

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.

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **REID HOSPITAL & HEALTH CARE SERVICES, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1100 REID PARKWAY
 City or town, state or province, country, and ZIP or foreign postal code
RICHMOND, IN 47374-1908

D Employer identification number: **35-0892672**

E Telephone number: **(765) 983-3000**

F Name and address of principal officer: **CRAIG KINYON**
1100 REID PARKWAY, RICHMOND, IN 47374-1908

G Gross receipts \$ **478,580,463.**

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)

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

J Website: ▶ **WWW.REIDHEALTH.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1902** **M** State of legal domicile: **IN**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO SERVE PEOPLE BY ENHANCING GENERAL HEALTH, WELL-BEING AND QUALITY OF LIFE BY PROVIDING QUALITY HEALTH CARE & EDUCATION THAT WILL MEET CURRENT & FUTURE NEEDS.
	2 Check this box <input type="checkbox"/> 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 19.
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,816.
	6 Total number of volunteers (estimate if necessary) 6 250.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 505,013.
7b Net unrelated business taxable income from Form 990-T, line 39 7b	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,814,122. Prior Year 49,386. Current Year
	9 Program service revenue (Part VIII, line 2g) 398,767,497. 449,166,721.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 52,928,360. 10,821,136.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,090,069. 16,709,363.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 468,600,048. 476,746,606.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 333,325. 268,379.
Expenses	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) 155,955,409. 161,365,043.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 553,087.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 233,378,444. 244,886,799.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 389,667,178. 406,520,221.
19 Revenue less expenses. Subtract line 18 from line 12 78,932,870. 70,226,385.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,065,106,446. Beginning of Current Year 1,217,959,519. End of Year
	21 Total liabilities (Part X, line 26) 274,183,079. 310,695,572.
	22 Net assets or fund balances. Subtract line 21 from line 20. 790,923,367. 907,263,947.

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 _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **AARON HERSHBERGER** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00961884**

Firm's name ▶ **BKD, LLP** Firm's EIN ▶ **44-0160260**

Firm's address ▶ **312 WALNUT STREET, SUITE 3000 CINCINNATI, OH 45202** Phone no. **513-621-8300**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 351,451,190. including grants of \$ 268,379.) (Revenue \$ 449,166,721.)

ATTACHMENT 2

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

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

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

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

4e Total program service expenses ▶ 351,451,190.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
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? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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>		X
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>	X	
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>	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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>		X
25b 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>		X
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>		X
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>		X
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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
28c 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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
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>		X
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>		X
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.	X	

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		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 2,816		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d _____		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a _____		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b _____		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a _____		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b _____		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b _____		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b _____		
c	Enter the amount of reserves on hand 13c _____		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (14), 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 IN,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROHIT BAWA, M.D. BOARD MEMBER	3.00 48.00	X					0.	967,554.	32,052.	
(2) CRAIG KINYON PRESIDENT/CEO	50.00 12.50	X		X			788,378.	0.	50,843.	
(3) JANET MECKLEY, M.D. BOARD MEMBER	3.00 48.00	X					0.	512,860.	30,559.	
(4) WILLIAM BLACK, M.D. BOARD MEMBER	3.00 48.00	X					0.	429,739.	50,193.	
(5) THOMAS HUTH, M.D. VICE PRESIDENT MEDICAL AFFAIRS	50.00 0.			X			390,794.	0.	42,236.	
(6) CHRISTOPHER KNIGHT VICE PRESIDENT/CFO	50.00 0.			X			332,753.	0.	48,140.	
(7) ANGELA DICKMAN VICE PRESIDENT	50.00 0.			X			293,536.	0.	33,799.	
(8) SCOTT RAUCH VICE PRESIDENT	50.00 0.			X			237,949.	0.	37,423.	
(9) JENNIFER EHLERS VICE PRESIDENT/CQO	50.00 0.			X			251,197.	0.	22,730.	
(10) MISTI FOUST-COFIELD VICE PRESIDENT/CNO	50.00 0.			X			220,719.	0.	43,292.	
(11) RANDALL KIRK VP/FOUNDATION PRESIDENT	50.00 0.			X			203,858.	0.	32,600.	
(12) BRADLEY HESTER DIRECTOR OF PHARMACY	50.00 0.					X	187,737.	0.	42,777.	
(13) BILLIE KESTER VP CONTINUUM OF CARE	50.00 0.			X			194,001.	0.	30,443.	
(14) TIMOTHY LOVE DIRECTOR OF INFORMATION SVCS	50.00 0.					X	169,905.	0.	34,525.	

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			
(15) MARY REEDER ----- GENERAL COUNSEL	32.00 ----- 0.					X		165,663.	0.	29,012.
(16) KATHLEEN QUINONES ----- DIRECTOR OF FINANCIAL SERVICES	50.00 ----- 0.					X		173,353.	0.	12,915.
(17) CARRIE KOLENTUS ----- DIRECTOR OF HUMAN RESOURCES	50.00 ----- 0.					X		162,822.	0.	22,602.
(18) ALAN SPEARS ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(19) ALEASIA STEWART ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(20) BONITA WASHINGTON-LACEY ----- BOARD MEMBER - SECRETARY	3.00 ----- 3.00	X		X				0.	0.	0.
(21) DENISE RETZ ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(22) JIM TANNER ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(23) JOHN MCBRIDE ----- BOARD MEMBER - TREASURER	3.00 ----- 3.00	X		X				0.	0.	0.
(24) JON FORD ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(25) KAREN CLARK ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
1b Sub-total								3,772,665.	1,910,153.	596,141.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,772,665.	1,910,153.	596,141.

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 ► 93

	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>		X
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>	X	
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>		X

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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 216

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			
(26) KATHY CRUZ-URIBE ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(27) MARK HARRINGTON ----- BOARD MEMBER - 2ND V. CHAIR	3.00 ----- 3.00	X		X				0.	0.	0.
(28) MORGAN HOWARD ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(29) PAUL LINGLE ----- BOARD MEMBER - 1ST V. CHAIR	3.00 ----- 3.00	X		X				0.	0.	0.
(30) ROBIN HENRY ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(31) ROY TENG, D.O. ----- BOARD MEMBER	3.00 ----- 3.00	X						0.	0.	0.
(32) TOM HILKERT ----- BOARD MEMBER - CHAIR	6.00 ----- 6.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶ 93

	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>		X
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>	X	
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>		X

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	49,386.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f			49,386.			
	Program Service Revenue				Business Code			
2a		NET PATIENT CARE REVENUE		621990	449,166,721.	449,166,721.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			449,166,721.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			12,654,993.		12,654,993.	
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
	6a	Gross rents		(i) Real	(ii) Personal			
			6a	6,436,950.				
			b	Less: rental expenses	6b			
	c	Rental income or (loss)	6c	6,436,950.				
	d	Net rental income or (loss)				6,436,950.	6,436,950.	
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			7a					
			b	Less: cost or other basis and sales expenses	7b	1,021,163.	812,694.	
	c	Gain or (loss)	7c	-1,021,163.	-812,694.			
	d	Net gain or (loss)				-1,833,857.	-1,833,857.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				0.		
			8a			0.		
b			Less: direct expenses	8b			0.	
c	Net income or (loss) from fundraising events.				0.			
9a	Gross income from gaming activities. See Part IV, line 19				0.			
		9a			0.			
		b	Less: direct expenses	9b			0.	
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances				0.			
		10a			0.			
		b	Less: cost of goods sold	10b			0.	
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue				Business Code				
	11a	CAFETERIA / VENDING		621110	3,387,595.	40,708.	3,346,887.	
	b	PHARMACY SALES		621110	1,826,946.	15,000.	1,811,946.	
	c	MISCELLANEOUS		621110	5,057,872.	449,305.	4,608,567.	
	d	All other revenue						
	e	Total. Add lines 11a-11d			10,272,413.			
12	Total revenue. See instructions				476,746,606.	449,166,721.	505,013.	

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	268,379.	268,379.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,254,691.	2,813,505.	436,755.	4,431.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	119,840,960.	103,596,048.	16,081,756.	163,156.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,370,515.	2,913,628.	452,298.	4,589.
9 Other employee benefits	26,795,082.	23,162,903.	3,595,699.	36,480.
10 Payroll taxes	8,103,795.	7,005,294.	1,087,468.	11,033.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	733,808.	634,337.	98,472.	999.
c Accounting	524,257.	453,192.	70,351.	714.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	82,856,682.	71,625,134.	11,118,744.	112,804.
12 Advertising and promotion	2,620,793.	2,265,534.	351,691.	3,568.
13 Office expenses	4,136,853.	3,576,086.	555,135.	5,632.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	5,302,153.	4,583,425.	711,509.	7,219.
17 Travel	487,093.	421,066.	65,364.	663.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	768,787.	664,575.	103,165.	1,047.
20 Interest	8,883,106.	7,678,966.	1,192,046.	12,094.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	30,872,632.	26,687,726.	4,142,875.	42,031.
23 Insurance	3,275,895.	2,831,835.	439,600.	4,460.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	73,084,027.	63,177,201.	9,807,327.	99,499.
b BAD DEBTS	21,752,689.	18,804,027.	2,919,047.	29,615.
c MAINTENANCE CONTRACTS	9,400,890.	8,126,562.	1,261,529.	12,799.
d MISCELLANEOUS	187,134.	161,767.	25,113.	254.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	406,520,221.	351,451,190.	54,515,944.	553,087.
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)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	100,554.	1	75,160.
	2 Savings and temporary cash investments.	23,110,116.	2	45,419,798.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	441,492,712.	4	520,684,602.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	6,617,271.	8	7,747,868.
	9 Prepaid expenses and deferred charges	4,794,735.	9	5,390,731.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 584,823,694.		
	b Less: accumulated depreciation.	10b 340,857,709.		
		225,176,520.	10c	243,965,985.
	11 Investments - publicly traded securities.	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	304,914,407.	12	335,503,519.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	58,900,131.	15	59,171,856.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,065,106,446.	16	1,217,959,519.	
Liabilities	17 Accounts payable and accrued expenses.	33,252,928.	17	40,814,908.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	179,105,528.	20	201,215,913.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	44,102,285.	23	42,227,913.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	17,722,338.	25	26,436,838.
	26 Total liabilities. Add lines 17 through 25.	274,183,079.	26	310,695,572.
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.	771,834,149.	27	886,957,706.
	28 Net assets with donor restrictions.	19,089,218.	28	20,306,241.
	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	790,923,367.	32	907,263,947.
33 Total liabilities and net assets/fund balances.	1,065,106,446.	33	1,217,959,519.	

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	476,746,606.
2	Total expenses (must equal Part IX, column (A), line 25)	2	406,520,221.
3	Revenue less expenses. Subtract line 2 from line 1	3	70,226,385.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	790,923,367.
5	Net unrealized gains (losses) on investments	5	38,903,744.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	7,210,451.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	907,263,947.

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 on 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 on Schedule O and describe any steps taken to undergo such audits . . .

