	Mosaic Medical Building - Maryville 2024 South Main Street Maryville, MO 64468	ENT, Neurology, Wound Care, Gastroenterology, Pulmonary, Vascular Surgery, Home Health & Hospice
3	Mosaic Family Care - Bedford 408 Dodge St Bedford, IA 50833	Family Care
4	Mosaic Family Care - Savannah 301 E Price Street Savannah, MO 64485	Family Care
5	Mosaic Outpatient Therapy - Maryville 409 West South Hills Drive Maryville, MO 64468	Outpatient Therapy
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7f	Mosaic Medical Center Maryville (Mosaic-Maryville) did not report bad debt expense as part of operating expenses for Health Professions Education for year ended 06/30/21. NO BAD DEBT EXPENSE IS REPORTED ON FORM 990, PART IX, LINE 25, AS IT IS REPORTED ON FORM 990, PART VIII, LINE 2A IN NET PATIENT SERVICE REVENUE. THE ORGANIZATION'S TOTAL COMMUNITY BENEFIT EXPENSE (SCHEDULE H, PART I, LINE 7, COLUMN (C)) AS A PERCENTAGE OF TOTAL EXPENSES IS 18.38%, AND THE PERCENTAGE INCREASES TO 38.89% IF MEDICARE ALLOWABLE COSTS (SCHEDULE H, PART III, SECTION B, LINE 6) ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g	On March 11, 2020, the World Health Organization (WHO) declared the novel coronavirus disease (COVID-19) a pandemic. The Center for Disease Control (CDC) confirmed its spread to the United States and it was declared a national public health emergency, followed by state of emergency declarations (including by the Governor of Missouri), and the Centers for Medicare and Medicaid Services (CMS) issuing guidance regarding elective procedures. The COVID-19 pandemic has caused significant disruption to the national economy as well as Mosaic's operations. In 2021, the COVID-19 pandemic continued to impact Mosaic's business as well as patients, communities and employees. With the COVID-19 pandemic Mosaic-Maryville has incurred an increase in expenses related to the following items: 1. Personal Protective Equipment (PPE) 2. Pharmacy Expenses 3. Labor Costs 4. Supplies and various other expenses During FY21, Mosaic-Maryville experienced a net increase of $937,000 in Covid-19 expenses, which is reflected in Part I, Line 7g.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	CERTAIN COVID-19 COSTS WERE SUBSIDIZED WITH PROVIDER RELIEF FUNDS.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE WAS THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2. FINANCIAL ASSISTANCE AT COST WAS $4,263,000 and $5,133,000 FOR YEARS ENDED 6/30/21 AND 6/30/20, RESPECTIVELY. MEDICAID NET COMMUNITY BENEFIT EXPENSE WAS $2,776,000 AND $3.458,000 FOR THE YEARS ENDED 6/30/21 AND 6/30/20, RESPECTIVELY. MOSAIC MEDICAL-MARYVILLE RECEIVES REIMBURSEMENT FROM THE MEDICAID PROGRAM IN RELATION TO THE PERCENTAGE OF MEDICAID AND INDIGENT POPULATION THEY SERVE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	MOSAIC MEDICAL CENTER-Maryville (MOSAIC-Maryville) COMMUNITY BUILDING ACTIVITIES PROMOTED THE HEALTH OF THE COMMUNITIES SERVED BY PROVIDING quality child care SUPPORT in THE GREATER Maryville AREA through operation of a child care center. As a result of the Coronavirus Pandemic and other factors, the child care center closed in August of 2020.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	Mosaic Medical Center-Maryville (Mosaic-Maryville) used a charity care assessment system during the tax year-ended June 30, 2020 that assists the organization in identifying patients who are eligible for financial assistance under the organization's financial assistance policy (FAP). As a result, Mosaic-Maryville reported zero dollars for the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's FAP.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	Please see THE ACCOUNTS RECEIVABLE FOOTNOTE ON PAGE 11 and the Patient Service revenue Footnote regarding implicit price concessions on page 18 OF The ATTACHED AUDITED FINANCIAL STATEMENTS. SEE ALSO THE PARAGRAPH IN THE CHARITY CARE FOOTNOTE ON PAGE 19.

