

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
Monument Health Network Inc

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 6000

City or town, state or province, country, and ZIP or foreign postal code
Rapid City, SD 577096000

D Employer identification number
46-0360899

E Telephone number
(605) 755-9130

G Gross receipts \$ 173,182,243

F Name and address of principal officer:
Paulette Davidson
PO Box 6000
Rapid City, SD 577096000

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://monument.health/>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981

M State of legal domicile: SD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Monument Health is dedicated to improving the health of individuals and our communities.

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	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,251
6 Total number of volunteers (estimate if necessary)	6	236
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	542,352
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	453,443	518,333
9 Program service revenue (Part VIII, line 2g)	159,443,537	172,654,227
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-20,173	-23,681
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,753	21,916
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,898,560	173,170,795

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	155,940
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	89,189,208	98,540,471
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	77,546,729	71,081,692
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	166,735,937	169,778,103
19 Revenue less expenses. Subtract line 18 from line 12	-6,837,377	3,392,692

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	125,732,103	148,333,045
21 Total liabilities (Part X, line 26)	74,174,612	93,662,816
22 Net assets or fund balances. Subtract line 21 from line 20	51,557,491	54,670,229

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2021-05-11
Mark Thompson CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-05-11
Check if self-employed PTIN: P00484560
Firm's name ▶ Eide Bailly LLP Firm's EIN ▶ 45-0250958
Firm's address ▶ 800 Nicollet Mall Ste 1300 Minneapolis, MN 554027033 Phone no. (612) 253-6500

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:

Our vision at Monument Health is to be one team, to listen, to be inclusive, and to show we care. Monument Health is dedicated to improving the health of individuals and our communities. Values: Trust, Respect, Compassion, Community, Excellence

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 \$ 100,416,601 including grants of \$ 155,940) (Revenue \$ 121,254,675)
See Additional Data

4b (Code:) (Expenses \$ 8,265,268 including grants of \$) (Revenue \$ 36,508,965)
See Additional Data

4c (Code:) (Expenses \$ 8,095,673 including grants of \$) (Revenue \$ 9,112,601)
See Additional Data

(Code:) (Expenses \$ 5,392,015 including grants of \$) (Revenue \$ 5,235,634)
SPH Orthopedic SurgerySpearfish Monument Hospital's Orthopedic Clinic is a surgery department offering general surgery and orthopedic surgery using state-of-the-art surgical methods using the most advanced equipment. The primary focus is on total joints: knee, hip and shoulder. In FY20, a total of 348 in patient cases and 824 outpatient cases were completed at this campus.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 5,392,015 including grants of \$) (Revenue \$ 5,235,634)

4e Total program service expenses ▶ 122,169,557

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
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		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	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		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		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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax 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	102
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	

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

Table with 16 main rows (2a-16) and sub-rows (a-f). Columns include question text, input fields (e.g., 2a, 7d, 10a, 11a, 13b, 13c), and Yes/No/No columns. Row 2a contains the value 1,251.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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.
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:

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							6,903,261	5,967,590	1,471,651	

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 ▶ 122

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Medefis 10826 Old Mill Rd 101 Omaha, NE 68105	Contract Labor	2,080,054
Morrison Management Specialist Inc PO Box 102289 Atlanta, GA 30368	Professional Services	1,371,384
Weatherby Locums Inc PO Box 972633 Dallas, TX 75397	Contract Labor	1,315,383
Crothall Healthcare 13028 Collection Center Dr Chicago, IL 60693	Professional Services	747,358
Journey Group Companies 345 Industrial Dr Spearfish, SD 57783	Construction Services	581,609

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 ▶ 54

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for Acute Care Hospital, Physician Clinics, Long Term Care Facilities, and other program service revenue.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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	155,940	155,940		
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	1,468,550	432,509	1,036,041	
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	74,212,418	67,467,686	6,744,732	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,393,046	1,249,827	143,219	
9 Other employee benefits	16,842,514	9,024,232	7,818,282	
10 Payroll taxes	4,623,943	4,049,069	574,874	
11 Fees for services (non-employees):				
a Management				
b Legal	118,704		118,704	
c Accounting	28,100		28,100	
d Lobbying	22,848		22,848	
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)	9,811,930	7,864,232	1,947,698	
12 Advertising and promotion	141,208	11,366	129,842	
13 Office expenses	2,600,729	1,674,940	925,789	
14 Information technology	684,951	486,416	198,535	
15 Royalties				
16 Occupancy	5,062,325	2,608,275	2,454,050	
17 Travel	376,742	336,476	40,266	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	401,504	401,504		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,144,089	4,833,503	1,310,586	
23 Insurance	758,333	286,531	471,802	
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	27,973,814	4,564,473	23,409,341	
b Medical Supplies	16,738,794	16,684,241	54,553	
c Miscellaneous	217,621	38,337	179,284	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	169,778,103	122,169,557	47,608,546	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 <input type="checkbox"/> 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	-878,422	1	205,269
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,819,766	4	20,050,923
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,048,019	8	2,330,716
	9 Prepaid expenses and deferred charges	824,297	9	922,574
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 128,979,960		
	b Less: accumulated depreciation	10b 60,093,752	70,227,471	10c 68,886,208
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,462,637	12	1,379,570
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets	54,656	14	54,656
	15 Other assets. See Part IV, line 11	32,173,679	15	54,503,129
16 Total assets. Add lines 1 through 15 (must equal line 34)	125,732,103	16	148,333,045	
Liabilities	17 Accounts payable and accrued expenses	29,878,751	17	50,662,584
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	44,295,861	25	43,000,232
	26 Total liabilities. Add lines 17 through 25	74,174,612	26	93,662,816
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	51,204,133	27	54,380,577
	28 Net assets with donor restrictions	353,358	28	289,652
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	51,557,491	32	54,670,229	
33 Total liabilities and net assets/fund balances	125,732,103	33	148,333,045	

Part XI Reconciliation 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	173,170,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,778,103
3	Revenue less expenses. Subtract line 2 from line 1	3	3,392,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,557,491
5	Net unrealized gains (losses) on investments	5	-3,834
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	-276,120
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	54,670,229

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 46-0360899

Name: Monument Health Network Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Monument Health Network owns the following acute care hospitals (including physician clinics) and senior care facilities; Monument Health Custer Hospital (CAH)/ Monument Health Custer Senior Care, Monument Health Lead-Deadwood Hospital (CAH), Monument Health Spearfish Hospital (PPS SCH) and Monument Health Sturgis Hospital (CAH) / Monument Health Sturgis Senior Care. The Health Network also owns, leases and operates provider based physician clinics in Belle Fourche, Spearfish, Lead, Sturgis & Custer. In addition, the Network operates the following free standing clinics in Hot Springs, Buffalo, and Newcastle & Upton, Wyoming. Together, these facilities provide common access to compassionate, quality, advanced health care through its numerous healing environments to the greater Black Hills region.