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
--	--

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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2019

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 fails 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 grants.")						
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 from 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 in line 12 on 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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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 10b below.</i>		
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>		

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?	11 a	
b	A family member of a person described in (a) above?	11 b	
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>	11 c	

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>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<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>	2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b	
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
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>	3b	

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

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

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

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

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

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

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

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

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

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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 organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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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)				

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

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots 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.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described...; b If "Yes," enter the amount of any tax incurred...; c If "Yes," enter the amount of any tax incurred by organization managers...; 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).

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

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."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions).

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.

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1G

LOBBYING ACTIVITIES BY PAID STAFF

DURING THE YEAR, SEVERAL LETTERS WERE WRITTEN TO STATE REPRESENTATIVES EXPLAINING THE IMPACT OF SPECIFIC LEGISLATION TO REID HOSPITAL & HEALTH CARE SERVICES, INC. THE ESTIMATED AMOUNT EXPENDED BY THE ORGANIZATION WAS \$1,000. THIS AMOUNT REFLECTS AN ESTIMATE OF LABOR COST FOR THIS ACTIVITY.

SCHEDULE C, PART II-B, LINE 1I

OTHER LOBBYING ACTIVITIES

REID HOSPITAL & HEALTH CARE SERVICES, INC. IS A MEMBER OF CERTAIN TRADE ORGANIZATIONS WHICH ENGAGE IN LOBBYING ACTIVITIES. THIS AMOUNT REFLECTS THE PORTION OF THE DUES USED FOR SUCH ACTIVITIES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

REID HOSPITAL & HEALTH CARE SERVICES, INC.

35-0892672

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2b regarding art and historical treasures.

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	165,793.	165,793.	165,793.	165,793.	165,793.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	165,793.	165,793.	165,793.	165,793.	165,793.

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 ▶ 100.0000 %
- c** Term endowment ▶ _____ %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

b If "Yes" on line 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		17,193,039.		17,193,039.
b Buildings		203,704,766.	85,129,992.	118,574,774.
c Leasehold improvements		12,997,725.	5,928,283.	7,069,442.
d Equipment		285,858,910.	211,825,686.	74,033,224.
e Other		65,069,254.	37,973,748.	27,095,506.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				243,965,985.

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 ATTACHMENT 1		
(A) SAVILLE ROW	953,104.	FMV
(B) MORGAN STANLEY SMITH BARNEY	252,565,586.	FMV
(C) AEW CORE PROPERTY TRUST	20,899,173.	FMV
(D) ENTRUST CAPITAL DIVERSIFIED FU	423,070.	FMV
(E) PRIVATE ADVISORS	16,981,419.	FMV
(F) INVESTMENTS IN TRANSIT	68,389.	FMV
(G) MADISON CORE PROPERTY FUND	15,422,261.	FMV
(H) WHITE OAK PINNACLE FUND	3,284,529.	FMV
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	335,503,519.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DERIVATIVE LIABILITY	19,288,843.
(3) EST THIRD PARTY SETTLEMENTS	3,250,124.
(4) LEASE LIABILITY	3,897,871.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	26,436,838.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

FIN 48 (ASC 740) FOOTNOTE

REID HOSPITAL AND HEALTHCARE SERVICES (HOSPITAL) AND REID PHYSICIAN ASSOCIATES (RHPA) HAVE BEEN RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE HOSPITAL IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. REID HEALTH AMBULANCE HAS SUBMITTED AN APPLICATION TO BE RECOGNIZED AS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. WHILE REID HEALTH AMBULANCE'S APPLICATION IS BEING PROCESSING BY THE IRS, IT WILL OPERATE AS A TAX-EXEMPT ORGANIZATION. REID OUTPATIENT SURGERY AND ENDOSCOPY, LLC, REID ANESTHESIA, LLC, CONNERSVILLE PHARMACY, LLC, AND REID HEALTH PROPERTIES, LLC ARE NOT DIRECTLY SUBJECT TO INCOME TAXES UNDER THE PROVISIONS OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE LAWS. TAXABLE INCOME OR LOSS IS ALLOCATED TO ITS MEMBERS IN ACCORDANCE WITH THEIR RESPECTIVE PERCENTAGE OWNERSHIP FOR INCLUSION IN THEIR RESPECTIVE TAX RETURNS.

THE HOSPITAL AND ITS CONTROLLED SUBSIDIARIES FILE TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

SCHEDULE D, PART V, LINE 4

USE OF ENDOWMENT FUNDS

AT DECEMBER 31, 2019 AND 2018, THE REID HOSPITAL AND HEALTH CARE SERVICES FOUNDATION HAD PERMANENTLY RESTRICTED NET ASSETS OF \$165,793 AND \$165,793, RESPECTIVELY. THE INCOME FROM THIS FUND IS EXPENDABLE TO SUPPORT THE ACUTE REHABILITATION UNIT AND THE SPEECH, OUTPATIENT, AND

Part XIII Supplemental Information (continued)

PHYSICAL THERAPY SERVICES FOR REID HOSPITAL AND HEALTH CARE SERVICES, INC. THESE NET ASSETS HAVE BEEN CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OF DONOR-IMPOSED RESTRICTIONS IN ACCORDANCE WITH ACCOUNTING STANDARDS AND THE PROVISIONS OF THE STATE OF INDIANA ENACTED VERSION OF THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT.

<u>ATTACHMENT 1</u>		
<u>SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES</u>		
<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
IRONWOOD INTERNATIONAL	7,946,743.	FMV
US BANK	16,959,245.	FMV
TOTALS	<u>335,503,519.</u>	

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **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

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

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	X	
1b If "Yes," was it a written policy?	X	
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 care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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)			21,709,319.	764,106.	20,945,213.	5.44
b Medicaid (from Worksheet 3, column a)			73,751,907.	57,436,244.	16,315,663.	4.24
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			95,461,226.	58,200,350.	37,260,876.	9.68
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,982,369.	214.	1,982,155.	.52
f Health professions education (from Worksheet 5)			2,082,754.	637,639.	1,445,115.	.38
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,362,085.		1,362,085.	.35
j Total. Other Benefits			5,427,208.	637,853.	4,789,355.	1.25
k Total. Add lines 7d and 7j			100,888,434.	58,838,203.	42,050,231.	10.93

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

Schedule H (Form 990) 2019

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						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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?	X	
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.		
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		
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)	122,047,624.
6 Enter Medicare allowable costs of care relating to payments on line 5	282,460,763.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	-160,413,139.
8 Describe in Part VI the extent to which any shortfall reported on 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?	X	
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	X	

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ROSE, LLC	OUTPATIENT SURGICAL SERVICES	55.00000	45.00000	45.00000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

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

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 REID HOSPITAL AND HEALTHCARE SERVICES 1100 REID PARKWAY RICHMOND IN 47374 WWW.REIDHEALTH.ORG 19-005044-1	X	X		X			X		OUTPATIENT SURGERY CENTER	
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group REID HOSPITAL AND HEALTHCARE SERVICES

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

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
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		X
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):	X	
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 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>19</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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b 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		X
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):	X	
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.REIDHEALTH.ORG</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 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.REIDHEALTH.ORG/ABOUT/COMMUNITY-BENEFIT/</u>		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group REID HOSPITAL AND HEALTHCARE SERVICES

		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:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150.0000</u> % and FPG family income limit for eligibility for discounted care of <u>300.0000</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 checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
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):	X	
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):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.REIDHEALTH.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.REIDHEALTH.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.REIDHEALTH.ORG</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 Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group REID HOSPITAL AND HEALTHCARE SERVICES

		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?	X	
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:		X
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)		
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

		Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
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)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group REID HOSPITAL AND HEALTHCARE SERVICES

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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.		X
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.		X

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.

SCHEDULE H, PART V, SECTION B, LINE 5

CHNA COMMUNITY INPUT

COMMUNITY INPUT WAS COLLECTED VIA AN ENGLISH LANGUAGE COMMUNITY SURVEY,
KEY INFORMANT INTERVIEWS, AND FOCUS GROUPS.

COMMUNITY SURVEY

ONE FORM OF COMMUNITY INPUT COLLECTED WAS VIA AN ONLINE ENGLISH LANGUAGE
COMMUNITY SURVEY. SURVEY MONKEY WAS THE TOOL USED TO DISTRIBUTE AND
COLLECT RESPONSES FOR THE COMMUNITY SURVEY. PAPER SURVEYS WERE ALSO MADE
AVAILABLE. ANSWERS TO THE PAPER SURVEY WERE INPUT INTO THE SURVEY MONKEY
TOOL. THE COMMUNITY SURVEY WAS DISTRIBUTED ACROSS REID HEALTH'S ENTIRE
SERVICE AREA FROM APRIL 10, 2019 TO MAY 20, 2019. A TOTAL OF 1,168
RESPONSES WERE COLLECTED. RESULTS IN THIS REPORT ARE BASED ON THE EIGHT
COUNTIES THAT COMPRISE REID HEALTH'S SERVICE AREA. THIS WAS A CONVENIENCE
SAMPLE, WHICH MEANS RESULTS MAY BE VULNERABLE TO SELECTION BIAS AND MAKE
THE FINDINGS LESS GENERALIZABLE. ANOTHER LIMITATION TO THE SURVEY IS THAT
IT WAS CONDUCTED ONLY IN ENGLISH.

OUT OF THE 1,168 RESPONDENTS, 88.9% WERE FEMALE AND 10.86% WERE MALE.

THEY WERE COMPRISED OF 73.16% HEALTH PROFESSIONALS.

FOCUS GROUPS

ANOTHER FORM OF COMMUNITY INPUT WAS COLLECTED VIA FIVE FOCUS GROUPS WITH
THIRTY-THREE PARTICIPANTS TOTAL. THESE FOCUS GROUPS WERE HELD BETWEEN
APRIL 29, 2019 AND MAY 2, 2019. THE FOCUS GROUP DISCUSSIONS LASTED

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.

BETWEEN 60-90 MINUTES IN LENGTH. THREE OF THE FIVE FOCUS GROUPS WERE HELD AT REID HEALTH. TWO ADDITIONAL FOCUS GROUPS WERE HELD IN THE COMMUNITIES OF CONNERSVILLE, INDIANA (FAYETTE COUNTY) AND EATON, OHIO (PREBLE COUNTY). DURING THE FOCUS GROUP DISCUSSIONS, QUESTIONS WERE ASKED TO LEARN MORE ABOUT THE COMMUNITY'S OVERALL HEALTH STATUS, HEALTH NEEDS, BARRIERS TO HEALTH, AND AVAILABLE COMMUNITY RESOURCES. NOTES FROM THE FOCUS GROUP DISCUSSIONS WERE TRANSCRIBED AND UPLOADED TO THE WEB-BASED QUALITATIVE DATA ANALYSIS TOOL, DEDOOSE. EXCERPTS WERE CODED BY RELEVANT TOPIC AREAS AND KEY HEALTH THEMES. THE FREQUENCY WITH WHICH A HEALTH TOPIC WAS DISCUSSED WAS USED TO ASSESS THE RELATIVE IMPORTANCE OF THAT HEALTH AND/OR SOCIAL NEED TO DETERMINE THE MOST PRESSING HEALTH NEEDS OF THE COMMUNITY.