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	Mosaic Medical Center-Maryville is committed to continuing the rich 125 year tradition of serving Maryville and surrounding communities. Maintaining continuity with Franciscan Sist ers of Mary and the SSM St. Francis organization, Mosaic Medical Center-Maryville is pleas ed to continue supporting vulnerable community member needs with a generous charity policy . THE FINANCIAL ASSISTANCE POLICY CONTAINS PROVISIONS ON COLLECTION PRACTICES TO BE FOLLOW ED FOR PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE ONLY. ACCORDING TO THIS POLICY, FINAN CIAL ASSISTANCE ELIGIBILITY CRITERIA ARE BASED ON RESIDENCY, GROSS HOUSEHOLD INCOME & HOUS EHOLD SIZE. APPLYING FOR FINANCIAL ASSISTANCE Patients will be informed of Mosaic Medical Center-Maryville's (Mosaic-Maryville) Financial Assistance Policy and the process for subm itting an application. to determine if the patient or guarantor is eligible for financial assistance, Mosaic-Maryville asks for the necessary information and documents to prove hou sehold size, income, and residency. A completed application for financial assistance shoul d be submitted within 240 days from the date of the first post-discharge billing statement . Mosaic-Maryville will make reasonable efforts to explain the Medicaid benefits, the heal th insurance exchange and coverage, and other public and private coverage that may apply. Mosaic-Maryville will also provide the details of these programs and offer to help patient s and guarantors apply for them as well as, private programs and COBRA coverage. Once the patient or guarantor is screened to be potentially eligible for any of these programs, pub lic or private, Mosaic-Maryville expects him or her to apply. If a patient or guarantor ch ooses not to apply, he or she may be denied financial assistance. If the patient or guaran tor is potentially eligible for any third-party coverage, he or she must provide documenta tion of approval or denial of that third-party coverage before a Mosaic-Maryville financia l assistance application will be accepted. Information on the Mosaic-Maryville Financial A ssistance Policy will be communicated to patients in a culturally appropriate language. In formation about the policy will be translated in the most prevalent languages in the Mosai c-Maryville primary service area. COLLECTION ACTIONS TAKEN IN EVENT OF NON-PAYMENT No acco unt will be subject to collection actions within 120 days of issuing the first post-discha rge statement and without first making reasonable efforts to determine whether the patient is eligible for financial assistance. No extraordinary collection actions will be pursued against a patient if the patient or guarantor has provided documentation showing that an application has been submitted for Medicaid or other publicly sponsored health programs, a nd that an eligibility determination is still pending. If a statement is sent to a patient or guarantor, and mail is returned as undeliverable, Mosaic-Maryville will attempt to fin d a correct address. If the correct address cannot be found, Mosaic-Maryville will attempt to contact the patient or guarantor by telephone at the number listed by the patient or g uarantor. If efforts to communicate with the patient or guarantor fail, accounts will be s ent to a collection agency. Reasonable efforts to inform patient of financial assistance P rior to sending an account to a collection agency, the patient or guarantor will generally receive a minimum of four written statements (includes the first post-discharge statement and three subsequent statements). These statements will include a telephone number for in formation on paying patient balances and a notice about financial assistance. If an agreem