Form 990, Part III, Line 4b:

SPH Surgical Services Spearfish Monument Hospital's surgery department offers the following surgical specialties: Orthopedics, Ob/GYN, General Surgery, ENT, Podiatry, Dermatology and Ophthalmology (Eyes). In FY20, a total of 3,430 surgery case hours were completed at the main campus.

Form 990, Part III, Line 4c:

SPH 10th Street Primary Care Spearfish Monument Hospital's Medical Clinic is a hospital outpatient department providing primary care. It has a total of 46.34 full time equivalents. This hospital outpatient department had 48,634 encounters throughout the year.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paulette Davidson President and CEO	10.59 49.41	X		X				0	1,717,978	215,619
Ray Jensen MD Physician - Orthopedic Surgery	40.00 0.00					X		1,376,765	0	144,997
Mark A Thompson CFO/Treasurer	9.71 45.29			X				0	964,572	106,253
Garrett Cox MD Physician - Radiologist	40.00 0.00					X		972,887	0	78,257
Richard Little MD Physician - Orthopedic Surgery	40.00 0.00					X		923,388	0	89,329
Andrew Vanosdol MD Physician - Surgery	40.00 0.00					X		801,470	0	80,448
Stephanie Lahr MD CIO & CMIO	9.71 45.29				X			0	741,039	87,788
Teresa Burroff General Counsel, Secretary	9.71 45.29			X				0	759,037	55,468
Brad Arher MD Chief Medical Officer	9.71 45.29				X			0	697,242	108,789
Heather Brewer MD Physician - OB/GYN	40.00 0.00					X		656,876	0	86,100

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher Gasbarre DO Board Member/ Employed Physician	41.13 0.00	X						558,217	0	79,027
Thomas Worsley President Spearfish Market	55.00 0.00				X			501,133	0	59,450
Lee B Bailey MD Board Member/ Employed Physician	40.59 0.00	X						387,635	0	72,159
Nicole Kerkenbush Chief Performance Officer	9.71 45.29				X			0	424,129	38,813
Mark Schmidt President Custer, Lead-Deadwood Markets	55.00 0.00				X			384,398	0	53,804
Mark Schulte President - Sturgis	55.00 0.00				X			340,492	0	54,264
Tresha Moreland VP Human Resources	9.71 45.29				X			0	353,829	34,907
Laura Wightman Chief Nursing Officer Until 04/2019	9.71 45.29						X	0	191,509	10,361
Mary Masten General Counsel, Emeritus	3.53 16.47						X	0	118,255	15,818
David Thom Chairman	0.93 0.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Haivala Vice Chairman	0.77 0.00	X		X				0	0	0
Dusty Pinske Board member	1.45 0.01	X						0	0	0
Richard Tysdal Board member	2.42 0.02	X						0	0	0
Paul Bisson Board member	1.00 0.00	X						0	0	0
Pat Walker Board member	0.86 0.00	X						0	0	0
Pat Kurttenbach Board member	0.83 0.00	X						0	0	0
Steven Williams Board member	0.58 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Monument Health Network Inc

Employer identification number
46-0360899

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 46-0360899

Name: Monument Health Network Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

Name of the organization Monument Health Network Inc	Employer identification number 46-0360899
---	--

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		22,848
j Total. Add lines 1c through 1i			22,848
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1:	Annual dues are paid to the South Dakota Association of Healthcare Organizations. A portion of the dues are applicable to lobbying activities. For calendar year 2020 dues, which were paid in fiscal year 2020, in the amount of \$65,316, 19.20% was used for lobbying purposes. In addition, annual dues were paid to the American Hospital Association, a portion of which is applicable to lobbying activities. For calendar year 2020 dues, which were paid in fiscal year 2020, in the amount of \$44,297, 23.32% was used for lobbying purposes.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
Monument Health Network Inc

Employer identification number
46-0360899

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

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	156,625	143,471	146,585	121,703	120,509
b Contributions					
c Net investment earnings, gains, and losses	-3,833	13,154	-3,114	24,882	1,194
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	152,792	156,625	143,471	146,585	121,703

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 ▶ 65.450 %
- c** Temporarily restricted endowment ▶ 34.550 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b		No

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

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		9,809,704		9,809,704
b Buildings		79,341,745	31,775,619	47,566,126
c Leasehold improvements		1,145,168	936,334	208,834
d Equipment		38,648,241	27,381,799	11,266,442
e Other		35,102		35,102
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				68,886,208

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Intercompany Receivables	54,503,129
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	54,503,129

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 Related Parties	43,000,232
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	43,000,232

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 46-0360899

Name: Monument Health Network Inc

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	Endowed funds are permanently restricted from use and are held in an interest bearing account. The interest earned may be used by the organization at its discretion.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	<p>References to "Monument Health" apply to all entities controlled by Monument Health, Inc. and its subsidiaries. This includes the reporting entity. Monument Health believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the consolidated financial statements. Monument Health would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.</p>

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Monument Health Network Inc

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.**

Employer identification number
 46-0360899

OMB No. 1545-0047
2019
Open to Public Inspection

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,535,161		2,535,161	1.490 %
b Medicaid (from Worksheet 3, column a)			13,840,947	10,897,483	2,943,464	1.730 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			16,376,108	10,897,483	5,478,625	3.220 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	9		2,146,849		2,146,849	1.260 %
f Health professions education (from Worksheet 5)	3		13,249		13,249	0.010 %
g Subsidized health services (from Worksheet 6)			8,939,371	6,497,329	2,442,042	1.440 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits	12		11,099,469	6,497,329	4,602,140	2.710 %
k Total. Add lines 7d and 7j	12		27,475,577	17,394,812	10,080,765	5.930 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1		129		129	0 %
7 Community health improvement advocacy						
8 Workforce development	1		3,212		3,212	0 %
9 Other						
10 Total	2		3,341		3,341	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	11,771,641
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	40,956,632
6	Enter Medicare allowable costs of care relating to payments on line 5	6	42,152,406
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-1,195,774
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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

	(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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?