KEY INFORMANT INTERVIEWS

HCI CONSULTANTS CONDUCTED KEY INFORMANT INTERVIEWS VIA A QUESTIONNAIRE IN ORDER TO COLLECT COMMUNITY INPUT. INTERVIEWEES WHO WERE ASKED TO PARTICIPATE WERE RECOGNIZED AS HAVING EXPERTISE IN PUBLIC HEALTH, SPECIAL KNOWLEDGE OF COMMUNITY HEALTH NEEDS AND/OR REPRESENTED THE BROAD INTEREST OF THE COMMUNITY SERVED BY THE HOSPITAL, AND/OR COULD SPEAK TO THE NEEDS OF MEDICALLY UNDERSERVED OR VULNERABLE POPULATIONS. FOURTEEN INDIVIDUALS AGREED TO PARTICIPATE AS KEY INFORMANTS.

THE FOURTEEN KEY INFORMANT INTERVIEWS WERE HELD BETWEEN APRIL 11, 2019 AND MAY 17, 2109 VIA AN EMAIL QUESTIONNAIRE. THE QUESTIONNAIRE SOUGHT TO GAIN INFORMATION ABOUT THE INTERVIEWEE'S BACKGROUND AND ORGANIZATION,

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.

HEALTH NEEDS AND BARRIERS OF CONCERN IN THE COMMUNITY, AS WELL AS THE
 IMPACT OF HEALTH ISSUES ON VULNERABLE POPULATIONS.
 POPULATIONS.

SCHEDULE H, PART V, SECTION B, LINE 11

COMMUNITY HEALTH NEEDS

THE FOLLOWING COMMUNITY HEALTH NEEDS, IDENTIFIED IN REID HOSPITAL AND
 HEALTH CARE SERVICES, INC.'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH
 NEEDS ASSESSMENT, WERE ADDRESSED IN AN IMPLEMENTATION STRATEGY TO ADDRESS
 EACH COMMUNITY HEALTH NEED IDENTIFIED AND EXECUTING THE STRATEGY. A
 COMMUNITY BENEFIT SECTION IS INCLUDED WITHIN OPERATIONAL PLANS AND
 MONITORED BY THE CONTINUUM OF CARE COMMITTEE. PROVISIONS ARE BUDGETED
 EACH YEAR FOR SERVICES THAT ADDRESS THE IDENTIFIED NEEDS.

THROUGH AN ANALYSIS OF THE PRIMARY AND SECONDARY DATA THE FOLLOWING TOP
 HEALTH NEEDS WERE DETERMINED:

- ACCESS TO HEALTH SERVICES
- CANCER
- DIABETES
- ECONOMY
- EDUCATION
- EXERCISE, NUTRITION AND WEIGHT
- HEART DISEASE AND STROKE
- MENTAL HEALTH AND MENTAL DISORDERS
- OLDER ADULTS AND AGING

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.

- SUBSTANCE ABUSE
- TRANSPORTATION

ON JUNE 17, 2019, REID HEALTH'S COMMUNITY BENEFIT TEAM, OTHER MEMBERS FROM VARIOUS DEPARTMENTS IN THE HOSPITAL, AND REPRESENTATIVE MEMBERS OF THE COMMUNITY CAME TOGETHER TO PRIORITIZE THE SIGNIFICANT HEALTH NEEDS IN A SESSION LED BY CONSULTANTS FROM HEALTHY COMMUNITIES INSTITUTE. WHILE CONSIDERING SEVERAL PRIORITIZATION CRITERIA, THE FOLLOWING THREE TOPICS WERE IDENTIFIED AS PRIORITIES TO ADDRESS:

- MENTAL HEALTH AND SUBSTANCE MISUSE
- PHYSICAL ACTIVITY, NUTRITION AND WEIGHT
- ADVERSE CHILDHOOD EXPERIENCES

MENTAL HEALTH AND SUBSTANCE MISUSE

GOAL

PROMOTE MENTAL, EMOTIONAL, AND BEHAVIORAL WELL-BEING WITHIN THE COMMUNITIES WE SERVE BY IMPROVING MENTAL HEALTH AND REDUCING SUBSTANCE MISUSE.

OBJECTIVES

1. IMPROVE OVERALL MENTAL HEALTH WITHIN THE COMMUNITY
2. REDUCE THE INCIDENCE AND COMPLICATIONS OF SUBSTANCE MISUSE

INDICATORS

1. AVERAGE NUMBER OF POOR MENTAL HEALTH DAYS

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.

2. AGE-ADJUSTED DEATH RATE DUE TO SUICIDE
3. CHILD ABUSE RATE DEATH RATE DUE TO DRUG POISONING
4. MOTHERS WHO SMOKE DURING PREGNANCY
5. ADULTS WHO SMOKE
6. NON-FATAL ED VISITS DUE TO OPIOID OVERDOSE

STRATEGIES

1. INITIATIVES

- REDUCE STIGMA ASSOCIATED WITH MENTAL HEALTH AND SUBSTANCE MISUSE.
- INCREASE ACCESS TO MENTAL HEALTH AND ADDICTION SERVICES
- DEVELOP AND PARTNER WITH PROGRAMS THAT BUILD FAMILY SUPPORT
- BUILD A STRONGER SENSE OF COMMUNITY SUPPORT SURROUNDING MENTAL HEALTH AND SUBSTANCE MISUSE

2. NEW TACTICS

- COMMUNITY PLEDGE
- COMMUNITY EDUCATION
- INDIANA RECOVERY COUNCIL MESSAGING
- FINANCIAL SUPPORT
- PROMOTE CURRENT SERVICES AVAILABLE
- DEVELOP HOSPITAL-ENTRY REFERRAL PROGRAM
- WORKPLACE RECOVERY PROGRAMS
- IDENTIFY WAYS TO ATTRACT PROVIDERS
- IMPLEMENT A COMMUNITY SCREENING TOOL
- SCHOOL PARTNERSHIPS

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.

- GRANDPARENT SUPPORT
- HOME VISITING PROGRAMS
- PREVENTION EDUCATION
- COMMUNITY EVENTS
- ORGANIZATIONAL COLLABORATION

3. CONTINUING TACTICS

- OVERDOSE AWARENESS DAY
- JACY HOUSE SUPPORT
- DEPRESSION SCREENINGS
- PSYCHIATRIC CARE
- NARCAN PROGRAM
- NEONATAL ABSTINENCE PROGRAM
- DEPO-PROVERA PROGRAM
- MATERNAL TREATMENT PROGRAM
- MEDICATION ASSISTED TREATMENT
- SUPPORT FOR DRUG FREE WAYNE COUNTY PARTNERSHIP
- SUPPORT FOR REACH ALL RANDOLPH COUNTY
- PROGRAMMATIC SUPPORT FOR SYRINGE EXCHANGE PROGRAMS
- SUPPORT GROUPS

PHYSICAL ACTIVITY, NUTRITION & WEIGHT

GOAL

IMPROVE THE HEALTH OF THE COMMUNITY BY ENCOURAGING HEALTHY CHOICES AND
REDUCING THE DISPARITIES RELATED

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.

TO ACTIVITY AND NUTRITION.

OBJECTIVES

1. INCREASE PHYSICAL ACTIVITY AND REDUCE OBESITY
2. INCREASE THE AVAILABILITY OF HEALTHY FOODS WITHIN THE COMMUNITY

INDICATORS

1. ACCESS TO EXERCISE OPPORTUNITIES
2. ADULTS 20+ WHO ARE OBESE
3. ADULTS 20+ WHO ARE SEDENTARY
4. CHILD FOOD INSECURITY RATE
5. FOOD INSECURITY RATE

STRATEGIES

1. INITIATIVES
 - INCREASE ACCESS TO FRESH AND NUTRITIOUS FOODS
 - PROMOTE CURRENT RESOURCES AND PROGRAMS WHICH SUPPORT PHYSICAL ACTIVITY,

NUTRITION & WEIGHT

- HOST COMMUNITY CLASSES FOR ALL AGES AND ABILITIES IN A VARIETY OF

LOCATIONS

- ENCOURAGE ORGANIZATIONAL PARTNERSHIPS TO SUPPORT PHYSICAL ACTIVITY,

NUTRITION & WEIGHT

2. NEW TACTICS
 - COMMUNITY GARDENS

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.

- MOBILE MARKETS
 - ENCOURAGE PARTNERSHIPS WITH GROCERY STORES
 - EMERGENCY FOOD FOR CHILDREN
 - ONLINE SUPPORT
 - INCENTIVIZE HEALTHY OPTIONS
 - INCREASE AWARENESS OF OPTIONS FOR PHYSICAL ACTIVITY
 - AFFORDABLE FITNESS OPPORTUNITIES
 - ONLINE SUPPORT
 - COOKING CLASSES IN THE COMMUNITY
 - COMMUNITY CHALLENGES
 - PORTION SIZE EDUCATION
 - INCENTIVIZE HEALTHY OPTIONS AMONG BUSINESSES
 - WORKPLACE FITNESS OPPORTUNITIES AND CHALLENGES
 - IMPROVED WALK-ABILITY/BIKE-ABILITY
 - SCHOOL-BASED PROGRAMS
3. CONTINUING TACTICS
- LACTATION/BREASTFEEDING SUPPORT
 - FARMER'S MARKET SUPPORT
 - SUBSIDIZED SUMMER MEALS
 - MEALS FOR 3RD GRADE ACADEMY
 - ROCK SOLID MEALS
 - ALED/HEED CLASSES
 - DIABETES SUPPORT GROUP
 - CAMBRIDGE CITY PHYSICAL ACTIVITY CAMP

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.

- HEALTHY COOKING CLASSES
- FITNESS CLASSES
- REID HEALTHIER COMMUNITY DAY
- REID RIDE
- BABY BOOMERS FIGHT CLUB
- HEALTHWORKS
- WAYNE COUNTY FOOD COUNCIL
- REID HEALTHIER CLUB
- CITY FIT PARTICIPATION
- FOOD RESCUE PROGRAM
- ANGEL WISH BAGS
- CIRCLE U HOLIDAY MEAL SUPPORT

ADVERSE CHILDHOOD EXPERIENCES

GOAL

IMPROVE THE HEALTH OF THE COMMUNITY BY PREVENTING ADVERSE CHILDHOOD EXPERIENCES (ACES) AND REDUCING THE IMPACT OF ACES.

OBJECTIVES

1. INCREASE COMMUNITY AWARENESS OF ACES AND POTENTIAL RISK
2. BUILD RESILIENCE AMONG YOUTH AND ADULTS IN OUR COMMUNITIES

INDICATORS

1. DEATH RATE DUE TO DRUG POISONING
2. NON-FATAL ED VISITS DUE TO OPIOID OVERDOSE

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.