ent has not been made to resolve the account, the fourth and final statement will be sent to the patient or guarantor. This statement acts as a notice to the account owner of the a mount owed to Mosaic-Maryville and that the account will be placed with a third-party coll ection agency in 30 days. This statement will include a plain language summary and will ou tline any collection actions that may be taken if a plan is not put in place to settle the account. There are other times when accounts may be placed in collections including when: 1. The patient or guarantor has not made timely payments according to the agreed-upon pay ment plan 2. The patient or guarantor has received a financial assistance discount but is no longer working with Mosaic-Maryville in good faith to pay off the remaining amount owed . Extraordinary collection activities Once an account is with the collection agency, the f ollowing actions may be taken to make sure debt for services and care is paid. They are "E xtraordinary Collection Activities:" 1. Seizing the patient's or guarantor's bank account 2. Civil actions 3. Property liens 4. Garnishing of wages 5. Reporting adverse information to credit bureaus Before "Extraordinary Collection Activities" can begin, the account mus t be reviewed, and approval must be given by Patie

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	nt Billing Leadership. When one of these actions is to be taken against a patient or guara ntor, the patient or guarantor will be given a 30-day written notice of the action to be t aken. The patient or guarantor will also be informed of the Financial Assistance Policy an d how to apply for it. A plain language summary of the Financial Assistance Policy will be included with the notice. ENFORCEMENT Mosaic-Maryville staff are expected to uphold the h ighest ethical standards. All business must be conducted in the name of the caller or Mosa ic-Maryville. Everything a staff member says must be true and correct using a professional approach. The staff as well as, all third-party vendors working on behalf of Mosaic-Maryv ille, will uphold and adhere to the Fair Debt Collection Practices Act.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Mosaic Medical Center-Maryville: Line 16a URL: SEE SCHEDULE O;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Mosaic Medical Center-Maryville: Line 16b URL: SEE SCHEDULE O;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Mosaic Medical Center-Maryville: Line 16c URL: SEE SCHEDULE O;

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	Mosaic Medical Center-Maryville (Mosaic-Maryville) INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEGINNING AT THE REGISTRATION DESK AND CONTINUING WITH FINANCIAL ASSISTANCE INFORMATION BEING INCLUDED ON EVERY BILLING STATEMENT A PATIENT OR GUARANTOR RECEIVES FROM THE Mosaic-Maryville. GUIDELINES FOR THE PROGRAM ARE AVAILABLE AT EACH REGISTRATION DESK AND ARE INCLUDED IN ALL ADMISSION PACKETS. PATIENTS ARE CONTACTED IF THE PATIENT IS EXPECTED TO HAVE A FINANCIAL RESPONSIBILITY FOR THE VISIT. A FINANCIAL COUNSELOR ATTEMPTS TO VISIT THE ROOM OF EVERY UNINSURED PATIENT THAT IS ADMITTED TO OUR FACILITY FOR OBSERVATION OR INPATIENT CARE. THE COUNSELOR DISCUSSES PAYMENT OPTIONS WITH THE PATIENT AND CAN ASSIST THEM WITH VARIOUS OPTIONS THAT INCLUDE, BUT ARE NOT LIMITED TO, MEDICAID APPLICATION, HEALTH CARE EXCHANGE ELIGIBILITY AND ELIGIBILITY UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. COUNSELORS ALSO WORK WITH OUR CARE MANAGEMENT STAFF TO SUPPORT THE DISCHARGE PROCESSES SO THAT FINANCIAL HARDSHIP DOES NOT KEEP THE PATIENT FROM RECEIVING THE APPROPRIATE FOLLOW-UP CARE. THIS ASSISTANCE INCLUDES INSTRUCTIONS FOR SCHEDULING AN APPOINTMENT WITH A FINANCIAL COUNSELOR WHO CAN ASSIST THEM IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	Mosaic Medical Center - Maryville (Mosaic - Maryville) IS A not-for-profit hospital LOCATED IN Maryville, MISSOURI, AND OPERATES CLINICS IN Maryville, Savannah AND Bedford, IA. ITS PRIMARY SERVICE AREA IS PRIMARILY RURAL AND INCLUDES Nodaway COUNTY LOCATED IN NORTHWEST MISSOURI. ACCORDING TO THE 2019 U.S. CENSUS ESTIMATES, THE POPULATION IN THE NODAWAY COUNTY SERVICE AREA IS APPROXIMATELY 19,355, WHICH INCLUDES A HIGH PERCENTAGE OF LOW INCOME FAMILIES. THE ORGANIZATION SUPPORTS A PAYOR MIX OF APPROXIMATELY 60.94% GOVERNMENTAL OR SELF-PAY PATIENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	Mosaic MEDICAL CENTER - Maryville (MOSAIC-Maryville) IS A NONPROFIT HOSPITAL OPERATING TO SERVE A PUBLIC RATHER THAN A PRIVATE INTEREST AND MEETING THE REQUIREMENTS OF REVENUE RULING 69-545. CONTROL OF THE MOSAIC-Maryville RESTS WITH ITS BOARD, WHICH IS PRIMARILY COMPOSED OF MEMBERS OF THE COMMUNITY, IN ADDITION TO A FEW SELECT EMPLOYEES OF MOSAIC-Maryville. MOSAIC-Maryville ACCEPTS PATIENTS PAYING WITH MEDICAID AND MEDICARE AND OPERATES AN ACTIVE AND GENERALLY ACCESSIBLE EMERGENCY ROOM OPEN TO ALL PATIENTS WITHOUT REGARD TO ABILITY TO PAY. MOSAIC-Maryville USES SURPLUS FUNDS TO IMPROVE THE QUALITY OF PATIENT CARE, MAINTAIN AND IMPROVE EQUIPMENT AND FACILITIES, EXTEND SERVICE OFFERINGS TO NEW AREAS AND PROVIDE SUPPORT TO THE COMMUNITIES IT SERVICES. MOSAIC-Maryville PROMOTES HEALTH IN THE Maryville REGION IN NUMEROUS WAYS. MOSAIC-Maryville PROVIDED DIRECT FUNDING SUPPORT TO THE COMMUNITY ORGANIZATIONS WITH LIKE MISSIONS INCLUDING COMMUNITY EVENTS AND ACTIVITIES OF LOCAL SCHOOLS AND NURSING HOMES. THE ORGANIZATION OFFERS MANY EDUCATIONAL PROGRAMS TO HELP MAINTAIN A HEALTHY LIFESTYLE. THESE ARE WELL-ADVERTISED AND MOST OF THEM ARE FREE OF CHARGE. In regards to the mental health services provided to the community, Mosaic-Maryville works with Northwest Missouri State University's wellness center to provide assistance and education with behavioral/mental health concerns. In addition, the organization works with area schools to raise awareness and provide resources for child and adolescent mental health. Mosaic-Maryville has programs like Healthy Lifestyles and Commit to be Fit to help reduce adult and childhood obesity. Another program is Health 4 Life which participates with local schools to help reduce obesity. THE 340B DRUG PRICING PROGRAM ("340B PROGRAM") ENABLES SAFETY NET HEALTHCARE ORGANIZATIONS SERVING UNINSURED, VULNERABLE AND INDIGENT POPULATIONS TO PURCHASE OUTPATIENT PRESCRIPTION DRUGS AT A DISCOUNT. Mosaic-Maryville HAS PARTICIPATED IN THIS PROGRAM SINCE 2019. THIS PARTICIPATION HAS GENERATED REVENUE FROM THE CONTRACTED RETAIL PHARMACY RELATIONSHIPS AND HAS REDUCED DRUG PRICING FOR OUTPATIENT MEDICATIONS. THE PROGRAM IS CURRENTLY THREATENED BY LEGISLATIVE CHALLENGES.

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 83-2249459
Name: Mosaic Medical Center Maryville

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	Mosaic Medical Center-Maryville 2016 South Main Maryville, MO 64468 www.mymlc.com/Main/Location/maryville-mo/mosaic-medical-center-maryville/559-2	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY ARE A PRIORITIZED DESCRIPTION OF VARIOUS FACTORS INCLUDING: - SUBSTANCE ABUSE AND MENTAL HEALTH; - EXERCISE OPTIONS, HEALTHY EATING AND WELLNESS; AND - LACK OF TRANSPORTATION THESE SIGNIFICANT HEALTH NEEDS ARE IDENTIFIED THROUGH THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - MOSAIC MEDICAL CENTER MARYVILLE (MOSAIC-MARYVILLE). Mosaic Medical Center - Maryville (MOSAIC-MARYVILLE), previously SSM Health St. Francis Hospital, joined the Mosaic HEALTH SYSTEM network effective April 1, 2019. MOSAIC-MARYVILLE offers both inpatient and outpatient services including Emergency Care, plus convenient clinics and specialty care services. We seek to improve the health of area individuals and communities and to provide the right care, at the right time, in the right place, at the right cost with outcomes second to none. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PREPARED BY MOSAIC-MARYVILLE. THE CHNA WAS CONDUCTED DURING TAX YEAR 2020, TO DETERMINE SERVICES NEEDED BY THE MEDICALLY UNDERSERVED. THE FOLLOWING TWO NEEDS WERE CHOSEN TO BE ADDRESSED OVER THE NEXT THREE YEARS: - MENTAL HEALTH, - ADULT AND CHILDHOOD OBESITY TO ENSURE INPUT WAS TAKEN INTO ACCOUNT FROM PERSONS WHO REPRESENT THE COMMUNITY, MOSAIC-MARYVILLE UTILIZED AN INDEPENDENT CONSULTING FIRM NAMED CROWE, LLP. THIS FIRM HELPED CONDUCT KEY STAKEHOLDER INTERVIEWS AND A COMMUNITY HEALTH SURVEY. KEY STAKEHOLDER INTERVIEWS: COMMUNITY INPUT WAS OBTAINED THROUGH KEY STAKEHOLDER INTERVIEWS PERFORMED WITH LEADERS FROM NINE COMMUNITY ORGANIZATIONS REPRESENTING PUBLIC HEALTH, PUBLIC SCHOOLS, LOCAL GOVERNMENT OFFICIALS, SOCIAL SERVICE ORGANIZATIONS AND NON-PROFIT ORGANIZATIONS. TO ASSURE THE MEDICALLY UNDERSERVED WERE REPRESENTED IN THIS CHNA, INTERVIEWS WERE CONDUCTED WITH REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS: 1ST UNITED METHODIST CHURCH, BIG BROTHERS/BIG SISTERS OF NODAWAY COUNTY, COMMUNITY SERVICES INC., COMMUNITY SERVICES INC., MARYVILLE R-II SCHOOL DISTRICT, NODAWAY COUNTY ECONOMIC DEVELOPMENT, NODAWAY COUNTY HEALTH DEPARTMENT, NODAWAY COUNTY SENIOR CENTER, NORTHWEST MISSOURI REGIONAL COUNCIL OF GOVERNMENTS, AND NORTHWEST MISSOURI STATE UNIVERSITY. THESE KEY STAKEHOLDER INTERVIEWS WERE CONDUCTED BETWEEN JANUARY 12TH AND 15TH, 2021. TO ASSURE THAT MEDICALLY UNDERSERVED WERE INCLUDED IN THIS CHNA, INTERVIEWS WERE CONDUCTED WITH AGENCIES SERVING PERSONS WHO ARE HOMELESS, DISABLED, VICTIMS OF DOMESTIC VIOLENCE, UNEMPLOYED AND/OR PERSONS WITH LOW INCOME. COMMUNITY HEALTH SURVEY: In order to develop a broad understanding of community health needs, Mosaic -Maryville conducted a community survey in February 2021. A link to the survey was distributed via e-mail, social media and word of mouth to the community at-large. A total of 559 surveys were completed. The majority of respondents were White/Caucasian (99%). The remaining 1% identified with other racial or ethnic identities. THE SAMPLE INCLUDED MEN AND WOMEN, 18 AND OVER.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - MOSAIC MEDICAL CENTER-MARYVILLE (MOSAIC-MARYVILLE). THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED AND AN IMPLEMENTATION PLAN FOR ADDRESSING THE IDENTIFIED NEEDS WAS ADOPTED IN THE 2020 TAX YEAR. THE TOP TWO SIGNIFICANT NEEDS IDENTIFIED WERE: 1) MENTAL HEALTH; AND 2) ADULT AND CHILDHOOD OBESITY MOSAIC-MARYVILLE'S ROLE IS MUCH MORE THAN BEING A HOSPITAL. IT IS A FULLY ENGAGED COMMUNITY PARTNER STRIVING TO ADDRESS THE UNIQUE HEALTH AND SOCIAL ISSUES THAT CHALLENGE THE REGION. MANAGEMENT RECOGNIZES THAT THE COMMUNITY'S MAJOR HEALTH PROBLEMS STEM, IN LARGE PART, FROM SOCIAL DETERMINANTS OF HEALTH. SOCIAL DETERMINANTS THAT AFFECT ACCESS TO HEALTH CARE (HEALTHY PEOPLE 2020 FRAMEWORK) INCLUDE: ECONOMIC STABILITY, POVERTY, EMPLOYMENT, FOOD SECURITY, HOUSING STABILITY, EDUCATION, HIGH SCHOOL GRADUATION, ENROLLMENT IN HIGHER EDUCATION, LANGUAGE AND LITERACY, EARLY CHILDHOOD, NEIGHBORHOOD AND BUILT ENVIRONMENT, ACCESS TO HEALTHY FOOD, QUALITY OF HOUSING, CRIME AND VIOLENCE, ENVIRONMENTAL CONDITIONS, CIVIC PARTICIPATION, PERCEPTIONS OF DISCRIMINATION/EQUITY, AND INCARCERATION/INSTITUTIONALIZATION. TO POSITIVELY IMPACT THE SOCIAL DETERMINANTS OF HEALTH, MOSAIC-MARYVILLE CREATED THE FOLLOWING ACTION PLAN FOR POPULATION HEALTH: SIGNIFICANT NEED #1: MENTAL HEALTH PLAN: A) MOSAIC-Maryville WILL EXPAND AND CONTINUE