4

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)
 Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

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

		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?		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.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C, Line 7d</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Section C, Line 7d</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>250.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Section C, Line 16a-c</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Section C, Line 16a-c</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Section C, Line 16a-c</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Facility Reporting Group - A

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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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? 8

Name and address	Type of Facility (describe)
1 1 - Monument Health Custer Care Center 1065 Montgomery Street Custer, SD 57730	Skilled Long Term Nursing Home
2 2 - Monument Health Sturgis Care Center 2140 Junction Ave Sturgis, SD 57785	Skilled Long Term Nursing Home
3 3 - Monument Health Newcastle Clinic 1121 Washington Blvd Newcastle, WY 82701	Clinic
4 4 - Monument Health Hot Springs Clinic 1100 Highway 71 South Suite 101 Hot Springs, SD 57747	Clinic
5 5 - Monument Health Medical Clinic 130 North 15th St Hot Springs, SD 57747	Clinic
6 6 - Monument Health Assisted Living 423 N 10th Street Custer, SD 57730	Assisted Living
7 7 - Monument Health Buffalo Clinic 209 Ramsland Street Buffalo, SD 57720	Clinic
8 8 - Monument Health Upton Clinic 717 Pine Street Upton, WY 82730	Clinic
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c:	References to "Monument Health" apply to all entities controlled by Monument Health, Inc. This includes the reporting entity. Financial assistance debt reduction write-offs for free or discounted care are based on an income matrix utilizing the current Federal Poverty Level (FPL) income guidelines after satisfying applicable co-pay requirements. The income matrix is updated annually as the FPL guidelines are released. Presumptive eligibility may be used.
Part I, Line 6a:	Monument Health Network is included in the community benefit report prepared by Monument Health. The organization's community benefit report can be found on its website at https://monument.health/about-us/mission-vision-values/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7:	Ratio of patient care cost to charges is used for the calculation of cost of services provided for lines 7a, 7b and 7g. Actual costs are used for the calculation of costs of services provided for lines 7e and 7f.
Part II, Community Building Activities:	Monument Health provides numerous community benefit health events and screenings throughout the Black Hills Region. Monument Health also provides financial support to other nonprofit organizations to help support community health outreach. Additionally, Monument Health provides in-kind support and employee volunteers to help support community health events and activities.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2:	The amount on line 2 represents implicit price concessions. The Organization determines its estimate of implicit price concessions based on its historical collection experience with the respective class of patients and residents.
Part III, Line 4:	The footnote to the Organization's financial statements that describes implicit price concession is located in the audited financial statement report on pages 15 and 16.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8:	The Medicare deficit is derived from the actual payments received from the Medicare program for services provided to patients with Medicare coverage. The payments are compared to the actual cost of providing the service as arrived at through the Medicare cost reports. The result is a deficit with costs exceeding the reimbursements. Medical services are provided to patients with Medicare coverage regardless of whether or not a surplus or deficit is realized. Providing Medicare services promotes access to healthcare services which are vitally needed by our communities.
Part III, Line 9b:	The collection policy requires invoking of the financial assistance policy at any time a patient expresses financial difficulty in meeting their debt obligation. Upon invoking the FAP, all collection activity is suspended. If the patient is approved for charity, then the account is closed out of the collection process and classified as charity. If a patient expresses financial concern but fails to complete the application process, additional notification is sent to the patient prior to re-instituting collection activity. We are following the 501(r) Final Regulations timelines for notifications and collections.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2:	We gather additional data on needed services from patient surveys, advisory councils and patient and family advisory councils.
Part VI, Line 3:	Financial Assistance Program brochures explaining the policy, a copy of the policy and Financial Assistance applications are available at each point of entry. Signs alerting patients to the availability of Financial Assistance are prominently displayed and a plain language summary describing the Financial Assistance program accompanies one billing statement for hospital services sent to the patient. The Financial Assistance policy, plain language summary and Financial Assistance application are provided free upon request and are also available on the hospital website at www.monument.health . Monument Health contracts with Midland Medical Group (an unrelated entity) to meet with uninsured patients to assist them with finding a funding source or applying for financial assistance; and our self-pay outsource partner also communicates any funding and financial assistance opportunities with our patients.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4:	Monument Health and its affiliates provide health care services to the 360,000 people who live in the Black Hills of South Dakota and the surrounding region, as well as thousands of visitors each year. Monument Health serves a 38-county region comprised of western South Dakota, southeastern Montana, northeastern Wyoming, southwestern North Dakota and northwestern Nebraska.
Part VI, Line 5:	Monument Health collaborates with agencies and community-wide coalitions to address prioritized health needs within the communities we serve. Monument Health addresses its community's health needs by: 1) Community members serve on governing boards, advisory councils and patient and family member councils; 2) developing new programs and initiatives to address identified health needs; and 3) promoting an understanding of these health needs among other community organizations and within the public itself. Monument Health also provides financial support to other nonprofit organizations to help support community health outreach. Additionally, Monument Health provides in-kind support and employee volunteers to help support community health events and activities.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6:	Monument Health is committed to partnering with the communities it serves to meet the needs of each respective community. Monument Health, Inc. is the parent organization of Monument Health Rapid City Hospital, Inc., Monument Health Network, Inc., and Monument Health Physicians, Inc. These corporations work together to meet the health care needs of the region.

Additional Data

Software ID:
Software Version:
EIN: 46-0360899
Name: Monument Health Network Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4		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	Monument Health Spearfish Hospital 1440 N Main Street Spearfish, SD 57783 www.monument.health 10566	X	X					X		6 Provider-based clinics	A
2	Monument Health Custer Hospital 1039 Montgomery Street Custer, SD 57730 www.monument.health 47660	X	X			X		X		2 Provider-based clinics	A
3	Monument Health Sturgis Hospital 949 Harmon Street Sturgis, SD 57785 www.monument.health 10567	X	X			X		X		1 Provider-based clinic	A
4	Monument Health Lead-Deadwood Hospital 61 Charles Street Deadwood, SD 57732 www.monument.health 10535	X	X			X		X		1 Provider-based clinic	A

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

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

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
Facility Reporting Group A consists of:	- Facility 1: Monument Health Spearfish Hospital, - Facility 2: Monument Health Custer Hospital, - Facility 3: Monument Health Sturgis Hospital, - Facility 4: Monument Health Lead-Deadwood Hospital

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
Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 5:	As part of the community health needs assessment, an online key informant survey was conducted that solicited input from individuals who have a broad interest in the health of the community. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. A total of 134 community stakeholders comprised of physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders completed the key informant survey for the Monument Health service area.

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
Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 6a:	The Community Health Needs Assessment was undertaken by Monument Health, including: Monument Health Rapid City Hospital, Same Day Surgery Center, Monument Health Network (Monument Health Spearfish Hospital, Monument Health Sturgis Hospital, Monument Health Lead-Deadwood Hospital, and Monument Health Custer Hospital). Under a management contract with Monument Health, Hans P. Peterson Memorial Hospital in Philip, SD, also collaborated on the project. Hans P. Peterson Memorial Hospital provided funding for their portion of the assessment.