3. CHILD ABUSE RATE
4. CHILD FOOD INSECURITY RATE
5. VIOLENT CRIME RATE
6. SINGLE PARENT HOUSEHOLDS
7. AVERAGE NUMBER OF POOR MENTAL HEALTH DAYS
8. AGE-ADJUSTED DEATH RATE DUE TO SUICIDE
9. TEEN PREGNANCY RATE
10. CHILDREN LIVING BELOW POVERTY
11. FAMILIES LIVING BELOW POVERTY

STRATEGIES

1. INITIATIVES
 - CONDUCT AN ACES AWARENESS CAMPAIGN
 - PROVIDE COMMUNITY-BASED TRAINING ON ACES
 - DEVELOP AN ACES TASK FORCE
 - IMPLEMENT PARENT CAFES
 - EXPAND EXISTING PROGRAMS THAT SUPPORT RESILIENCE
2. NEW TACTICS
 - HIGHLIGHT REAL STORIES OF PEOPLE WITH ACES
 - OVERALL MEDIA CAMPAIGN
 - ACES SCREENINGS
 - SOCIAL MEDIA CAMPAIGN
 - COMMUNITY SHOWINGS OF ACE RELATED FILMS
 - EDUCATION TO ALL PUBLIC SECTORS

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.

- EDUCATE ON IMPACT OF ACES
 - INCLUDE REPRESENTATION FROM ALL PUBLIC SECTORS
 - STRENGTHEN WORKFORCE PROGRAMS
 - PROMOTE SCHOOL RELATIONSHIPS WITH CMHCS
 - INITIATE TRAINING FOR PARENT CAFES
 - HOST PARENT CAFES WITH COMMUNITY PARTNERS
 - EDUCATE PARENTS
 - SUPPORT FOR TEEN PARENTS
 - FORMAL FOLLOW UP FOR CHALLENGE DAY
 - MENTORING PROGRAMS
 - HOME VISIT PROGRAMS
3. CONTINUING TACTICS
- TRANSITION WTHR REID LEADS CAMPAIGN TO FOCUS ON ACES
 - SUPPORT FOR JACY HOUSE
 - WAYNE COUNTY FOOD COUNCIL SUPPORT
 - DRUG FREE WAYNE COUNTY SUPPORT
 - REACH ALL RANDOLPH COUNTY SUPPORT
 - PARENT CAFE EDUCATION AND SUPPLIES
 - CHALLENGE DAY
 - SUPPORT FOR FOOD INSECURITY PROGRAMS
 - MATERNAL TREATMENT PROGRAM
 - NARCAN PROGRAM
 - OVERDOSE AWARENESS DAY
 - NEONATAL ABSTINENCE PROGRAM

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.

- SUPPORT FOR SYRINGE EXCHANGE PROGRAMS

- DEPO-PROVERA PROGRAM

SIGNIFICANT HEALTH NEEDS NOT ADDRESSED

IN AN EFFORT TO MAKE IMPROVEMENTS IN THE PRIORITIZED AREAS OF COMMUNITY HEALTH NEEDS, THERE ARE OTHER SIGNIFICANT NEEDS WHICH REID HEALTH WILL NOT ADDRESS THROUGH THE IMPLEMENTATION PLAN DUE TO RESOURCE CONSTRAINTS OR SCOPE OF SERVICES. THOSE INCLUDE THE FOLLOWING:

1. OLDER ADULTS & AGING
2. ECONOMY
3. DIABETES
4. ACCESS TO CARE
5. TRANSPORTATION
6. HEART DISEASE & STROKE
7. CANCER
8. LOW INCOME & UNDERSERVED

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? 1

Name and address	Type of Facility (describe)
1 REID HEALTH CONNERSVILLE 1941 VIRGINA AVE CONNERSVILLE IN 47331	ER & OP CARE FACILITY
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

SCHEDULE H, PART III, SECTION A, LINE 2

BAD DEBT EXPENSE

THE AMOUNT REPORTED ON PART III, LINE 2 IS CALCULATED BASED ON TOTAL BAD
DEBT EXPENSE BASED ON CHARGES.

SCHEDULE H, PART III, SECTION A, LINE 3

BAD DEBT EXPENSE

AN ALLOCATION PERCENTAGE WAS CALCULATED USING FY2019 BAD DEBT EXPENSE AND
BAD DEBT ATTRIBUTED TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY.
THIS PERCENTAGE WAS THEN APPLIED TO FY2019 BAD DEBT EXPENSE TO CALCULATE
THE AMOUNT REPORTED ON LINE 3.

SCHEDULE H, PART III, SECTION A, LINE 4

BAD DEBT EXPENSE

REID HOSPITAL AND HEALTH CARE SERVICES, INC. ACCOUNTS RECEIVABLE ARE
REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE
COLLECTABILITY OF ACCOUNTS RECEIVABLE, REID HOSPITAL AND HEALTH CARE
SERVICES, INC. ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH

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.

OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, REID HOSPITAL AND HEALTH CARE SERVICES, INC. ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), REID HOSPITAL AND HEALTH CARE SERVICES, INC. RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST

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.

EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

SCHEDULE H, PART III, SECTION B, LINE 8

MEDICARE

REID HOSPITAL AND HEALTH CARE SERVICES, INC. BELIEVES THAT ANY MEDICARE SHORTFALL SHOULD BE CONSIDERED A COMMUNITY BENEFIT BECAUSE OUR MISSION IS TO PROMOTE QUALITY HEALTHCARE AND HEALTH EDUCATION IN OUR SERVICE COMMUNITY REGARDLESS OF ONE'S ABILITY TO PAY. WE DO NOT LIMIT THE CARE AVAILABLE TO ANY PATIENTS, INCLUDING THOSE COVERED UNDER THE MEDICARE PROGRAM. WE ARE RELIEVING A GOVERNMENT BURDEN BY PROVIDING CARE TO MEDICARE PATIENTS BELOW COST. TAX-EXEMPT HOSPITALS ARE EXPECTED TO PARTICIPATE IN THE MEDICARE PROGRAM.

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.

SCHEDULE H, PART III, SECTION C, LINE 9B

COLLECTION PRACTICES

COLLECTION PRACTICES ANY INDICATION OF A PATIENTS INABILITY TO PAY FOR SERVICES IS TREATED AS A REQUEST FOR CHARITY CARE. THIS REQUEST CAN BE MADE BY, OR ON BEHALF OF AN INDIVIDUAL SEEKING SERVICE. REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS. PATIENTS ARE SCREENED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BEFORE ANY COLLECTION PROCEDURES BEGIN. IF AT ANY POINT IN THE COLLECTION PROCESS DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK TO A COUNSELOR FOR ASSISTANCE AND REVIEW.

SCHEDULE H, PART VI, LINE 2

NEEDS ASSESSMENT

A NEEDS ASSESSMENT IS CONDUCTED EVERY 3 YEARS IN ACCORDANCE WITH STATE AND FEDERAL REQUIREMENTS. THE LAST NEEDS ASSESSMENT OF REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S SERVICE AREA WAS CONDUCTED IN 2019. THE

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.

RESULTS OF THE NEEDS ASSESSMENT ARE POSTED ON REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S WEBSITE SO THAT COMMUNITY MEMBERS AND ORGANIZATIONS MAY USE THE INFORMATION AS NEEDED. FORMAL AND INFORMAL MEETINGS ARE WITH COMMUNITY STAKEHOLDERS TO SEEK THEIR INPUT ON THE RESULTS. HEALTHY COMMUNITIES INSTITUTE CONDUCTED THE NEEDS ASSESSMENT AND PROVIDED A COMPARISON TO THE 2016 NEEDS ASSESSMENT RESULTS. THE NEXT NEEDS ASSESSMENT WILL BE CONDUCTED IN 2022 AND WILL COMPLY WITH ALL REQUIREMENTS FOR COMMUNITY HEALTH NEEDS ASSESSMENTS UNDER THE AFFORDABLE CARE ACT AND CORRESPONDING REGULATIONS.

IN ADDITION, ALL INDEPENDENT AND NON-INDEPENDENT VOTING MEMBERS OF THE BOARD ARE REQUIRED TO RESIDE WITHIN REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S SERVICE AREA. THE DISTINCTION IS IMPORTANT BECAUSE THEY ARE INVOLVED AND BETTER AWARE OF THE HEALTH NEEDS OF THE COMMUNITY REID HOSPITAL AND HEALTH CARE SERVICES, INC. SERVES.

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.
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- 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.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

REID HOSPITAL AND HEALTH CARE SERVICES, INC. STAFF INFORMS ALL PATIENTS, AS THEY ARE ADMITTED, OF THE VARIOUS ASSISTANCE PROGRAMS AVAILABLE TO HELP THEM PAY THEIR BILL. WE HAVE COMMUNITY EDUCATION INITIATIVES (THAT INCLUDE THE DISTRIBUTION OF FLYERS AND CARDS IN PUBLIC PLACES, INSERTS IN BILLS, AND FLYERS FOR CHURCHES THAT PROMOTE THE PATIENT ADVOCATE PROGRAM) ASKING PEOPLE TO CONTACT A PATIENT ADVOCATE IF THEY, OR A LOVED ONE, DOES NOT HAVE HEALTH COVERAGE. REID HOSPITAL AND HEALTH CARE SERVICES, INC. USES TARGETED ADVERTISEMENTS IN AN EFFORT TO REACH PEOPLE BEFORE THEY ARE IN NEED OF CARE AND TO CONNECT THEM WITH OUR PATIENT ADVOCATES TO HELP DETERMINE ELIGIBILITY FOR INSURANCE COVERAGE. WE HAVE CONTRACTED WITH A THIRD PARTY VENDOR THAT SPECIALIZES IN HELPING PEOPLE WITH THE APPLICATION PROCESS FOR VARIOUS PROGRAMS. IN ADDITION, WE PROVIDE INFORMATION ABOUT FINANCIAL ASSISTANCE IN OUR MONTHLY STATEMENTS. WE CURRENTLY PROMOTE FREE SCREENING SERVICES DIRECTED TO SELF PAY PATIENTS. THOSE WHO RESPOND MAKE AN APPOINTMENT WITH OUR PATIENT ADVOCATES THEN RECEIVE THEIR FREE WELLNESS LAB TEST.

Part VI Supplemental Information

Provide the following information.

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- 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.
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SCHEDULE H, PART VI, LINE 4

COMMUNITY INFORMATION

REID HOSPITAL AND HEALTH CARE SERVICES, INC. SERVES FIVE (5) COUNTIES IN INDIANA (WAYNE, UNION, RANDOLPH, HENRY, AND FAYETTE) AND TWO (2) COUNTIES IN OHIO (PREBLE AND DARKE)(SERVICE AREA). THE DEMOGRAPHICS OF A COMMUNITY SIGNIFICANTLY IMPACT ITS HEALTH PROFILE. DIFFERENT RACE/ETHNIC, AGE, AND SOCIOECONOMIC GROUPS MAY HAVE UNIQUE NEEDS AND REQUIRE VARIED APPROACHES TO HEALTH IMPROVEMENT EFFORTS. ALL DEMOGRAPHIC ESTIMATES ARE SOURCED FROM THE U.S. CENSUS BUREAU'S 2013-2017 AMERICAN COMMUNITY SURVEY UNLESS OTHERWISE INDICATED.

POPULATION

ACCORDING TO THE U.S. CENSUS BUREAU'S 2013-2017 AMERICAN COMMUNITY SURVEY, THE SERVICE AREA HAD A POPULATION OF APPROXIMATELY 285,267. REID HOSPITAL AND HEALTH CARE SERVICES, INC. IS GEOGRAPHICALLY LOCATED IN THE CENTER OF THEIR SERVICE AREA AND WITHIN THE MOST POPULATED COUNTY AND ZIP CODE.