CLINIC BEHAVIORAL HEALTH OFFERINGS. B) MOSAIC-Maryville WILL CONTINE TO provide support to organizations providing mental health programs to the community. C) Mosaic-Maryville will enhance relationship with Northwest Missouri State University's wellness center regarding behavioral/mental health concerns D) MOSAIC-Maryville will work with area schools to raise awareness and provide resources for child and adolescent mental health. E) Mosaic-Maryville will work with area mental health providers and collaborators to identify ways to reduce the stigma of mental illness. F) Mosaic-Maryville will identify and work together with funding sources to support mental health initiatives. SIGNIFICANT NEED #2: ADULT AND CHILDHOOD OBESITY: A) MOSAIC-Maryville will continue Healthy Lifestyles and Commit to Be Fit. B) MOSAIC-Maryville will continue diabetes education programs and support group. C) MOSAIC-Maryville will expand and continue the 4th Grade Challenge programs into all county schools and encourage caregivers to volunteer to participate in this program. D) MOSAIC-Maryville will continue health screenings. E) Mosaic-Maryville will increase community education regarding obesity. THE COMPLETE CHNA WITH IMPLEMENTATION STRATEGY CAN BE FOUND AT: HTTPS://www.mymlc.com/General/Community-Health-Needs-Assessment/maryville-community-health-needs-assessment/
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Mosaic Medical Center - Maryville (Mosaic-Maryville). FINANCIAL COUNSELORS ARE AVAILABLE ONSITE TO EXPLAIN AND HELP PATIENTS AND GUARANTORS WITH THE FINANCIAL ASSISTANCE POLICY. SEE FINANCIAL ASSISTANCE POLICY FOR A COMPLETE DESCRIPTION OF EFFORTS MADE BEFORE INITIATING COLLECTION ACTIONS.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

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) Northwest Foundation Inc 800 University Drive Maryville, MO 64468	23-7165025	501(c)(3)	100,000				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 . . . . . ▶ 0

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

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of 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 Procedures for monitoring use of grant funds.	The organization is committed to the development of a healthy community. Grants are provided to local groups that achieve these objectives. Generally Mosaic Medical Center - Maryville (Mosaic-Maryville) officers, directors or employees are in a volunteer position or are a board member of the recipient organization. The recipients are required to submit applications to Mosaic Medical Center-Maryville (MOSAIC-MARYVILLE) detailing the program's expenditures and progress toward the stated goals.

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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
Schedule J, Part I, Line 3 Compensation Plan	COMPENSATION IS ESTABLISHED BY MOSAIC HEALTH SYSTEM, A RELATED ENTITY, USING THE FOLLOWING: 1. COMPENSATION COMMITTEE 2. INDEPENDENT COMPENSATION CONSULTANT 3. COMPENSATION SURVEYS OR STUDIES 4. APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	NATE BLACKFORD - VESTED $0 ; ACCRUED $25,400 DAVIN TURNER - VESTED $69,482; ACCRUED $71,820 MICHAEL PULIDO - VESTED $80,837; ACCRUED $137,728 THOSE LISTED ABOVE HAVE SIGNED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN WHICH RECOGNIZES THE VALUE OF THE INDIVIDUAL AND THE MUTUAL BENEFIT OF CONTINUED EMPLOYMENT FOR AN EXTENDED PERIOD OF TIME BY ESTABLISHING A 457F PLAN. THE FOLLOWING ARE THE GENERAL STIPULATIONS OF THE AGREEMENT: 1. THE PLAN IS FUNDED YEARLY AS THE RESULT OF A CALCULATION DESCRIBED IN THE AGREEMENT, WHICH WILL REWARD THE INDIVIDUAL WITH 100% VESTING BASED ON A 5-YEAR CLIFF VESTING SCHEDULE. 2. DISTRIBUTION WILL OCCUR AT NORMAL RETIREMENT AGE OR UPON DEATH OR UPON SEPARATION FROM SERVICE DUE TO DISABILITY OR UPON INVOLUNTARY SEPARATION FROM SERVICE WITHOUT CAUSE. THEN A LUMP SUM PAYMENT WILL BE DISBURSED WITHIN 90 DAYS OF EACH SITUATION TAKING INTO CONSIDERATION A NON-COMPETE COVENANT. 3. SEPARATION WITH CAUSE MAKES THE SUPPLEMENTAL EXECUTIVE RETIREMENT AGREEMENT NULL AND VOID.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 83-2249459