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
Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 7d:	https://monument.health/about-us/community-health-needs-assessment/

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
<p>Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 11:</p>	<p>During FY20, Monument Health Network focused on the following four priority areas identified through the most recent CHNA: Cancer, Heart Disease and Stroke, Diabetes and Mental Health. Teams comprised of representatives from Rapid City Hospital, Same Day Surgery Center, Monument Health Network, and the community worked on the priority areas selected for each facility's Health Improvement Plan (CHIP). Cancer-Purchased the cancer risk assessment screening tool/survey and navigation platform which is the first step in the development of a genetics program. -Completed the American Club of Therapeutic Radiologists (ASTRO) Accreditation Program for Excellence (Accreditation Program for Excellence - APEX). This accreditation demonstrates that the Cancer Care Institute has the systems, personnel, policies and procedures needed to meet APEX standards for high-quality patient care. -Added access to new education and research to the Cancer Care Institute public website, including new patient education from the Mayo Clinic Care Network. -Completed significant planning for the expansion of the Cancer Care Institute with construction planned to begin in April 2021. The new location will more than double the space of the existing facility to expand radiation and medical oncology, integrate infusion services, and add comprehensive brachytherapy services and integrated services. -Supported community events for Susan G Komen and Breast Cancer Awareness Month. -Utilized the Mayo Clinic Care Network to collaborate on individual patient cancer care to provide patients with care close to home. -Provided cancer education at community events including Fall River County Parade, Custer Gold Discovery Days, Custer Mammo or Bust Run Walk, Deadwood Days of 76 Rodeo Tough Enough to Wear Pink campaign, and the Black Hills Stock Show. Heart Disease and Stroke-Provided blood pressure screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Stroke program coordinator spoke at the Stock Show on stroke signs, symptoms, and risk factors. -Marketing, such as billboards and Facebook announcements, on recognizing the signs and symptoms of stroke and heart disease throughout the year. Particular emphasis was placed in February during Heart Month and in May during Stroke Awareness month. -Hosted and participated in events to increase awareness of Heart Disease and Stroke such as the Annual Heart Ball, Annual Heart Walk, and February Freeze run/walk. -Provided education to area providers through the annual Cardiac Symposium, which had to be virtual this year due to COVID-19. -Implemented Lifestyle Medicine as a new service line and launched a new Lipid Management Clinic. -Recruited additional providers for Heart and Vascular Care and Neurology Care. -Improved the Stroke metric of tissue plasminogen activator (tPA) door-to-needle time. -Provided heart and vascular outreach clinics in Chadron, Alliance, Custer, Newcastle, Spearfish, B</p>

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
<p>Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 11:</p>	<p>elle Fourche and Phillip. -Implemented a new Calcium Scoring Screening process in partnership with National Heart Health. -Partnered with South Dakota Banker's Association to offer Comprehensive Heart & Vascular Screens for their members. -Hosted an ongoing monthly stroke support group. -Utilized the Mayo Clinic Care Network to collaborate on care for cardiology and stroke patients, to provide patients with care close to home. Diabetes-Provided screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Offered virtual options for the Monument Health Diabetes Prevention Program and the Better Choices Better Health program for patients identified by case managers and/or diabetes educators. These programs were offered in partnership with SDSU Extension/SD Foundation for Medical Care. -Supported local events for Diabetes programs, such as the Diabetes Inc. Taste of Caring and Kamp for Kids in Custer. -Expanded Rapid City inpatient endocrinology on-site support. -Providers and educators/dietitians provided telephonic and televideo visits during COVID-19 and explored options to continue post-pandemic. -Ongoing outreach clinics monthly in the communities of Custer, Hot Springs, Sturgis, Spearfish, Newcastle, Deadwood. Mental Health-Partnered with Call to Freedom to provide information on Human Trafficking. -Collaborated with Pennington County Care Campus and provided representation on their Advisory Board. -Arranged on-site and televisits from Protection & Advocacy for Individuals with Mental Illness (PAIMI) Program to provide education on available services. -Expanded AA meeting availability to patients within our facilities to include adult AA, teen AA, Al-Anon and Red Road to Wellbriety. -Implemented lifestyle medicine through dietary changes within the facility and recreation therapy programs. -Supported the local Wellfully program events. -Expanded the availability of counselors located in our primary care facilities across the Monument Health system. -Recruited additional Psychiatrists. -Implemented system wide standard process for mental health screening of patients identified at risk utilizing the Columbia scale.</p>

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
Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 13h:	Must reside within 200 mile radius of the location where the service was received. Presumptive eligibility may be used.

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
Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 16j:	A summary of the hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, in waiting rooms, and in the admissions office. The policy in its entirety is also available upon request.

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
Group A-Facility 1 -- Monument Health Spearfish Hospital Part V, Section B, line 24:	The hospital financial assistance policy does not cover elective procedures. The hospital may have charged FAP eligible patients gross charges for services that are not covered under the financial assistance policy.

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
Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 5:	As part of the community health needs assessment, an online key informant survey was conducted that solicited input from individuals who have a broad interest in the health of the community. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. A total of 134 community stakeholders comprised of physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders completed the key informant survey for the Monument Health service area.

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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 6a:	The Community Health Needs Assessment was undertaken by Monument Health, including: Monument Health Rapid City Hospital, Same Day Surgery Center, Monument Health Network (Monument Health Spearfish Hospital, Monument Health Sturgis Hospital, Monument Health Lead-Deadwood Hospital, and Monument Health Custer Hospital). Under a management contract with Monument Health, Hans P. Peterson Memorial Hospital in Philip, SD, also collaborated on the project. Hans P. Peterson Memorial Hospital provided funding for their portion of the assessment.

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Form and Line Reference	Explanation
Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 7d:	https://monument.health/about-us/community-health-needs-assessment/