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.
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AGE

THE AGE DISTRIBUTION OF THE SERVICE AREA WAS SIMILAR TO BOTH OHIO AND INDIANA WITH THE EXCEPTION OF SOME MINOR DIFFERENCES. PROPORTIONALLY THERE WERE SLIGHTLY LESS 18-44 YEAR OLDS, AND THERE WERE SLIGHTLY MORE 45-64 YEAR OLDS. THERE WAS, HOWEVER, A SIGNIFICANTLY LARGER PROPORTION OF OLDER ADULTS (AGE 65+) IN THE SERVICE AREA, WHEN COMPARED TO THE STATES OF INDIANA AND OHIO.

RACE/ETHNICITY

THE RACIAL AND ETHNIC MAKEUP OF THE SERVICE AREA WAS MORE HOMOGENOUS COMPARED TO THE STATE OF INDIANA AND THE STATE OF OHIO, WITH APPROXIMATELY 95.2% OF THE POPULATION IDENTIFYING AS WHITE. COMPARED TO INDIANA AND OHIO, THE SERVICE AREA HAD A SMALLER PROPORTION OF BLACK OR AFRICAN AMERICANS, ASIANS, THOSE WHO IDENTIFY AS TWO OR MORE RACES, AND HISPANIC OR LATINOS. IT WAS ESTIMATED THAT 1.8% OF THE SERVICE AREA POPULATION IDENTIFIES AS HISPANIC OR LATINO.

Part VI Supplemental Information

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SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH

SOCIAL DETERMINANTS ARE THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, WORK, LIVE, AND AGE, AND THE WIDER SET OF FORCES AND SYSTEMS SHAPING THE CONDITIONS OF DAILY LIFE.

INCOME

ALL COUNTIES IN THE SERVICE AREA HAD A MEDIAN HOUSEHOLD INCOME BELOW THE NATIONAL VALUE. FRANKLIN COUNTY, INDIANA HAD THE HIGHEST ESTIMATED MEDIAN HOUSEHOLD INCOME AT APPROXIMATELY \$55,588, WHICH WAS JUST SLIGHTLY HIGHER THAN THE MEDIAN HOUSEHOLD INCOME FOR THE STATE OF INDIANA. BOTH FAYETTE COUNTY, INDIANA AND WAYNE COUNTY, INDIANA HAD THE LOWEST APPROXIMATE MEDIAN HOUSEHOLD INCOME AT JUST BELOW \$42,000; NEARLY \$15,000 LESS THAN THE NATIONAL VALUE.

POVERTY

OUT OF THE EIGHT COUNTIES IN THE SERVICE AREA, FAYETTE AND WAYNE COUNTIES HAD THE HIGHEST PROPORTION OF THE POPULATION LIVING BELOW POVERTY (18.2%). THIS VALUE IS HIGHER THAN BOTH THE INDIANA AND OHIO POVERTY

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RATE, 15.2% AND 15.8%, RESPECTIVELY.

UNEMPLOYMENT

THE UNEMPLOYMENT RATE IN THE SERVICE AREA RANGED FROM 3.5% IN DARKE COUNTY, OHIO, TO 4.9% IN FAYETTE COUNTY, INDIANA. ADDITIONALLY, SIX OUT OF EIGHT COUNTIES IN THE SERVICE AREA HAD HIGHER UNEMPLOYMENT RATES WHEN COMPARED TO THE U.S. VALUE FOR UNEMPLOYMENT (3.5%).

EDUCATION

HIGH SCHOOL DEGREE ATTAINMENT IS FAIRLY SIMILAR BETWEEN COUNTIES IN THE SERVICE AREA AND COMPARED TO THE INDIANA STATE VALUE (88.3%), THE OHIO STATE VALUE (89.8%), AND THE U.S. NATIONAL VALUE (87.3%). HOWEVER, FAYETTE, INDIANA HAD THE LOWEST HIGH SCHOOL ATTAINMENT IN THE SERVICE AREA AT APPROXIMATELY 82.0%.

TRANSPORTATION

THE PERCENT OF HOUSEHOLDS WITHOUT A VEHICLE IN THE SERVICE AREA RANGED FROM 6.7% TO 14.5%. OUT OF THE EIGHT COUNTIES IN THE SERVICE AREA, WAYNE

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COUNTY HAD THE HIGHEST PROPORTION OF HOUSEHOLDS WITHOUT A VEHICLE AT 10.1%. RESIDENTS IN THESE IMPACTED LOCATIONS MAY BE MORE LIKELY TO EXPERIENCE DIFFICULTIES ACCESSING SERVICES PROVIDED BY REID HOSPITAL AND HEALTH CARE SERVICES, INC.

SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH

REID HOSPITAL AND HEALTH CARE SERVICES, INC. SERVES AS A CORNERSTONE FOR THE COMMUNITY BY PROVIDING MANY AREAS OF OUTREACH AND COMMUNITY SERVICE. EXEMPT EMPLOYEES SERVE ON LOCAL BOARDS SUCH AS THE BOYS AND GIRLS CLUB, GIRLS, INC., UNITED WAY, ACHIEVA RESOURCES, THE CHAMBER OF COMMERCE, COMMUNITIES IN SCHOOLS, BIRTH TO FIVE, HEADSTART HEALTH AND EDUCATION ADVISORY COUNCIL AND MANY OTHER CIVIC ORGANIZATIONS. A COMMUNITY BENEFIT PAYROLL BUDGET IS ESTABLISHED EACH YEAR TO ALLOW HOURLY EMPLOYEES TO SERVE IN THE COMMUNITY (DURING WORKING HOURS) ON PROJECTS SUCH AS HABITAT FOR HUMANITY. AS OF 2019, A TOTAL OF 225 AED'S (AUTOMATED EXTERNAL DEFIBRILLATORS) WERE PLACED IN LOCAL SCHOOLS, NOT FOR PROFIT ORGANIZATIONS, FIRE AND POLICE, AND EMS SERVICES, TO SUPPORT THE HEALTH

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OF THE COMMUNITY. REID HOSPITAL AND HEALTH CARE SERVICES, INC. ALSO PROVIDES ASSISTANCE TO THESE PUBLIC DEPARTMENTS WITH CERTIFICATION AND RENEWAL OF REQUIRED AMERICAN HEART ASSOCIATION COURSES SUCH AS BLS (BASIC LIFE SUPPORT), ACLS (ADVANCED CARDIAC LIFE SUPPORT), AND PALS (PEDIATRIC ADVANCED LIFE SUPPORT). SUSTAINING A WELL-EDUCATED HEALTH CARE WORK FORCE IS PART OF THE OUTREACH OF REID HOSPITAL AND HEALTH CARE SERVICES, INC. MEDICAL GRAND ROUNDS ARE OFFERED WEEKLY AND ARE OPEN TO ALL PHYSICIANS IN THE COMMUNITY. EACH YEAR REID HOSPITAL AND HEALTH CARE SERVICES, INC., IVY TECH COMMUNITY COLLEGE AND INDIANA UNIVERSITY-EAST CAMPUS COLLABORATE ON A HEALTH CAREER CAMP WHICH PROVIDES HIGH SCHOOL STUDENTS AN OPPORTUNITY TO PARTICIPATE IN NURSING AND ALLIED HEALTH ACTIVITIES. STUDENTS FROM THE 7-COUNTY SERVICE AREA ARE INVITED TO ATTEND. THERE ARE SOCIAL DETERMINANTS OF HEALTH AND READING IS ONE OF THOSE ELEMENTS REID HOSPITAL AND HEALTH CARE SERVICES, INC. HAS CHOSEN TO SUPPORT. EACH YEAR THE THIRD GRADE READING ACADEMY WORKS WITH CHILDREN WHO ARE NOT READING AT GRADE LEVEL AND SPEND THE SUMMER IMPROVING THEIR READING SKILLS. REID HOSPITAL AND HEALTH CARE SERVICES, INC. HAS SUPPORTED THIS NOT FOR PROFIT ORGANIZATION SINCE IT BEGAN. THE GOVERNING BOARD OF REID HOSPITAL AND

Part VI Supplemental Information

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HEALTH CARE SERVICES, INC. AND ESPECIALLY THE COMMUNITY BENEFIT COMMITTEE
 OF THE BOARD GUIDE THE OUTREACH TO THE COMMUNITY TO MAKE CERTAIN THAT
 REID HOSPITAL AND HEALTH CARE SERVICES, INC. SERVES THE PATIENTS AND THE
 COMMUNITY WITH EQUAL CARE.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT

INDIANA

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BIRTH TO FIVE 498 NW 18TH STREET RICHMOND, IN 47373	35-1843800	501(C)(3)	11,700.				HEALTHY FAMILIES PROGRAM
(2) BOYS & GIRLS CLUB OF WAYNE COUNTY 1717 SOUTH L STREET RICHMOND, IN 47374	35-1065715	501(C)(3)	18,400.				PREVENTION PLUS PROGRAM
(3) THE SHEPHERD'S WAY-CROSS ROAD 6512 U.S. HWY 27 SOUTH RICHMOND, IN 47374	37-1431060	501(C)(3)	12,000.				TRANSITIONAL LIVING PROGRAM
(4) GENESIS OF RICHMOND 15 SOUTH 11TH STREET RICHMOND, IN 47374	35-0868959	501(C)(3)	8,580.				PERSONNEL COST FOR RESIDENTIAL MANAGER
(5) INDEPENDENT LIVING CENTER 1818 W MAIN STREET RICHMOND, IN 47374	35-2054653	501(C)(3)	5,600.				RESIDENTIAL WHEELCHAIR RAMPS
(6) CHILDREN'S JUSTICE AND ADVOCACY CENTER 2 QUAKER HILL DRIVE RICHMOIND, IN 47374	16-1637581	501(C)(3)	9,876.				SPEAK UP, BE SAFE
(7) NORTHEASTERN ELEMENTARY SCHOOL 534 W WALLACE ROAD FOUNTAIN CITY, IN 47341	35-1073323	SCHOOL	6,700.				LEADER IN ME PROGRAM
(8) SAWS (SERVANT'S AT WORK) 7408 SYLVAN RIDGE RD INDIANAPOLIS, IN 46240	45-3825509	501(C)(3)	5,600.				RESIDENTIAL WHEELCHAIR RAMPS
(9) UNCHAINED PRAISES 318 NATIONAL ROAD WEST RICHMOND, IN 47374	46-5712750	501(C)(3)	9,368.				RECOVERY PROGRAM
(10) WHOLE FAMILY COMMUNITY INITIATIVE 322 SUMMIT AVENUE CONNERSVILLE, IN 47331	20-4798593	501(C)(3)	18,200.				PERSONNEL COSTS
(11) BIRTH TO FIVE 498 NW 18TH STREET RICHMOND, IN 47373	35-1843800	501(C)(3)	10,775.				PARENTS AS TEACHERS PROGRAM
(12) BOYS & GIRLS CLUB OF WAYNE COUNTY 1717 SOUTH L STREET RICHMOND, IN 47374	35-1065715	501(C)(3)	11,800.				CLUB FIT PROGRAM

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONNERSVILLE PARKS AND RECREATION 2900 N PARK ROAD CONNERSVILLE, IN 47331	35-6000990	GOVERNMENT	35,000.				ACCESS TO EXERCISE OPPORTUNITIES
(2) RICHMOND FARMERS MARKET 50 N 5TH STREET RICHMOND, IN 47374	35-6001174	GOVERNMENT	12,300.				SNAP DOUBLE DOLLARS PROGRAM
(3) RICHMOND PARKS & REC-MIDDLEFORK 50 N 5TH STREET RICHMOND, IN 47374	35-6001174	GOVERNMENT	13,365.				EXERCISE OPPORTUNITIES
(4) WAYNE COUNTY CARDINAL GREENWAY PO BOX 2411 RICHMOND, IN 47374	35-1885151	501(C)(3)	11,692.				WALKING/RUNNING TRAINING PROGRAM
(5) YMCA OF GREATER DAYTON 118 W FIRST STREET DAYTON, OH 45402	31-0537517	501(C)(3)	11,450.				DIABETES PREVENTION
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 15.