Name: Mosaic Medical Center Maryville

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				
1Michael Pulido	(i)	0	0	0	0	0	0	0
COO/Secretary/Director/Chair	(ii)	580,634	185,086	5,518	149,128	30,834	951,200	80,837
1Mark Laney MD	(i)	0	0	0	0	0	0	0
Director/CEO	(ii)	873,001	1,471,285	8,123	11,400	18,316	2,382,125	0
2Davin Turner DO	(i)	0	0	0	0	0	0	0
Director/Vice Chair	(ii)	517,876	154,693	6,218	83,220	27,754	789,761	69,482
3Dwain Stilson	(i)	0	0	0	0	0	0	0
CFO/Treasurer	(ii)	485,577	253,973	1,667	11,400	30,834	783,451	0
4Nathan Blackford	(i)	218,745	59,070	876	33,768	28,454	340,913	0
President	(ii)	0	0	0	0	0	0	0
5William Humphreys MD	(i)	426,322	0	8,123	11,400	17,582	463,427	0
Staff Physician	(ii)	0	0	0	0	0	0	0
6Shirley Harris MD	(i)	393,736	61,064	16,302	11,400	0	482,502	0
Staff Physician	(ii)	0	0	0	0	0	0	0
7Jack Forest DO	(i)	419,446	0	8,123	11,400	30,784	469,753	0
Staff Physician	(ii)	0	0	0	0	0	0	0
8Amrit Singh MD	(i)	240,021	107,520	21,118	1,423	17,822	387,904	0
Staff Physician	(ii)	0	0	0	0	0	0	0
9Benjamin Kinderknecht DO	(i)	420,946	0	1,667	6,779	29,284	458,676	0
Staff Physician	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	MARK LANEY, M.D., MICHAEL PULIDO, AND DWAIN STILSON HAVE A BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	MOSAIC HEALTH SYSTEM, A MISSOURI NONPROFIT CORPORATION, IS THE SOLE MEMBER OF Mosaic Medical Center-Maryville (Mosaic-Maryville).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	MOSAIC HEALTH SYSTEM, AS THE SOLE MEMBER OF Mosaic Medical Center-Maryville (Mosaic-Maryville) HAS THE RIGHT TO ELECT ALL THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THIS CONFLICTS OF INTEREST AND DOCUMENTATION POLICY ("POLICY") APPLIES TO ALL DIRECTORS AN D OFFICERS OF THE ORGANIZATION AND ANY OTHER PERSON WHO IS IN A POSITION TO EXERCISE SUBST ANTIAL INFLUENCE OVER THE DECISIONS AND AFFAIRS OF THE ORGANIZATION (COLLECTIVELY, "COVERE D PERSONS"). DUTY TO DISCLOSE IF AN INTERESTED PERSON HAS A POSITION OR FINANCIAL INTEREST IN ANY BUSINESS OR OTHER ENTITY WITH WHICH THE ORGANIZATION IS CONSIDERING ENTERING INTO AN ARRANGEMENT OR TRANSACTION, THE INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER POSITION OR FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATED THERETO TO THE ORGANIZA TION'S BOARD OF DIRECTORS (THE "BOARD") OR EXECUTIVE COMMITTEE AS SOON AS THE INTERESTED P ERSON HAS KNOWLEDGE OF THE POTENTIAL ARRANGEMENT OR TRANSACTION, AND WHENEVER REQUESTED BY THE BOARD OR THE EXECUTIVE COMMITTEE. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS A FTER DISCLOSURE OF A POSITION OR A FINANCIAL INTEREST BY AN INTERESTED PERSON, AND AFTER A NY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON (INCLUDING THOSE INTERESTE D PERSONS WHO ARE MEMBERS OF THE BOARD OR EXECUTIVE COMMITTEE) WILL LEAVE THE BOARD MEETIN G WHILE THE DETERMINATION OF WHETHER A CONFLICT OF INTEREST EXISTS IN CONNECTION WITH THE PROPOSED TRANSACTION IS DISCUSSED BY THE BOARD OR THE EXECUTIVE COMMITTEE AND VOTED UPON. A POSITION OR A FINANCIAL INTEREST WILL BE CONSIDERED A CONFLICT OF INTEREST ONLY IF THE B OARD OR THE EXECUTIVE COMMITTEE MAKES SUCH DETERMINATION. AN INTERESTED PERSON IS CONSIDER ED TO HAVE A CONFLICT OF INTEREST WITH RESPECT TO HIS OR HER COMPENSATION IF THE PERSON RE CEIVES COMPENSATION FROM THE ORGANIZATION AND THE PERSON'S COMPENSATION IS BEING DISCUSSED OR REVIEWED BY THE BOARD OR ANY COMMITTEE THEREOF. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST *BEFORE ANY DISCUSSION AND VOTE ON WHETHER A CONFLICT OF INTEREST EXISTS, AN INTERESTED PERSON MAY MAKE A PRESENTATION TO THE BOARD OR THE EXECUTIVE COMMITTEE REGARDIN G THE INTERESTED PERSON'S POSITION OR FINANCIAL INTEREST. AFTER SUCH PRESENTATION, THE INT ERESTED PERSON WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE PROPO SED TRANSACTION. *THE BOARD OR THE EXECUTIVE COMMITTEE WILL UNDERTAKE APPROPRIATE DUE DILI GENCE AND INFORM ITSELF OF ALL MATERIAL INFORMATION REASONABLY AVAILABLE TO IT AND EXPLORE ALL REASONABLE ALTERNATIVES TO THE PROPOSED TRANSACTION THAT WOULD NOT INVOLVE THE CONFLI CT OF INTEREST. *IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSI BLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR THE EXECUTIVE C OMMITTEE WILL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE PROP OSED TRANSACTION IS (I) IN THE ORGANIZATION'S BEST INTEREST, (II) FOR THE ORGANIZATION'S O WN BENEFIT, AND (III) FAIR AND REASONABLE TO THE ORGANIZATION. IN CONFORMITY WITH THIS DET ERMINATION, THE BOARD WILL MAKE ITS DECISION AS TO WHETHER THE ORGANIZATION MAY ENTER INTO THE PROPOSED TRANSACTION. QUO

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All Other Revenue - Total Revenue: 88349, Related or Exempt Function Revenue: 88349, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	Mosaic Health System the sole member of Mosaic Medical Center-Maryville (Mosaic-Maryville), filed a consolidated audited financial statement for year ending 6/30/21. These financial statements were audited by RSM US LLP. Upon completion of the audit, RSM US LLP provided an opinion that the FY21 financial statements fairly presented, in all material respects, the financial position of Mosaic Health System and related organizations. RSM presented the audited financial statements and the Board of Directors reviewed and approved the FY21 audited financial statements.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Mosaic Medical Center Maryville

Employer identification number
83-2249459

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Mosaic Health System (MHS) 5325 Faraon Street St Joseph, MO 64506 43-1283316	Healthcare	MO	501(c)(3)	Type II	NA		No
(2) Heartland Foundation (MOSAIC LIFE CARE FOUNDATION) 5325 Faraon Street St Joseph, MO 64506 43-1262768	Support	MO	501(c)(3)	7	Mosaic Health System	Yes	
(3) Heartland Long Term Acute Care Hospital (HLTACH) 5325 Faraon Street St Joseph, MO 64506 26-1972987	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(4) Heartland Regional Medical Center (MOSAIC-ST JOSEPH) 5325 Faraon Street St Joseph, MO 64506 44-0545289	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(5) Northwest Medical Center Association Inc (MOSAIC-ALBANY) 705 North College Street Albany, MO 64402 44-0580870	Healthcare	MO	501(c)(3)	3	Mosaic Health System	Yes	
(6) Northwest Medical Center Foundation Inc (NMC FOUNDATION) 705 North College Street Albany, MO 64402 47-3694893	Support	MO	501(c)(3)	Type I	Northwest Medical Center Association Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ST JOSEPH DOWNTOWN DEVELOPMENT LLC 5325 Faraon Street St Joseph, MO 64506 47-4317460	DEVELOPMENT OF DOWNTOWN ST. JOSEPH	MO	NA	N/A								

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		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	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	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) Mosaic Health System (MHS)	C	6,407,553	FMV
(2) Heartland Regional Medical Center (Mosaic-St Joseph)	P	4,152,321	FMV
(3) Mosaic Health System (MHS)	M	11,468,831	FMV
(4) Mosaic Health System (MHS)	P	10,629,320	FMV
(5) Mosaic Health System (MHS)	R	766,486	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