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
<p>Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 11:</p>	<p>During FY20, Monument Health Network focused on the following four priority areas identified through the most recent CHNA: Cancer, Heart Disease and Stroke, Diabetes and Mental Health. Teams comprised of representatives from Rapid City Hospital, Same Day Surgery Center, Monument Health Network, and the community worked on the priority areas selected for each facility's Health Improvement Plan (CHIP). Cancer-Purchased the cancer risk assessment screening tool/survey and navigation platform which is the first step in the development of a genetics program. -Completed the American Club of Therapeutic Radiologists (ASTRO) Accreditation Program for Excellence (Accreditation Program for Excellence - APEX). This accreditation demonstrates that the Cancer Care Institute has the systems, personnel, policies and procedures needed to meet APEX standards for high-quality patient care. -Added access to new education and research to the Cancer Care Institute public website, including new patient education from the Mayo Clinic Care Network. -Completed significant planning for the expansion of the Cancer Care Institute with construction planned to begin in April 2021. The new location will more than double the space of the existing facility to expand radiation and medical oncology, integrate infusion services, and add comprehensive brachytherapy services and integrated services. -Supported community events for Susan G Komen and Breast Cancer Awareness Month. -Utilized the Mayo Clinic Care Network to collaborate on individual patient cancer care to provide patients with care close to home. -Provided cancer education at community events including Fall River County Parade, Custer Gold Discovery Days, Custer Mammo or Bust Run Walk, Deadwood Days of 76 Rodeo Tough Enough to Wear Pink campaign, and the Black Hills Stock Show. Heart Disease and Stroke-Provided blood pressure screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Stroke program coordinator spoke at the Stock Show on stroke signs, symptoms, and risk factors. -Marketing, such as billboards and Facebook announcements, on recognizing the signs and symptoms of stroke and heart disease throughout the year. Particular emphasis was placed in February during Heart Month and in May during Stroke Awareness month. -Hosted and participated in events to increase awareness of Heart Disease and Stroke such as the Annual Heart Ball, Annual Heart Walk, and February Freeze run/walk. -Provided education to area providers through the annual Cardiac Symposium, which had to be virtual this year due to COVID-19. -Implemented Lifestyle Medicine as a new service line and launched a new Lipid Management Clinic. -Recruited additional providers for Heart and Vascular Care and Neurology Care. -Improved the Stroke metric of tissue plasminogen activator (tPA) door-to-needle time. -Provided heart and vascular outreach clinics in Chadron, Alliance, Custer, Newcastle, Spearfish, B</p>

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
<p>Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 11:</p>	<p>elle Fourche and Phillip. -Implemented a new Calcium Scoring Screening process in partnership with National Heart Health. -Partnered with South Dakota Banker's Association to offer Comprehensive Heart & Vascular Screens for their members. -Hosted an ongoing monthly stroke support group. -Utilized the Mayo Clinic Care Network to collaborate on care for cardiology and stroke patients, to provide patients with care close to home. Diabetes-Provided screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Offered virtual options for the Monument Health Diabetes Prevention Program and the Better Choices Better Health program for patients identified by case managers and/or diabetes educators. These programs were offered in partnership with SDSU Extension/SD Foundation for Medical Care. -Supported local events for Diabetes programs, such as the Diabetes Inc. Taste of Caring and Kamp for Kids in Custer. -Expanded Rapid City inpatient endocrinology on-site support. -Providers and educators/dietitians provided telephonic and televideo visits during COVID-19 and explored options to continue post-pandemic. -Ongoing outreach clinics monthly in the communities of Custer, Hot Springs, Sturgis, Spearfish, Newcastle, Deadwood. Mental Health-Partnered with Call to Freedom to provide information on Human Trafficking. -Collaborated with Pennington County Care Campus and provided representation on their Advisory Board. -Arranged on-site and televisits from Protection & Advocacy for Individuals with Mental Illness (PAIMI) Program to provide education on available services. -Expanded AA meeting availability to patients within our facilities to include adult AA, teen AA, Al-Anon and Red Road to Wellbriety. -Implemented lifestyle medicine through dietary changes within the facility and recreation therapy programs. -Supported the local Wellfully program events. -Expanded the availability of counselors located in our primary care facilities across the Monument Health system. -Recruited additional Psychiatrists. -Implemented system wide standard process for mental health screening of patients identified at risk utilizing the Columbia scale.</p>

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
Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 13h:	Must reside within 200 mile radius of the location where the service was received. Presumptive eligibility may be used.

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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 16j:	A summary of the hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, in waiting rooms, and in the admissions office. The policy in its entirety is also available upon request.

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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Monument Health Custer Hospital Part V, Section B, line 24:	The hospital financial assistance policy does not cover elective procedures. The hospital may have charged FAP eligible patients gross charges for services that are not covered under the financial assistance policy.

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 5:	As part of the community health needs assessment, an online key informant survey was conducted that solicited input from individuals who have a broad interest in the health of the community. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. A total of 134 community stakeholders comprised of physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders completed the key informant survey for the Monument Health service area.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 6a:	The Community Health Needs Assessment was undertaken by Monument Health, including: Monument Health Rapid City Hospital, Same Day Surgery Center, Monument Health Network (Monument Health Spearfish Hospital, Monument Health Sturgis Hospital, Monument Health Lead-Deadwood Hospital, and Monument Health Custer Hospital). Under a management contract with Monument Health, Hans P. Peterson Memorial Hospital in Philip, SD, also collaborated on the project. Hans P. Peterson Memorial Hospital provided funding for their portion of the assessment.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 7d:	https://monument.health/about-us/community-health-needs-assessment/

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Form and Line Reference	Explanation
<p>Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 11:</p>	<p>During FY20, Monument Health Network focused on the following four priority areas identified through the most recent CHNA: Cancer, Heart Disease and Stroke, Diabetes and Mental Health. Teams comprised of representatives from Rapid City Hospital, Same Day Surgery Center, Monument Health Network, and the community worked on the priority areas selected for each facility's Health Improvement Plan (CHIP). Cancer-Purchased the cancer risk assessment screening tool/survey and navigation platform which is the first step in the development of a genetics program. -Completed the American Club of Therapeutic Radiologists (ASTRO) Accreditation Program for Excellence (Accreditation Program for Excellence - APEX). This accreditation demonstrates that the Cancer Care Institute has the systems, personnel, policies and procedures needed to meet APEX standards for high-quality patient care. -Added access to new education and research to the Cancer Care Institute public website, including new patient education from the Mayo Clinic Care Network. -Completed significant planning for the expansion of the Cancer Care Institute with construction planned to begin in April 2021. The new location will more than double the space of the existing facility to expand radiation and medical oncology, integrate infusion services, and add comprehensive brachytherapy services and integrated services. -Supported community events for Susan G Komen and Breast Cancer Awareness Month. -Utilized the Mayo Clinic Care Network to collaborate on individual patient cancer care to provide patients with care close to home. -Provided cancer education at community events including Fall River County Parade, Custer Gold Discovery Days, Custer Mammo or Bust Run Walk, Deadwood Days of 76 Rodeo Tough Enough to Wear Pink campaign, and the Black Hills Stock Show. Heart Disease and Stroke-Provided blood pressure screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Stroke program coordinator spoke at the Stock Show on stroke signs, symptoms, and risk factors. -Marketing, such as billboards and Facebook announcements, on recognizing the signs and symptoms of stroke and heart disease throughout the year. Particular emphasis was placed in February during Heart Month and in May during Stroke Awareness month. -Hosted and participated in events to increase awareness of Heart Disease and Stroke such as the Annual Heart Ball, Annual Heart Walk, and February Freeze run/walk. -Provided education to area providers through the annual Cardiac Symposium, which had to be virtual this year due to COVID-19. -Implemented Lifestyle Medicine as a new service line and launched a new Lipid Management Clinic. -Recruited additional providers for Heart and Vascular Care and Neurology Care. -Improved the Stroke metric of tissue plasminogen activator (tPA) door-to-needle time. -Provided heart and vascular outreach clinics in Chadron, Alliance, Custer, Newcastle, Spearfish, B</p>