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

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

Schedule I (Form 990) (2019)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

SCHEDULE I, PART I, LINE 2

ORGANIZATION PROCEDURES FOR MONITORING

THE COMMUNITY BENEFIT GRANT PROGRAM OF REID HOSPITAL AND HEALTH CARE SERVICES, INC. DEMONSTRATES THE COMMITMENT OF THE ORGANIZATION TO COMMUNITY SERVICE THROUGH FUNDING ORGANIZATIONS WITHIN THE REID HOSPITAL AND HEALTH CARE SERVICES, INC. SERVICE AREA WHICH FUNCTION TO MEET AN IDENTIFIED HEALTH NEED OR NEEDS AND/OR REDUCE A GOVERNMENT BURDEN THROUGH THEIR EFFORTS OR PROGRAMS. GRANT APPLICATIONS ARE ACCEPTED ELECTRONICALLY VIA WEB APPLICATION ON A QUARTERLY BASIS. UPON SUBMISSION OF A GRANT BY A COMMUNITY ORGANIZATION, A REPRESENTATIVE FROM REID HOSPITAL AND HEALTH

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

CARE SERVICES, INC.'S COMMUNITY BENEFIT DEPARTMENT MAY CONDUCT A SITE VISIT TO GAIN FURTHER KNOWLEDGE OF THE ORGANIZATION AND PROGRAM TO BE FUNDED. ALL GRANT APPLICATIONS ARE REVIEWED AND SCORED BY THE COMMUNITY BENEFIT DEPARTMENT MEMBERS. SCORING FACTORS INCLUDE THE ABILITY OF THE ORGANIZATION OR PROGRAM TO:

- IMPROVE COMMUNITY HEALTH
- ADVANCE HEALTH KNOWLEDGE THROUGH EDUCATION
- ADVANCE HEALTH KNOWLEDGE THROUGH RESEARCH
- RELIEVE A GOVERNMENT BURDEN
- FOCUS ON ONE OF THE TOP PRIORITIZED HEALTH NEEDS BASED ON THE COMMUNITY

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

HEALTH NEEDS ASSESSMENT INCLUDING:

- MENTAL HEALTH AND SUBSTANCE MISUSE
- PHYSICAL ACTIVITY, NUTRITION AND WEIGHT
- ADVERSE CHILDHOOD EXPERIENCES
- FOCUS ON ANOTHER IDENTIFIED HEALTH NEED

THE SCORES ARE THEN DISCUSSED AND AVERAGED FOR AN OVERALL SCORE OF THE GRANT REQUEST. THESE REQUESTS AND SCORE SHEETS ARE THEN REVIEWED BY THE COMMUNITY BENEFIT COMMITTEE FOR APPROVAL AND MODIFICATIONS TO THE AWARDED AMOUNTS ARE DETERMINED. FOR AWARDS EXCEEDING \$15,000, THE GRANT REQUEST

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

MUST BE SUBMITTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

ORGANIZATIONS THAT ARE AWARDED GRANT FUNDS ARE REQUIRED TO SUBMIT

QUARTERLY REPORTS DETAILING:

- THE PROJECT FUNDED
- THE NUMBER OF PEOPLE AND TARGET POPULATION SERVED
- HOW THE FUNDS WERE UTILIZED
- OUTCOMES OF THE ORGANIZATION/PROGRAM TO DATE

ATTEMPTS WILL BE MADE BY THE COMMUNITY BENEFIT TEAM MEMBERS TO CONTACT

ORGANIZATIONS WHO FAIL TO SUBMIT REPORTS IN AN EFFORT TO RESOLVE THE

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

DEFICIENCY. FAILURE TO SUBMIT QUARTERLY REPORTS BY AN ORGANIZATION MAY
 JEOPARDIZE THE OPPORTUNITY FOR FUTURE COMMUNITY BENEFIT GRANT FUNDING TO
 THAT ORGANIZATION. LIKEWISE, ORGANIZATIONS WHO FAIL TO DEMONSTRATE
 POSITIVE COMMUNITY IMPACT MAY FORFEIT FURTHER FUNDING OPPORTUNITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - 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.

Only section 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?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CRAIG KINYON PRESIDENT/CEO	(i)	711,254.	1,563.	75,561.	12,040.	38,803.	839,221.	
	(ii)	0.	0.	0.	0.	0.	0.	
2 JANET MECKLEY, M.D. BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	469,422.	23,331.	20,107.	11,200.	19,359.	543,419.	
3 ROHIT BAWA, M.D. BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	608,593.	266,992.	91,969.	12,040.	20,012.	999,606.	
4 WILLIAM BLACK, M.D. BOARD MEMBER	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	368,909.	41,743.	19,087.	12,040.	38,153.	479,932.	
5 RANDALL KIRK VP/FOUNDATION PRESIDENT	(i)	172,469.	1,563.	29,826.	8,953.	23,647.	236,458.	
	(ii)	0.	0.	0.	0.	0.	0.	
6 ANGELA DICKMAN VICE PRESIDENT	(i)	247,428.	1,250.	44,858.	11,280.	22,519.	327,335.	
	(ii)	0.	0.	0.	0.	0.	0.	
7 JENNIFER EHLERS VICE PRESIDENT/CQO	(i)	208,271.	1,563.	41,363.	10,826.	11,904.	273,927.	
	(ii)	0.	0.	0.	0.	0.	0.	
8 THOMAS HUTH, M.D. VICE PRESIDENT MEDICAL AFFAIRS	(i)	349,639.	938.	40,217.	12,040.	30,196.	433,030.	
	(ii)	0.	0.	0.	0.	0.	0.	
9 CHRISTOPHER KNIGHT VICE PRESIDENT/CFO	(i)	301,292.	625.	30,836.	10,715.	37,425.	380,893.	
	(ii)	0.	0.	0.	0.	0.	0.	
10 SCOTT RAUCH VICE PRESIDENT	(i)	184,734.	1,563.	51,652.	10,440.	26,983.	275,372.	
	(ii)	0.	0.	0.	0.	0.	0.	
11 BILLIE KESTER VP CONTINUUM OF CARE	(i)	178,033.	625.	15,343.	8,502.	21,941.	224,444.	
	(ii)	0.	0.	0.	0.	0.	0.	
12 MISTI FOUST-COFIELD VICE PRESIDENT/CNO	(i)	202,381.	938.	17,400.	9,645.	33,647.	264,011.	
	(ii)	0.	0.	0.	0.	0.	0.	
13 BRADLEY HESTER DIRECTOR OF PHARMACY	(i)	178,679.	1,563.	7,495.	8,257.	34,520.	230,514.	
	(ii)	0.	0.	0.	0.	0.	0.	
14 TIMOTHY LOVE DIRECTOR OF INFORMATION SVCS	(i)	161,223.	1,563.	7,119.	7,542.	26,983.	204,430.	
	(ii)	0.	0.	0.	0.	0.	0.	
15 KATHLEEN QUINONES DIRECTOR OF FINANCIAL SERVICES	(i)	172,760.	0.	593.	543.	12,372.	186,268.	
	(ii)	0.	0.	0.	0.	0.	0.	
16 MARY REEDER GENERAL COUNSEL	(i)	164,873.	625.	165.	6,105.	22,907.	194,675.	
	(ii)	0.	0.	0.	0.	0.	0.	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CARRIE KOLENTUS DIRECTOR OF HUMAN RESOURCES	(i) 154,737.	(ii) 1,563.	(iii) 6,522.	7,040.	15,562.	185,424.	
		(ii) 0.	(ii) 0.	(ii) 0.	0.	0.	0.	
2		(i)						
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

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.

SCHEDULE J, PART I, LINE 4B

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN OFFICERS OF REID HOSPITAL & HEALTH CARE SERVICES, INC. PARTICIPATE IN A 457F NONQUALIFIED RETIREMENT PLAN. THE FOLLOWING INDIVIDUALS PARTICIPATE IN THE PLAN. AMOUNTS PROVIDED REPRESENT CURRENT YEAR CONTRIBUTIONS TO THE PLAN.

- CRAIG KINYON \$38,850
- ANGELA DICKMAN \$14,193
- JENNIFER EHLERS \$12,043
- THOMAS HUTH, M.D. \$19,538
- SCOTT RAUCH \$12,058
- CHRISTOPHER KNIGHT \$16,277
- RANDALL KIRK \$10,319
- BILLIE KESTER \$9,575
- MISTI FOUST-COFIELD \$10,850

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A HOSPITAL AUTHORITY OF RICHMOND	35-1867077		02/04/2015	104,156,808.	SEE PART VI		X		X		X
B HOSPITAL AUTHORITY OF RICHMOND	35-1867077		11/09/2016	72,071,194.	SEE PART VI		X		X		X
C HOSPITAL AUTHORITY OF RICHMOND	35-1867077		11/05/2018	10,000,000.	TO PURCHASE CAPITAL EQUIPMENT		X		X		X
D HOSPITAL AUTHORITY OF RICHMOND	35-1867077		06/26/2019	30,000,000.	TO PURCHASE CAPITAL EQUIPMENT		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	7,775,000.		5,823,000.		153,562.			
2 Amount of bonds legally defeased								
3 Total proceeds of issue	108,763,515.		72,071,194.		10,126,064.		30,076,502.	
4 Gross proceeds in reserve funds					6,291,639.		10,667,606.	
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	952,946.		214,622.		92,450.		154,528.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds					3,834,425.		19,408,896.	
11 Other spent proceeds	107,810,569.		71,856,572.					
12 Other unspent proceeds					6,291,639.		10,667,606.	
13 Year of substantial completion								
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X			X		X
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			X		X		X
16 Has the final allocation of proceeds been made?	X		X			X		X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

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

Schedule K (Form 990) 2019

Part III Private Business Use		HOSPITAL AUTHORITY OF RICHMOND							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.2100 %		.1800 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.5600 %		.6400 %					
6	Total of lines 4 and 57700 %		.8200 %					
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X

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

PART I, LINE A, COLUMN F

THE 2015 BONDS WERE ISSUED TO ADVANCE REFUND THE ISSUER'S REVENUE BONDS
(REID HOSPITAL PROJECT) SERIES 2009A ISSUED ON MARCH 31, 2009.