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Form and Line Reference	Explanation
<p>Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 11:</p>	<p>elle Fourche and Phillip. -Implemented a new Calcium Scoring Screening process in partnership with National Heart Health. -Partnered with South Dakota Banker's Association to offer Comprehensive Heart & Vascular Screens for their members. -Hosted an ongoing monthly stroke support group. -Utilized the Mayo Clinic Care Network to collaborate on care for cardiology and stroke patients, to provide patients with care close to home. Diabetes-Provided screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Offered virtual options for the Monument Health Diabetes Prevention Program and the Better Choices Better Health program for patients identified by case managers and/or diabetes educators. These programs were offered in partnership with SDSU Extension/SD Foundation for Medical Care. -Supported local events for Diabetes programs, such as the Diabetes Inc. Taste of Caring and Kamp for Kids in Custer. -Expanded Rapid City inpatient endocrinology on-site support. -Providers and educators/dietitians provided telephonic and televideo visits during COVID-19 and explored options to continue post-pandemic. -Ongoing outreach clinics monthly in the communities of Custer, Hot Springs, Sturgis, Spearfish, Newcastle, Deadwood. Mental Health-Partnered with Call to Freedom to provide information on Human Trafficking. -Collaborated with Pennington County Care Campus and provided representation on their Advisory Board. -Arranged on-site and televisits from Protection & Advocacy for Individuals with Mental Illness (PAIMI) Program to provide education on available services. -Expanded AA meeting availability to patients within our facilities to include adult AA, teen AA, Al-Anon and Red Road to Wellbriety. -Implemented lifestyle medicine through dietary changes within the facility and recreation therapy programs. -Supported the local Wellfully program events. -Expanded the availability of counselors located in our primary care facilities across the Monument Health system. -Recruited additional Psychiatrists. -Implemented system wide standard process for mental health screening of patients identified at risk utilizing the Columbia scale.</p>

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 13h:	Must reside within 200 mile radius of the location where the service was received. Presumptive eligibility may be used.

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Group A-Facility 3 -- Monument Health Sturgis Hospital Part V, Section B, line 24:	The hospital financial assistance policy does not cover elective procedures. The hospital may have charged FAP eligible patients gross charges for services that are not covered under the financial assistance policy.

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
Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 5:	As part of the community health needs assessment, an online key informant survey was conducted that solicited input from individuals who have a broad interest in the health of the community. Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. A total of 134 community stakeholders comprised of physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders completed the key informant survey for the Monument Health service area.

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
Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 6a:	The Community Health Needs Assessment was undertaken by Monument Health, including: Monument Health Rapid City Hospital, Same Day Surgery Center, Monument Health Network (Monument Health Spearfish Hospital, Monument Health Sturgis Hospital, Monument Health Lead-Deadwood Hospital, and Monument Health Custer Hospital). Under a management contract with Monument Health, Hans P. Peterson Memorial Hospital in Philip, SD, also collaborated on the project. Hans P. Peterson Memorial Hospital provided funding for their portion of the assessment.

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
Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 7d:	https://monument.health/about-us/community-health-needs-assessment/

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
<p>Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 11:</p>	<p>During FY20, Monument Health Network focused on the following four priority areas identified through the most recent CHNA: Cancer, Heart Disease and Stroke, Diabetes and Mental Health. Teams comprised of representatives from Rapid City Hospital, Same Day Surgery Center, Monument Health Network, and the community worked on the priority areas selected for each facility's Health Improvement Plan (CHIP). Cancer-Purchased the cancer risk assessment screening tool/survey and navigation platform which is the first step in the development of a genetics program. -Completed the American Club of Therapeutic Radiologists (ASTRO) Accreditation Program for Excellence (Accreditation Program for Excellence - APEX). This accreditation demonstrates that the Cancer Care Institute has the systems, personnel, policies and procedures needed to meet APEX standards for high-quality patient care. -Added access to new education and research to the Cancer Care Institute public website, including new patient education from the Mayo Clinic Care Network. -Completed significant planning for the expansion of the Cancer Care Institute with construction planned to begin in April 2021. The new location will more than double the space of the existing facility to expand radiation and medical oncology, integrate infusion services, and add comprehensive brachytherapy services and integrated services. -Supported community events for Susan G Komen and Breast Cancer Awareness Month. -Utilized the Mayo Clinic Care Network to collaborate on individual patient cancer care to provide patients with care close to home. -Provided cancer education at community events including Fall River County Parade, Custer Gold Discovery Days, Custer Mammo or Bust Run Walk, Deadwood Days of 76 Rodeo Tough Enough to Wear Pink campaign, and the Black Hills Stock Show. Heart Disease and Stroke-Provided blood pressure screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Stroke program coordinator spoke at the Stock Show on stroke signs, symptoms, and risk factors. -Marketing, such as billboards and Facebook announcements, on recognizing the signs and symptoms of stroke and heart disease throughout the year. Particular emphasis was placed in February during Heart Month and in May during Stroke Awareness month. -Hosted and participated in events to increase awareness of Heart Disease and Stroke such as the Annual Heart Ball, Annual Heart Walk, and February Freeze run/walk. -Provided education to area providers through the annual Cardiac Symposium, which had to be virtual this year due to COVID-19. -Implemented Lifestyle Medicine as a new service line and launched a new Lipid Management Clinic. -Recruited additional providers for Heart and Vascular Care and Neurology Care. -Improved the Stroke metric of tissue plasminogen activator (tPA) door-to-needle time. -Provided heart and vascular outreach clinics in Chadron, Alliance, Custer, Newcastle, Spearfish, B</p>

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
<p>Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 11:</p>	<p>elle Fourche and Phillip. -Implemented a new Calcium Scoring Screening process in partnership with National Heart Health. -Partnered with South Dakota Banker's Association to offer Comprehensive Heart & Vascular Screens for their members.-Hosted an ongoing monthly stroke support group. -Utilized the Mayo Clinic Care Network to collaborate on care for cardiology and stroke patients, to provide patients with care close to home. Diabetes-Provided screenings and education at community events, including one of the largest regional events, the Black Hills Stock Show. -Offered virtual options for the Monument Health Diabetes Prevention Program and the Better Choices Better Health program for patients identified by case managers and/or diabetes educators. These programs were offered in partnership with SDSU Extension/SD Foundation for Medical Care.-Supported local events for Diabetes programs, such as the Diabetes Inc. Taste of Caring and Kamp for Kids in Custer. -Expanded Rapid City inpatient endocrinology on-site support. -Providers and educators/dietitians provided telephonic and televideo visits during COVID-19 and explored options to continue post-pandemic.-Ongoing outreach clinics monthly in the communities of Custer, Hot Springs, Sturgis, Spearfish, Newcastle, Deadwood. Mental Health-Partnered with Call to Freedom to provide information on Human Trafficking. -Collaborated with Pennington County Care Campus and provided representation on their Advisory Board. -Arranged on-site and televisits from Protection & Advocacy for Individuals with Mental Illness (PAIMI) Program to provide education on available services.-Expanded AA meeting availability to patients within our facilities to include adult AA, teen AA, Al-Anon and Red Road to Wellbriety. -Implemented lifestyle medicine through dietary changes within the facility and recreation therapy programs. -Supported the local Wellfully program events. -Expanded the availability of counselors located in our primary care facilities across the Monument Health system. -Recruited additional Psychiatrists. -Implemented system wide standard process for mental health screening of patients identified at risk utilizing the Columbia scale.</p>

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
Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 13h:	Must reside within 200 mile radius of the location where the service was received. Presumptive eligibility may be used.

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
Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 16j:	A summary of the hospital's financial assistance policy is posted for all patients at various points of entry, on the facility website, in waiting rooms, and in the admissions office. The policy in its entirety is also available upon request.

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
Group A-Facility 4 -- Monument Health Lead-Deadwood Hospital Part V, Section B, line 24:	The hospital financial assistance policy does not cover elective procedures. The hospital may have charged FAP eligible patients gross charges for services that are not covered under the financial assistance policy.

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

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

Form and Line Reference	Explanation
Part V, Lines 16a-c All Facilities	The Financial Assistance Policy, Application form, and plain language summary are available at https://monument.health/patient-visitor-guide/financial-assistance/

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Monument Health Network Inc

Employer identification number

46-0360899

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?
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.

Table with 8 columns: (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. Row 1: (1) City of Custer, 622 Crook St, Custer, SD 57730; EIN 46-6000114; Government; 155,940; FMV; Land; The land the old hospital was on was given back to the City of Custer after the old hospital building was demolished.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization Monument Health Network Inc	Employer identification number 46-0360899
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 3	The Executive Committee, which is a committee of the Monument Health (parent) Board, reviews and approves base salary and total compensation ranges for all executives within the Monument Health System.
Part I, Line 4b	Monument Health provides a supplemental nonqualified retirement plan and a flexible benefit plan that can include deferred compensation for its executives and physicians. The following individuals had amounts deferred into the account as reported in column c on Schedule J: Lee Bailey MD 21,677 Teresa Burroff 46,435 Paulette Davidson 179,900 Chris Gasbarre MD 37,992 Ray Jensen MD 104,873 Stephanie Lahr MD 49,364 Garrett Cox MD 58,125 Richard Little MD 42,270 Andrew VanOsdol MD 39,997 Tresha Moreland 17,057 Thomas Worsley 22,800 Mark Schmidt 17,101 Mark Schulte 15,389 Mark Thompson 57,686 Laura Wightman 6,758 Heather Brewer MD 42,502 Nicole Kerkenbush 27,600 Brad Archer MD 72,727 The following individuals had supplemental non-qualified retirement plan amounts included in schedule J, column B(iii) that were previously reported as deferred compensation on Form 990. These amounts are identified in Schedule J, column f. Paulette Davidson 240,787 Mark Thompson 188,450 Teresa Burroff 128,327 Teresa Moreland 52,282 Stephanie Lahr MD 118,640 Laura Wightman 83,767 Nicole Kerkenbush 63,236 Mark Schulte 65,608 Thomas Worsley 83,623 Mark Schmidt 65,815 Lee Bailey MD 25,200 Chris Gasbarre MD 46,127 Heather Brewer MD 29,876 Richard Little MD 41,146 Mary Masten 55,542
Part I, Line 7	Executives and other employees of system entities will be eligible to receive annual incentive awards that are competitive with the incentives offered by the organizations in the system's peer group(s) in accordance with the terms of the Monument Health, Inc. annual incentive plan for selected executives and other employees (incentive plan). In accordance with this plan, the parent board's executive committee reviews and approves all incentive compensation performance measures and all awards, if any. The committee ensures that the total compensation, including incentive awards, is reasonable.

Additional Data

Software ID:
Software Version:
EIN: 46-0360899
Name: Monument Health Network Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Paulette Davidson President and CEO	(i)	0	0	0	0	0	0	0
	(ii)	810,916	647,275	259,787	189,139	26,480	1,933,597	240,787
1Ray Jensen MD Physician - Orthopedic Surgery	(i)	1,352,765	24,000	0	113,830	31,167	1,521,762	0
	(ii)	0	0	0	0	0	0	0
2Mark A Thompson CFO/Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	407,368	349,754	207,450	80,227	26,027	1,070,826	188,450
3Garrett Cox MD Physician - Radiologist	(i)	948,887	24,000	0	67,082	11,175	1,051,144	0
	(ii)	0	0	0	0	0	0	0
4Richard Little MD Physician - Orthopedic Surgery	(i)	874,242	8,000	41,146	56,777	32,552	1,012,717	41,146
	(ii)	0	0	0	0	0	0	0
5Andrew Vanosdol MD Physician - Surgery	(i)	753,470	48,000	0	48,954	31,494	881,918	0
	(ii)	0	0	0	0	0	0	0
6Stephanie Lahr MD CIO & CMIO	(i)	0	0	0	0	0	0	0
	(ii)	357,499	245,900	137,640	58,603	29,185	828,827	118,640
7Teresa Burroff General Counsel, Secretary	(i)	0	0	0	0	0	0	0
	(ii)	355,187	256,523	147,327	55,392	76	814,505	128,327
8Brad Arher MD Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	470,056	211,750	15,436	81,128	27,661	806,031	0
9Heather Brewer MD Physician - OB/GYN	(i)	619,000	8,000	29,876	58,688	27,412	742,976	29,876
	(ii)	0	0	0	0	0	0	0
10Christopher Gasbarre DO Board Member/ Employed Physician	(i)	496,090	16,000	46,127	51,615	27,412	637,244	46,127
	(ii)	0	0	0	0	0	0	0
11Thomas Worsley President Spearfish Market	(i)	297,022	105,188	98,923	32,039	27,411	560,583	83,623
	(ii)	0	0	0	0	0	0	0
12Lee B Bailey MD Board Member/ Employed Physician	(i)	354,435	8,000	25,200	41,647	32,418	461,700	25,200
	(ii)	0	0	0	0	0	0	0
13Nicole Kerkenbush Chief Performance Officer	(i)	0	0	0	0	0	0	0
	(ii)	257,330	84,563	82,236	36,533	2,280	462,942	63,236
14Mark Schmidt President Custer, Lead-Deadwood Mark	(i)	238,994	68,113	77,291	26,393	27,411	438,202	65,815
	(ii)	0	0	0	0	0	0	0
15Mark Schulte President - Sturgis	(i)	202,814	61,760	75,918	24,876	29,388	394,756	65,608
	(ii)	0	0	0	0	0	0	0
16Tresha Moreland VP Human Resources	(i)	0	0	0	0	0	0	0
	(ii)	227,155	62,948	63,726	26,014	8,893	388,736	52,282
17Laura Wightman Chief Nursing Officer Until 04/2019	(i)	0	0	0	0	0	0	0
	(ii)	107,742	0	83,767	7,597	2,764	201,870	83,767
18Mary Masten General Counsel, Emeritus	(i)	0	0	0	0	0	0	0
	(ii)	62,713	0	55,542	0	15,818	134,073	55,542