PART I, LINE B, COLUMN F

THE 2016 BONDS WERE ISSUED TO CURRENTLY REFUND THE ISSUER'S REVENUE BONDS
(REID HOSPITAL PROJECT) SERIES 2012 ISSUED ON DECEMBER 1, 2012.

PART III, LINE 3, COLUMN A

THE AMOUNT LISTED EXCEEDS THE ISSUE PRICE BECAUSE SUCH AMOUNT INCLUDES
INVESTMENT EARNINGS ON A DEFEASANCE ESCROW.

PART III, LINE 3, COLUMN C

THE AMOUNT LISTED EXCEEDS THE ISSUE PRICE BECAUSE SUCH AMOUNT INCLUDES
INVESTMENT EARNINGS ON THE PROJECT FUND.

PART III, LINE 3, COLUMN D

THE AMOUNT LISTED EXCEEDS THE ISSUE PRICE BECAUSE SUCH AMOUNT INCLUDES
INVESTMENT EARNINGS ON THE PROJECT FUND.

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

PART III, LINE 3A

MANAGEMENT CONTRACTS ARE REGULARLY REVIEWED TO ENSURE COMPLIANCE WITH
REV. PROC. 2017-13.

PART IV, LINE 2C, COLUMN A

A REBATE COMPUTATION WAS PERFORMED ON NOVEMBER 2, 2015.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2019

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization: **REID HOSPITAL & HEALTH CARE SERVICES, INC.** Employer identification number: **35-0892672**

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JACLYN SMITH	EMPLOYED FAMILY MEMBER	17,743.	COMPENSATION		X
(2) AMANDA BRINKER	EMPLOYED FAMILY MEMBER	93,189.	COMPENSATION		X
(3) GREG EHLERS	EMPLOYED FAMILY MEMBER	44,392.	COMPENSATION		X
(4) PAUL LINGLE	BOARD MEMBER	229,250.	COMPENSATION		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV

TRANSACTIONS WITH INTERESTED PERSONS

PAUL LINGLE, WHO IS A BOARD MEMBER OF REID HOSPITAL & HEALTH CARE SERVICES, INC., IS A REAL ESTATE BROKER AND REPRESENTS REID HOSPITAL & HEALTH CARE SERVICES, INC. IN ALL OF ITS REAL ESTATE TRANSACTIONS. THIS BUSINESS RELATIONSHIP HAS BEEN APPROVED BY THE BOARD OF DIRECTORS. MR. LINGLE IS EXCUSED FROM ANY BOARD BUSINESS THAT COULD RESULT IN A CONFLICT OF INTEREST. THE COMPENSATION PAID TO MR. LINGLE IS BASED ON FAIR MARKET VALUE AND CONSISTENT WITH THE INDUSTRY. TOTAL FEES OF \$229,250 WERE PAID FOR CONSULTING SERVICES, BROKERAGE FEES RECEIVED BY LINGLE REAL ESTATE FOR PROPERTY PURCHASED BY REID HOSPITAL & HEALTH CARE SERVICES, INC., LEASE PAYMENTS FOR PROPERTY LEASED TO REID HOSPITAL & HEALTH CARE SERVICES, INC. AND PROPERTY MANAGEMENT SERVICES BY LINGLE MANAGEMENT CO.

GREG EHLERS, FAMILY MEMBER OF JENNIFER EHLERS, WHO IS AN OFFICER OF REID HOSPITAL & HEALTH CARE SERVICES, INC., IS EMPLOYED BY REID HOSPITAL & HEALTH CARE SERVICES, INC. HE EARNED \$44,392 IN COMPENSATION DURING CALENDAR YEAR 2019.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

AMANDA BRINKER, FAMILY MEMBER OF SCOTT RAUCH, WHO IS AN OFFICER OF REID HOSPITAL & HEALTH CARE SERVICES, INC., IS EMPLOYED BY REID HOSPITAL & HEALTH CARE SERVICES, INC. SHE EARNED \$93,189 IN COMPENSATION DURING CALENDAR YEAR 2019.

JACLYN SMITH, FAMILY MEMBER OF PHILLIP SCOTT, WHO IS AN OFFICER OF REID HOSPITAL & HEALTH CARE SERVICES, INC., IS EMPLOYED BY REID HOSPITAL & HEALTH CARE SERVICES, INC. SHE EARNED \$17,743 IN COMPENSATION DURING CALENDAR YEAR 2019.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

35-0892672

FORM 990, PART VI, SECTION A, LINE 2

BUSINESS RELATIONSHIP

REID HOSPITAL AND HEALTH CARE SERVICES, INC. CEO, CRAIG KINYON, AND REID HOSPITAL AND HEALTH CARE SERVICES, INC. BOARD MEMBER, JOHN MCBRIDE, HAVE A BUSINESS RELATIONSHIP THROUGH WEST END BANK. MORE SPECIFICALLY, MR. KINYON SERVES ON THE BOARD OF DIRECTORS OF WEST END BANK, AND MR. MCBRIDE IS THE BOARD CHAIRMAN OF WEST END BANK.

FORM 990, PART VI, SECTION B, LINE 11B

POLICIES

THIS FORM 990 WAS PREPARED AND REVIEWED BY AN OUTSIDE ACCOUNTING FIRM AND LEGAL COUNSEL BEFORE BEING PRESENTED TO MANAGEMENT FOR REVIEW. FOLLOWING MANAGEMENT'S REVIEW, THE FORM 990 WAS PRESENTED TO THE BOARD FOR FINAL REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C

POLICIES

EVERY YEAR ALL KEY EMPLOYEES, OFFICERS, AND DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT OF INTEREST RELATING TO REID HOSPITAL AND HEALTH CARE SERVICES, INC. AND ITS SUBSIDIARIES. THIS INFORMATION IS REVIEWED BY THE ORGANIZATION'S ADMINISTRATIVE STAFF AND INTERNAL AUDITOR. DURING THE YEAR, EACH KEY EMPLOYEE AND OFFICER IS REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ISSUE WHEN IT OCCURS. THE BOARD OF DIRECTORS IS ASKED IF THERE ARE ANY CONFLICT OF INTEREST ISSUES BEFORE EACH AND EVERY

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15A

POLICIES

THE MISSION OF REID HOSPITAL AND HEALTH CARE SERVICES, INC. IS TO SERVE THE PEOPLE OF A MULTI-COUNTY SERVICE AREA IN REFERENCE TO THEIR CURRENT AND FUTURE NEEDS FOR HEALTH CARE SERVICES. THE GOVERNING BOARD IS VESTED WITH THE ULTIMATE RESPONSIBILITY AND AUTHORITY FOR THE SUCCESSFUL FULFILLMENT OF THIS MISSION.

THE GOVERNING BOARD OF REID HOSPITAL AND HEALTH CARE SERVICES, INC. EXERCISES A FIDUCIARY RESPONSIBILITY ON BEHALF OF THE SERVICE AREA AND PEOPLE WE SERVE. WHILE REID HOSPITAL AND HEALTH CARE SERVICES, INC. IS A PRIVATE, NON-PROFIT ORGANIZATION, THE BOARD IS COMMITTED TO A CONCEPT OF GOVERNANCE THAT SEES AS HAVING A PUBLIC MISSION AND OUTLOOK.

REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S GOVERNING BOARD MAINTAINS AN ONGOING COMMITMENT TO QUALITY AND EXCELLENCE. IT IS THE BELIEF OF THE BOARD THAT THE PEOPLE WE SERVE DESERVE NOTHING LESS. TO COMMIT TO A LESSER STANDARD OR TO BE ACCEPTING OF LESSER PERFORMANCE WOULD BE AN ULTIMATE BREACH OF OUR REASON FOR EXISTENCE. THE COMMITMENT TO QUALITY AND EXCELLENCE STEMS FROM A REALIZATION OF THE STEWARDSHIP INVOLVED IN GOVERNING AND PRESERVING A VITAL HEALTH CARE RESOURCE FOR THE PEOPLE OF A SIX-COUNTY AREA IN EAST CENTRAL INDIANA AND WESTERN OHIO. THIS STEWARDSHIP AND SENSE OF RESPONSIBILITY EXTENDS TO A REALIZATION THAT REID HOSPITAL AND HEALTH CARE SERVICES, INC. IS THE LARGEST EMPLOYER IN

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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WAYNE COUNTY.

THIS BOARD'S ULTIMATE AUTHORITY AND RESPONSIBILITY INCLUDES ALL ASPECTS OF THE OPERATION: QUALITY OF SERVICES RENDERED, QUALITY OF ITS MEDICAL STAFF, QUALITY OF ITS LEADERSHIP AND OTHER FINANCIAL, LEGAL, ETHICAL, AND OPERATIONAL CONSIDERATIONS. AS A SERVICE TEAM PROVIDING HUMAN SERVICES, REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S PEOPLE (GOVERNING AND FOUNDATION BOARDS, MEDICAL STAFF, EMPLOYEES AND VOLUNTEERS) REPRESENT THE SINGLE MOST IMPORTANT ASSET POSSESSED BY THE ORGANIZATION. MORE THAN ANY OTHER FACTOR (BUILDINGS, EQUIPMENT, TECHNOLOGY, ETC.), THE QUALITY OF REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S HUMAN RESOURCES DETERMINES THE QUALITY OF SERVICES ULTIMATELY PROVIDED TO ITS PATIENTS AND FAMILIES.

THIS COMMITMENT TO QUALITY AND THE STEWARDSHIP OF HUMAN RESOURCES SERVICES ARE THE FOUNDATION FOR REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S EMPLOYEE RELATIONS POSTURE. THIS APPLIES TO ALL ASPECTS OF EMPLOYEE RELATIONS AT ALL LEVELS. A COMPENSATION PHILOSOPHY THAT ATTRACTS AND RETAINS QUALIFIED, HIGH QUALITY COMMITTED EMPLOYEES AT ALL LEVELS IS IN THE BEST INTEREST OF REID HOSPITAL AND HEALTH CARE SERVICES, INC. AND THOSE WE SERVE.

THE CHIEF EXECUTIVE OFFICER (PRESIDENT AND CEO), SELECTED AND APPOINTED BY THE GOVERNING BOARD, IS CHARGED WITH THE RESPONSIBILITY OF DEVELOPING AND ADMINISTERING A COMPENSATION PLAN THAT REFLECTS THE PREVIOUSLY STATED

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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PHILOSOPHY AND MISSION. THE CEO IS ACCOUNTABLE TO THE GOVERNING BOARD IN THIS REGARD, JUST AS HE/SHE IS ACCOUNTABLE IN ALL OTHER AREAS.

THE FOLLOWING PHILOSOPHY AND GUIDELINES AFFIRM THE BOARD'S COMMITMENT IN REFERENCE TO DEVELOPING A REASONABLE AND APPROPRIATE COMPENSATION PACKAGE FOR THE CEO AND EXECUTIVE STAFF.

EXECUTIVE COMPENSATION PHILOSOPHY, GUIDELINES, AND PRACTICES: AN EFFECTIVE EXECUTIVE COMPENSATION PROGRAM ADDRESSES A NUMBER OF GOALS. THESE GOALS INCLUDE: 1.) THE ABILITY TO ATTRACT AN INDIVIDUAL WHO IS HIGHLY QUALIFIED BY REASON OF PROFESSIONAL EDUCATION, PAST EXPERIENCE, AND PERSONAL CHARACTERISTICS; 2.) APPROPRIATE RECOGNITION OF PERFORMANCE (POSITIVE OR NEGATIVE); 3.) MAINTENANCE OF MOTIVATION FOR FURTHER PERFORMANCE AT A LEVEL OF EXCELLENCE; 4.) RETENTION (WHEN DESIRED) OF LEADERSHIP EXPERTISE; AND 5.) FAIRNESS.

IT IS IMPORTANT TO NOTE THAT THE ISSUE OF FAIRNESS RELATES TO THE COMMUNITY, THE ORGANIZATION AND THE INDIVIDUAL. THAT IS, THE GOAL OF THE BOARD WILL NOT BE TO MINIMIZE COST PER SE. CONVERSELY, THE EXPECTATIONS OF THE CEO SHOULD NOT BE TO MAXIMIZE INCOME AS A SINGLE OBJECTIVE. THE GOAL OF BOTH PARTIES WILL BE TO ACHIEVE A COMPENSATION PACKAGE THAT IS FAIR TO THE COMMUNITY, FIAR TO THE ORGANIZATION, AND FAIR TO THE INDIVIDUAL.

REID HOSPITAL & HEALTH CARE SERVICES, INC. ENDEAVORS TO SATISFY THE

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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STANDARDS ADVOCATED BY THE INTERNAL REVENUE SERVICE FOR APPROVING
EXECUIVE COMPENSATION.

FORM 990, PART VI, SECTION B, LINE 15B
POLICIES

THE CHIEF EXECUTIVE OFFICER (PRESIDENT AND CEO), SELECTED AND APPOINTED
BY THE GOVERNING BOARD, IS CHARGED WITH THE RESPONSIBILITY OF DEVELOPING
AND ADMINISTERING A COMPENSATION PLAN THAT REFLECTS THE PHILOSOPHY AND
MISSION OF THE ORGANIZATION. THE CEO IS ACCOUNTABLE TO THE GOVERNING
BOARD IN THIS REGARD JUST AS HE/SHE IS ACCOUNTABLE IN ALL OTHER AREAS.
THE COMPENSATION IS SHARED WITH THE EXECUTIVE COMMITTEE FOR AWARENESS,
CONSULTATION, AND DIALOGUE.

FORM 990, PART VI, SECTION C, LINE 19
DISCLOSURE

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC
AS AN ATTACHMENT TO FORM 990 AT WWW.GUIDESTAR.ORG OR UPON REQUEST. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE
UPON REQUEST.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

CHANGE IN VALUATION OF FOUNDATION \$3,854,577

INTERCOMPANY TRANSFER \$77,700

FUNDS RETAINED IN OPERATIONS \$3,278,174

TOTAL \$7,210,451

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WHOLENESS IN BODY, MIND, AND SPIRIT IS BASIC TO FULFILLMENT OF HUMAN POTENTIAL. REID HOSPITAL AND HEALTH CARE SERVICES, INC. AND ITS PEOPLE WORK WITH OTHERS TO ENHANCE WHOLENESS FOR ALL THOSE WE SERVE. THIS MISSION IS CARRIED OUT BY SERVING THE PEOPLE OF A MULTI-COUNTY SERVICE AREA IN REFERENCE TO THEIR CURRENT AND FUTURE NEEDS FOR HEALTH CARE SERVICES. OUR MAJOR FUNCTIONS ARE TO: 1.) PROVIDE A BROADLY DEFINED RANGE OF HEALTH CARE SERVICES THAT: A.) ADDRESS COMMUNITY AND SERVICE AREA NEEDS, B.) CAN BE OFFERED IN A HIGH QUALITY MANNER, AND C.) PROVIDE COST-EFFECTIVE VALUE; 2.) SUPPORT, ALONE OR COLLABORATIVELY, EDUCATIONAL EFFORTS DIRECTED TOWARD: A.) ENTRY LEVEL PREPARATION OF HEALTH CARE WORKERS, B.) LIFE-LONG LEARNING FOR THOSE SERVING IN HEALTH CARE, AND C.) ENHANCE HEALTHY LIFESTYLES AND CHOICES IN THE PEOPLE WE SERVE; AND 3.) INITIATE, PARTICIPATE, OR COOPERATIVELY SUPPORT COMMUNITY EFFORTS THAT ENHANCE THE GENERAL HEALTH STATUS, WELL-BEING AND TOTAL QUALITY OF LIFE IN OUR COMMUNITY AND SERVICE AREA.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE MISSION OF REID HOSPITAL AND HEALTH CARE SERVICES, INC. IS TO SERVE THE PEOPLE OF A MULTI-COUNTY SERVICE AREA IN REFERENCE TO THEIR CURRENT AND FUTURE NEEDS FOR HEALTH CARE SERVICES. IN FURTHERANCE OF THIS MISSION, REID HOSPITAL AND HEALTH CARE SERVICES, INC. PROVIDES QUALITY HEALTHCARE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR ABILITY TO PAY. DURING 2019,

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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ATTACHMENT 2 (CONT'D)

REID HOSPITAL AND HEALTH CARE SERVICES, INC. ADMITTED APPROXIMATELY 13,355 PATIENTS FOR IN-PATIENT SERVICES REPRESENTING 59,980 PATIENT DAYS; 832 BIRTHS REPRESENTING 1,889 NEWBORN PATIENT DAYS AND PERFORMED APPROXIMATELY 2,059 IN-PATIENT SURGERIES. IN ADDITION, REID HOSPITAL AND HEALTH CARE SERVICES, INC. RECEIVED 267,819 OUT-PATIENT ENCOUNTERS FOR NON-EMERGENCY DIAGNOSTIC AND TREATMENT SERVICES INCLUDING 9,436 AMBULATORY SURGERIES AND 17,470 HOME HEALTH ENCOUNTERS. REID HOSPITAL AND HEALTH CARE SERVICES, INC. OFFERS EMERGENCY SERVICES 24 HOURS PER DAY, 365 DAYS EACH YEAR. IN 2019, 46,810 PATIENTS WERE TREATED THROUGH EMERGENCY SERVICES. IN KEEPING WITH REID HOSPITAL AND HEALTH CARE SERVICES, INC.'S COMMITMENT TO SERVE ALL MEMBERS OF OUR MULTI-COUNTY SERVICE AREA, REID HOSPITAL AND HEALTH CARE SERVICES, INC. PROVIDES HEALTHCARE TO THE ELDERLY AND DISABLED COVERED UNDER MEDICARE AND MEDICAID PROGRAMS AT OR BELOW COST. IN ADDITION, REID HOSPITAL AND HEALTH CARE SERVICES, INC. HAS ESTABLISHED A FINANCIAL ASSISTANCE POLICY FOR THE POOR WHO DO NOT HAVE THE MEANS TO PAY FOR SERVICES. FOR 2019, THE TOTAL VALUE OF UNCOMPENSATED CARE AT COST FOR THE ELDERLY AND DISABLED WAS \$16.3 MILLION AND FINANCIAL ASSISTANCE FOR THE POOR WAS \$20.9 MILLION. TO ENSURE MEMBERS OF OUR SERVICE COMMUNITY HAVE ADEQUATE ACCESS AND RESOURCES AVAILABLE TO MEET THEIR HEALTHCARE NEEDS, REID HOSPITAL AND HEALTH CARE SERVICES, INC. HAS UNDERTAKEN A DELIBERATE PHYSICIAN RECRUITMENT PROGRAM CONSISTENT WITH IRS GUIDANCE. THIS PROGRAM PROVIDES ASSURANCE THAT OUR SERVICE COMMUNITY HAS ADEQUATE AND QUALIFIED PHYSICIAN

Name of the organization REID HOSPITAL & HEALTH CARE SERVICES, INC.	Employer identification number 35-0892672
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ATTACHMENT 2 (CONT'D)

RESOURCES COVERING A VARIETY OF SPECIALTY AREAS. THE COST OF FUNDING THIS RECRUITMENT EFFORT WAS \$1,028,731 FOR 2019. IN ADDITION, REID HOSPITAL AND HEALTHCARE SERVICES, INC. IS COMMITTED TO INITIATING, PARTICIPATING IN, OR COOPERATIVELY SUPPORTING COMMUNITY EFFORTS THAT ENHANCE THE GENERAL HEALTH STATUS, WELL-BEING AND TOTAL QUALITY OF LIFE IN OUR SERVICE COMMUNITY.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AMERISOURCEBERGEN DRUG CORP 6305 LA SALLE DRIVE LOCKBOURNE, OH 43137-9260	PHARMACY SUPPLIER	33,577,927.
SHOOK CONSTRUCTION COMPANY 2000 W DOROTHY LANE MORAINES, OH 45439	CONSTRUCTION	7,903,010.
CONCORDANCE HEALTHCARE SOLUTIONS, LLC 85 SHAFFER PARK DRIVE TIFFIN, OH 44883	MEDICAL SUPPLIER	6,504,801.
COMMUNITY HEALTH NETWORK, INC. 1500 N RITTER AVENUE INDIANAPOLIS, IN 46219	EPIC INFO SYSTEMS	6,339,262.
DRAEGER MEDICAL 3135 QUARRY ROAD TELFORD, PA 18969	MEDICAL SUPPLIER	3,894,139.

**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

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) REID ANESTHESIA, LLC 26-4484708 1100 RIED PARKWAY RICHMOND, IN 47374	ANESTHESIA	IN	649,210.	2,050,435.	RHHS
(2) CONNERSVILLE PHARMACY, LLC 47-4847198 1100 RIED PARKWAY RICHMOND, IN 47374	PHARMACY	IN	-25,785.	301,797.	RHHS
(3) REID HEALTH PROPERTIES, LLC 83-2457445 1100 REID PARKWAY RICHMOND, IN 47374	PROPERTY MGT.	IN	-248,926.	113,417.	RHHS
(4)					
(5)					
(6)					

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) REID HOSP AND HEALTH CARE SRVC FDN, INC 23-7440530 1100 REID PARKWAY RICHMOND, IN 47374	SUPPORT	IN	501(C)(3)	12C	N/A		X
(2) REID PHYSICIAN ASSOCIATES, INC 26-3086555 1100 REID PARKWAY RICHMOND, IN 47374	OPERATIONS	IN	501(C)(3)	10	RHHS		X
(3) REID HEALTH AMBULANCE 83-2911570 1100 REID PARKWAY RICHMOND, IN 47374	AMBULANCE	IN	501(C)(3)	10	RHHS		X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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) ROSE, LLC 20-2844915 1100 REID PARKWAY RICHMOND, IN	SURGERY CENTER	IN	RHHS	MEDICAL SERVICES	29,475.	3,660,258.		X			X	55.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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.		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) REID PHYSICIAN ASSOCIATES	J	5,227,909.	FMV
(2) REID HEALTH AMBULANCE	O	707,284.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