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service
Name of the organization
Monument Health Network Inc

Employer identification number

46-0360899

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a:	All 1099's are issued centrally by Monument Health Rapid City Hospital, Inc., a related organization.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a:	Number of employees on W-3: Monument Health Network, Inc. has its own employees, however, compensation is paid by Monument Health Rapid City Hospital, the common payroll agent.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 1	<p>The membership of the Executive Committee of the Corporation shall consist of the following: Chair of the Board of Directors, Vice Chair of the Board of Directors, two other Board members appointed by the Chair, and the Corporation's President. The Chair of the Board of Directors shall serve as the Chair of the Executive Committee. Directors on the Executive Committee shall serve during the term of office they hold which places them on the Executive Committee, or, for the two Chair-appointed members, for a term of one (1) year or until their successors are appointed. The Executive Committee, when the Board of Directors is not in session, shall have and may exercise all of the authority of the Board of Directors, except to the extent, if any, that such authority shall be limited by a motion or resolution of the Board of Directors or that is authority reserved to the Member. It is intended that the powers of the Executive Committee to act for the whole Board be confined to such urgent matters as reasonably should not be deferred until the next regularly-scheduled meeting of the full Board.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Paulette Davidson has a business relationship with the following individuals due to being the CEO of the supporting organization that exercises reserve powers over the supported or organizations that employ each of these key employees: Teresa Burroff; Stephanie Lahr, MD; Mary Masten; Brad Archer, MD; Tresha Moreland; Mark Thompson; Laura Wightman; Nicole Kerkenbush; Mark Schmidt; Thomas Worsley; Mark Schulte and employed Board Members: Chris Gasbarré MD, and Lee Bailey, MD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Monument Health, Inc. is the sole member of Monument Health Network, Inc.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Monument Health, Inc., being the sole member of Monument Health Network, Inc., has the ability to appoint or remove all members of Monument Health Network, Inc.'s board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Monument Health, Inc. (MHI) provides compliance, governance, financial, and planning support to its Supported Organizations to best assure the functions and services of the Supported Organizations are coordinated and supported in a manner that furthers the shared charitable mission of the Supported Organizations and MHI, as a whole (the System). Monument Health, Inc. has final authority in significant business decisions affecting the Supported Organizations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The 990 is prepared and reviewed by an independent accounting firm. It is then reviewed internally by finance and legal management. The Form 990 is further reviewed, prior to filing, by the organization's board of directors through a portal to the organization's internal information system, to which each board member has access. Educational sessions have been provided to board members on how to access the portal.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>As part of the annual disclosure of potential conflicts process, all board members, officers, and management are required to complete an annual disclosure statement on financial interests and conflicting interests. At Board and Board Committee meetings, the meeting agenda includes an initial item "Conflicts of Interest" where the Chair asks members if they have any conflicting interests or financial interests related to an agenda item. If a conflicting or financial interest is disclosed, it is noted in the minutes and there is discussion or determination of whether the disclosure requires the board or committee member to be excused from discussion or action on that agenda item. Board or committee members whose disclosure is found to be a conflict may be invited to speak on the matter by the Chair, but are not permitted to vote on the matter and may be required to leave the meeting during discussion, after they have made any comments invited by the Chair. Failure to comply with the Conflict of Interest policy constitutes grounds for removal from office or membership on the Board or Board Committee and, in the case of all employees, termination of employment.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	<p>The executive committee of Monument Health, Inc (MHI; parent) engaged an independent third party compensation firm to conduct a review of all executives, Vice President level and above, to determine an appropriate compensation range in which their compensation would be established. The independent compensation consultant provided peer group market comparative data for base salary, total cash compensation, benefits and total compensation for executives. The CEO or her designee determines the actual base salary of the executives within the committee-approved base salary range based on experience and performance, providing the total compensation is within the targeted market percentile, e.g. 50th percentile. In May 2017, the independent consultant met with Committee members and presented 2017 data upon which the Committee determined all elements of compensation for the member's CEO (base salary, total cash compensation, benefits and total compensation) and reaffirmed the organization's executive compensation philosophy, which includes the targeted market percentile for all other executives. Actual compensation is paid by Monument Health Rapid City Hospital and charged to Monument Health, Inc.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Articles of Incorporation of the organization are filed in the office of the Secretary of State of South Dakota and are available to the public from the Office of the Secretary of State. Other documents (Bylaws, conflict of interest policy and financial statements) are not posted for the public but are available or described in other public documents or sites such as offering statements in bond issues or municipal securities rulemaking board's electronic municipal market access (EMMA) data port.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part X, Line 20	Monument Health Network, Inc. is part of the Monument Health, Inc. Obligated Group which consists of Monument Health, Inc., Monument Health Rapid City Hospital, Inc., Monument Health Network, Inc., and Monument Health Physicians, Inc. Monument Health Network, Inc. was not allocated any share of the bond issue, and thus does not have an amount on line 20.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Released From Restriction -402,289. Transfer to net asset 126,169.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Monument Health Network Inc

Employer identification number

46-0360899

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Monument Health Inc 353 Fairmont Blvd Rapid City, SD 57701 20-1487506	Healthcare	SD	501(c)(3)	Line 12c, III-FI	N/A		No
(2) Monument Health Rapid City Hospital Inc 353 Fairmont Blvd Rapid City, SD 57701 46-0319070	Healthcare	SD	501(c)(3)	Line 3	Monument Health Inc		No
(3) Monument Health Physicians Inc 353 Fairmont Blvd Rapid City, SD 57701 46-0372454	Healthcare	SD	501(c)(3)	Line 10	Monument Health Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Medical & Dental Building 2805 S 5th St Rapid City, SD 57701 46-0339629	Medical Office Bldg	SD	N/A									
(2) Black Hills Medical Office BD LLC 353 Fairmont Blvd Rapid City, SD 57701 41-1992146	Medical Office Bldg	SD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation