

PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Pioneer Memorial Hospital and
Health Services
315 N. Washington St., PO Box 368
Viborg, SD 57070-0368

Prepared By:

Eide Bailly LLP
200 E. 10th St., Ste. 500
Sioux Falls, SD 57104-6375

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

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 2021 calendar year, or tax year beginning and ending	
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 PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 315 N. WASHINGTON ST., PO BOX 368 City or town, state or province, country, and ZIP or foreign postal code VIBORG, SD 57070-0368 F Name and address of principal officer: LINDSEY HAUGER SAME AS C ABOVE
D Employer identification number 46-0260288	
E Telephone number (605) 326-5161	
G Gross receipts \$ 14,876,728.	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: WWW.PIONEERMEMORIAL.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation: 1959 M State of legal domicile: SD	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROMOTION OF HEALTH		
	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	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	193
	6	Total number of volunteers (estimate if necessary)	6	200
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,520,605.	Current Year 3,174,878.
	9	Program service revenue (Part VIII, line 2g)	10,998,035.	11,640,714.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,090.	13,290.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,694.	47,846.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,585,424.	14,876,728.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	7,268,097.	7,166,301.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 82,648.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,732,682.	3,976,106.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,000,779.	11,142,407.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	2,584,645.	3,734,321.
	20	Total assets (Part X, line 16)	Beginning of Current Year 14,289,328.	End of Year 14,818,916.
	21	Total liabilities (Part X, line 26)	4,330,114.	1,125,381.
	22	Net assets or fund balances. Subtract line 21 from line 20	9,959,214.	13,693,535.

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 <i>Lindsey Hauger</i>	Date <i>10/28/2022</i>
	Type or print name and title LINDSEY HAUGER, CEO	
Paid Preparer Use Only	Print/Type preparer's name LAURIE HANSON, CPA	Preparer's signature LAURIE HANSON, CPA
	Date 10/28/22	Check if self-employed <input type="checkbox"/> PTIN P00851848
	Firm's name ▶ EIDE BAILLY LLP	Firm's EIN ▶ 45-0250958
	Firm's address ▶ 200 E. 10TH ST., STE. 500 SIOUX FALLS, SD 57104-6375	Phone no. 605-339-1999

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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HEALTH SERVICES

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Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:

COMMITTED TO HEALTH, HEALING AND COMMUNITY

- 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 \$ 4,179,386. including grants of \$) (Revenue \$ 5,478,022.)

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES OPERATES A 12-BED CRITICAL ACCESS HOSPITAL. THE ORGANIZATION PROVIDES HEALTHCARE SERVICES TO VIBORG AND SURROUNDING RURAL COMMUNITIES. DURING THE CURRENT YEAR, THE HOSPITAL HAD 102 ACUTE AND SWING BED ADMISSIONS AND 521 PATIENT DAYS, 822 VISITS TO THE EMERGENCY ROOM AND PERFORMED 58 SURGERIES/SCOPE PROCEDURES. VOLUMES AT PIONEER MEMORIAL HOSPITAL REMAINED CONSISTENT WITH THE PRIOR YEAR AS WE CONTINUED TO TESTING FOR COVID-19 AND PROVIDING CARE TO PATIENTS WITH COVID-19.

4b (Code:) (Expenses \$ 3,218,131. including grants of \$) (Revenue \$ 3,392,720.)

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES OPERATES A 43-BED SKILLED NURSING FACILITY, A 20-UNIT SENIOR HOUSING FACILITY, AND A 10-UNIT ASSISTED LIVING FACILITY. IN THE NURSING HOME, THERE WERE 35 ADMISSIONS AND 11,727 RESIDENT DAYS. THERE WERE 4,789 RESIDENT DAYS IN THE SENIOR HOUSING FACILITY, AND 3,103 RESIDENT DAYS IN THE ASSISTED LIVING FACILITY. PIONEER MEMORIAL'S LONG-TERM CARE SERVICES CONTINUED TO SEE SIGNIFICANT IMPACT FROM THE COVID-19 PANDEMIC STARTING IN 2020 AND GOING INTO 2021. A DECLINE IN CENSUS CONTINUED IN FISCAL YEAR 2021 WITH THE SKILLED NURSING FACILITY DAYS DOWN BY 8%, ASSISTED LIVING DOWN BY 12% AND THE SENIOR HOUSING DOWN BY 26%. THE LOST REVENUES DUE TO THE PANDEMIC WERE IN EXCESS OF \$618,000 FOR FISCAL YEAR 2021.

4c (Code:) (Expenses \$ 1,999,393. including grants of \$) (Revenue \$ 2,769,972.)

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES OPERATES THREE MEDICARE-CERTIFIED RURAL HEALTH CLINICS LOCATED IN CENTERVILLE, PARKER AND VIBORG, SD. IN THE RURAL HEALTH CLINICS, THERE WERE 11,634 CLINIC VISITS. THE THREE RURAL HEALTH CLINICS ADMINISTERED 5,752 COVID VACCINATIONS IN FISCAL YEAR 2021.

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

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

4e Total program service expenses 9,396,910.

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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 Schedule B, Schedule of Contributors? 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 Rev. Proc. 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. See instructions</i>		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

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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?		
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?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		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 line 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>	X	
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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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	18	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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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 193		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		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.	16		X
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

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.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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 ▶

ANNE CHRISTIANSEN - 605-326-5161
315 N. WASHINGTON ST., VIBORG, SD 57070

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Form 990 (2021)

46-0260288 Page **7**

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) DENISE HANISCH MD-FAMILY MEDICINE	45.00 0.00				X			294,046.	0.	15,952.
(2) GABRIEL JOHNSON DO-FAMILY MEDICINE	45.00 0.00				X			292,268.	0.	37,137.
(3) KAYLA MEHLHAF CERTIFIED NURSE PRACTITIONER	45.00 0.00				X			125,902.	0.	2,578.
(4) SHARON JACOBSEN DIRECTOR OF NURSING - HOSPITAL	45.00 0.00				X			104,420.	0.	14,903.
(5) ANNE CHRISTIANSEN CFO	45.00 2.00			X				103,454.	0.	5,746.
(6) MELANIE PARSONS PRESIDENT	2.00 0.25	X		X				0.	0.	0.
(7) PAUL CHRISTENSEN VICE PRESIDENT	1.00 0.25	X		X				0.	0.	0.
(8) KIM LARSEN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(9) TROY LEE DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) RYAN PENNING DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) LINDA ANDAL DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) CHRIS PONCELET DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MELISSA BUCKNEBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) JOANNE POWELL DIRECTOR BEG APRIL 2021	1.00 0.25	X						0.	0.	0.
(15) MAUREEN GARRY DIRECTOR UNTIL MARCH 2021	1.00 0.00	X						0.	0.	0.
(16) LINDSEY HAUGER CEO	45.00 2.00			X				0.	0.	0.

**PIONEER MEMORIAL HOSPITAL AND
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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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								920,090.	0.	76,316.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								920,090.	0.	76,316.

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 5

	Yes	No
3 Did the organization list any former officer, director, 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
SANFORD HEALTH NETWORK 1305 W 18TH STREET, SIOUX FALLS, SD 57117	CEO AND MANAGEMENT SERVICES	232,337.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

**PIONEER MEMORIAL HOSPITAL AND
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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	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	67,500.					
	e Government grants (contributions)	1e	3,107,378.					
	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			3,174,878.				
	Program Service Revenue	2 a NET PATIENT SERVICE REVENUE	Business Code 621110		10,792,609.	10792609.		
b PHARMACY		446110		562,241.	562,241.			
c CONTRACT REVENUE		561499		175,243.	175,243.			
d OTHER REVENUE		561499		110,621.	110,621.			
e								
f All other program service revenue								
g Total. Add lines 2a-2f				11,640,714.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,290.			13,290.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		6a	47,846.					
		b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	47,846.					
	d Net rental income or (loss)			47,846.			47,846.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		7a						
		b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
		b Less: direct expenses	8b					
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
	b Less: direct expenses	9b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
	b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			14,876,728.	11640714.	0.	61,136.		

**PIONEER MEMORIAL HOSPITAL AND
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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

☒ **X**

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	109,446.		109,446.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,906,271.	5,260,580.	607,072.	38,619.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,731.	40,741.	3,856.	134.
9 Other employee benefits	693,338.	616,739.	74,558.	2,041.
10 Payroll taxes	412,515.	365,623.	45,651.	1,241.
11 Fees for services (nonemployees):				
a Management	232,337.		232,337.	
b Legal	3,274.		3,274.	
c Accounting	51,549.		51,549.	
d Lobbying	1,189.		1,189.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,228,341.	1,028,841.	189,788.	9,712.
12 Advertising and promotion	20,860.		704.	20,156.
13 Office expenses	432,981.	306,429.	118,395.	8,157.
14 Information technology	25,155.	25,155.		
15 Royalties				
16 Occupancy	216,798.	190,574.	26,224.	
17 Travel	18,838.	15,527.	3,090.	221.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,000.	16,109.	7,891.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	484,639.	393,427.	91,212.	
23 Insurance	108,317.	12,332.	95,985.	
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 MEDICAL SUPPLIES	917,489.	917,489.		
b FOOD	165,889.	165,889.		
c REPAIR & MAINTENANCE	40,133.	39,607.	526.	
d MISCELLANEOUS	4,317.	1,848.	102.	2,367.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,142,407.	9,396,910.	1,662,849.	82,648.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**PIONEER MEMORIAL HOSPITAL AND
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Form 990 (2021)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	6,271,919.	2	6,032,391.
	3 Pledges and grants receivable, net	5,357.	3	5,357.
	4 Accounts receivable, net	1,164,490.	4	1,108,069.
	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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	80,000.	7	70,000.
	8 Inventories for sale or use	217,908.	8	210,985.
	9 Prepaid expenses and deferred charges	121,326.	9	106,700.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,459,907.		
	b Less: accumulated depreciation	10b 12,689,435.	4,180,486.	10c 4,770,472.
	11 Investments - publicly traded securities	2,245,177.	11	2,468,077.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,665.	15	46,865.
16 Total assets. Add lines 1 through 15 (must equal line 33)	14,289,328.	16	14,818,916.	
Liabilities	17 Accounts payable and accrued expenses	828,113.	17	848,969.
	18 Grants payable		18	
	19 Deferred revenue	3,333,580.	19	258,575.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	3,421.	21	5,587.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	165,000.	25	12,250.
	26 Total liabilities. Add lines 17 through 25	4,330,114.	26	1,125,381.
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	9,920,167.	27	13,654,196.
	28 Net assets with donor restrictions	39,047.	28	39,339.
	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	9,959,214.	32	13,693,535.
33 Total liabilities and net assets/fund balances	14,289,328.	33	14,818,916.	

Form **990** (2021)

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Form 990 (2021)

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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	14,876,728.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,142,407.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,734,321.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,959,214.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	13,693,535.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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?	X	
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	X	

Form 990 (2021)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES	Taxpayer identification number (TIN) 46-0260288
	Number, street, and room or suite no. If a P.O. box, see instructions. 315 N. WASHINGTON ST., PO BOX 368	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VIBORG, SD 57070-0368	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

ANNE CHRISTIANSEN

- The books are in the care of ► **315 N. WASHINGTON ST. - VIBORG, SD 57070**

Telephone No. ► **605-326-5161**

Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2021** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES**

Employer identification number
46-0260288

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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule A (Form 990) 2021

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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990) 2021

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule A (Form 990) 2021

46-0260288 Page 3

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ► ☐

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule A (Form 990) 2021

46-0260288 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

- 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 on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

	Yes	No
2a		
2b		
3a		
3b		

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule A (Form 990) 2021

46-0260288 Page 6

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).

Schedule A (Form 990) 2021

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7:		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES

Schedule A (Form 990) 2021

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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 B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Employer identification number

46-0260288

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Employer identification number

46-0260288**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 67,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Employer identification number

46-0260288**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES	Employer identification number 46-0260288
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

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

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

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

Name of organization PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES	Employer identification number 46-0260288
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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.
- 2 Political campaign activity expenditures ▶ \$
- 3 Volunteer hours for political campaign activities

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-

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

Schedule C (Form 990) 2021

LHA

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,189.
j Total. Add lines 1c through 1i			1,189.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE ORGANIZATION IS A MEMBER IN CERTAIN ORGANIZATIONS RELATED TO THE
INDUSTRY WHICH HAVE LOBBYING EXPENSES. THE AMOUNT LISTED REPRESENTS
THE PORTION OF DUES ATTRIBUTABLE TO LOBBYING.

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021Open to Public
InspectionName of the organization **PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**Employer identification number
46-0260288**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule D (Form 990) 2021

46-0260288 Page 2

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 **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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	415,394.	391,581.	346,850.	361,652.	335,863.
b Contributions					
c Net investment earnings, gains, and losses	25,287.	23,813.	44,731.	-14,802.	25,789.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	440,681.	415,394.	391,581.	346,850.	361,652.

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

- a** Board designated or quasi-endowment ☒ .0000 %
b Permanent endowment ☒ 70.3000 %
c Term endowment ☒ 29.7000 %

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)		<input checked="" type="checkbox"/>
3a(ii)	<input checked="" type="checkbox"/>	
3b	<input checked="" type="checkbox"/>	

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		482,015.		482,015.
b Buildings		9,432,971.	7,357,240.	2,075,731.
c Leasehold improvements				
d Equipment		6,964,220.	4,864,432.	2,099,788.
e Other		580,701.	467,763.	112,938.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,770,472.

Schedule D (Form 990) 2021

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule D (Form 990) 2021

46-0260288 Page **3**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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) SECURITY DEPOSITS	12,250.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,250.

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 ☒

Schedule D (Form 990) 2021

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule D (Form 990) 2021

46-0260288 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements		1	14,833,154.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	23,926.	
e	Add lines 2a through 2d	2e	23,926.	
3	Subtract line 2e from line 1	3	14,809,228.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	67,500.	
c	Add lines 4a and 4b	4c	67,500.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,876,728.	

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

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

1	Total expenses and losses per audited financial statements		1	11,149,023.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	6,616.	
e	Add lines 2a through 2d	2e	6,616.	
3	Subtract line 2e from line 1	3	11,142,407.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,142,407.	

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE ORGANIZATION ACTS AS A CUSTODIAN FOR THE FUNDS OF THE RESIDENTS.

RESIDENT TRUST FUNDS TOTALED \$17,837 AT DECEMBER 31, 2021.

PART V, LINE 4:

THE PRINCIPAL OF THE ENDOWMENT IS PERMANENT AND WILL BE HELD IN

PERPETUITY. THE INTEREST INCOME MAY BE USED FOR CURRENT PROJECTS.

PART X, LINE 2:

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED
INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND
LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES WERE
INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FOUNDATION INCOME INCLUDED IN CONSOLIDATED FINANCIAL
STATEMENTS

10,627.

CONTRIBUTIONS INCLUDED IN FUND BALANCE ON FINANCIAL
STATEMENTS

13,299.

TOTAL TO SCHEDULE D, PART XI, LINE 2D

23,926.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME ELIMINATED ON CONSOLIDATION

67,500.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FOUNDATION EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL
STATEMENTS

6,616.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ► **Attach to Form 990.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES** Employer identification number **46-0260288**

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 free care?		
If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			72,275.		72,275.	.65%
b Medicaid (from Worksheet 3, column a)			518,593.	486,233.	32,360.	.29%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			590,868.	486,233.	104,635.	.94%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			24,306.		24,306.	.22%
f Health professions education (from Worksheet 5)			118,479.	10,425.	108,054.	.97%
g Subsidized health services (from Worksheet 6)			5138492.	3915512.	1222980.	10.98%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,110.		8,110.	.07%
j Total. Other Benefits			5289387.	3925937.	1363450.	12.24%
k Total. Add lines 7d and 7j			5880255.	4412170.	1468085.	13.18%

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			6,339.	3,828.	2,511.	.02%
10 Total			6,339.	3,828.	2,511.	.02%

Part III	Bad Debt, Medicare, & Collection Practices
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Section A. Bad Debt Expense

Section A. Bad Debt Expense			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1	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	2	453,622.	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	60,468.	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	2,368,835.
6	Enter Medicare allowable costs of care relating to payments on line 5	6	2,345,380.
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	23,455.

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:

☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

<p>9a Did the organization have a written debt collection policy during the tax year?</p>	<p>9a</p>	<p>X</p>
<p>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</p>	<p>9b</p>	<p>X</p>

Part IV	Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)	50	41
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[illegible]

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 PIONEER MEMORIAL HOSPITAL AND HEALTH SERLine number of hospital facility, or line numbers of hospital
facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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 checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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>SEE PART V, SECTION B, LINE 7D</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	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>SEE PART V, SECTION B, LINE 7D</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? \$		

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HEALTH SERVICES**

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Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group PIONEER MEMORIAL HOSPITAL AND HEALTH SER

	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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input 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?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <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?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, LINE 16J NARRATIVE</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, LINE 16J NARRATIVE</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</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 checked="" type="checkbox"/> Other (describe in Section C)		

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Part V Facility Information (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group PIONEER MEMORIAL HOSPITAL AND HEALTH SER

	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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
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 type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	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)		

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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 PIONEER MEMORIAL HOSPITAL AND HEALTH SER**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		X
24		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.

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

PART V, SECTION B, LINE 5: IN CONDUCTING THE COMMUNITY HEALTH NEEDS
ASSESSMENT, A FOUR-STEP APPROACH WAS TAKEN FOR THE ASSESSMENT.

(1) NON-GENERALIZABLE SURVEY: THE CENTER FOR SOCIAL RESEARCH AT NORTH
DAKOTA STATE UNIVERSITY (NDSU) DEVELOPED AND MAINTAINED LINKS TO THE
ONLINE SURVEY TOOL. NDSU DISTRIBUTED THE WEBSITE ADDRESS FOR THE SURVEY
INSTRUMENT VIA E-MAIL TO VARIOUS KEY COMMUNITY STAKEHOLDERS AND AGENCIES,
AT TIMES USING A SNOWBALL APPROACH. EIGHTY-NINE TOTAL RESPONDENTS
PARTICIPATED IN THE ONLINE SURVEY DURING DECEMBER 2017 AND JANUARY 2018.
THE PURPOSE OF THIS NON-GENERALIZABLE SURVEY OF COMMUNITY STAKEHOLDERS IN
THE AREA WAS TO LEARN ABOUT THE PERCEPTIONS OF AREA COMMUNITY LEADERS
REGARDING COMMUNITY HEALTH, THEIR PERSONAL HEALTH, PREVENTIVE HEALTH, AND
THE PREVALENCE OF DISEASE. A LIKERT SCALE WAS DEVELOPED TO DETERMINE THE
RESPONDENT'S HIGHEST CONCERNS, WITH 1 AS NOT AT ALL AND 5 MEANING A GREAT
DEAL. NEEDS RANKING 3.5 AND ABOVE WERE INCLUDED AS NEEDS TO BE ADDRESSED
AND PRIORITIZED. MANY OF THE IDENTIFIED NEEDS RANKING < 3.5 ARE BEING
ADDRESSED BY PMH AND COMMUNITY PARTNERS; HOWEVER, 3.5 AND ABOVE ARE THE
FOCUS OF THE PURPOSE OF THE REQUIRED PRIORITIZATION.

(2) COMMUNITY STAKEHOLDER MEETING: PIONEER MEMORIAL HOSPITAL INVITED
COMMUNITY STAKEHOLDERS TO A MEETING TO REVIEW THE EARLY FINDINGS FROM THE
SURVEY AND TO DISCUSS THE TOP HEALTH ISSUES OR HEALTH-RELATED ISSUES
FACING THE COMMUNITY. COMMUNITY STAKEHOLDERS HELPED TO DETERMINE KEY
PRIORITIES FOR THE COMMUNITY.

(3) COMMUNITY ASSET MAPPING: UPON REVIEW OF THE DATA AND IDENTIFYING THE
UNMET NEEDS FROM THE VARIOUS SURVEYS AND DATA SETS, ASSET MAPPING WAS
CONDUCTED. RESEARCH WAS DONE ON ANY UNMET NEEDS TO DETERMINE WHAT

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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.

RESOURCES WERE AVAILABLE IN THE COMMUNITY TO ADDRESS THOSE NEEDS. ONCE GAPS WERE DETERMINED, THE COMMUNITY STAKEHOLDER GROUP PROCEEDED TO THE PRIORITIZATION PROCESS, UTILIZING A MULTI-VOTING METHODOLOGY TO DETERMINE WHICH TOP PRIORITIES WOULD BE DEVELOPED INTO IMPLEMENTATION STRATEGIES.

(4) SECONDARY RESEARCH: THE SECONDARY DATA INCLUDES THE ROBERT WOOD JOHNSON COUNTY HEALTH RANKINGS FOR TURNER COUNTY, AND THE "FOCUS ON SOUTH DAKOTA - A PICTURE OF HEALTH" STUDY CONDUCTED BY THE HELMSLEY CHARITABLE TRUST. INDICATORS REVIEWED FOR THIS ASSESSMENT INCLUDE POPULATION DATA, VITAL STATISTICS, ADULT BEHAVIORAL RISK FACTORS, CRIME AND CHILD RISK.

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

PART V, SECTION B, LINE 7D: THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY 2020-2022 WERE MADE AVAILABLE VIA THE FOLLOWING METHODS: (1) THE PMH&HS SHAREHOLDERS MEETING ON JUNE 29, 2020.

(2) THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS EMAILED ON OCTOBER 29, 2019 TO THE FOLLOWING: (A) CITY MAYORS/FINANCE OFFICERS IN VIBORG, CENTERVILLE, HURLEY, PARKER, IRENE AND WAKONDA, (B) DEVELOPMENT DIRECTORS IN CENTERVILLE AND PARKER, (C) LAW ENFORCEMENT - TURNER COUNTY SHERIFF, (D) COUNTY - TURNER COUNTY AUDITOR AND (E) THE SCHOOL SUPERINTENDENTS IN VIBORG-HURLEY, CENTERVILLE, PARKER AND IRENE-WAKONDA SCHOOL DISTRICTS.

LINES 7A AND 10A:

[HTTPS://WWW.PIONEERMEMORIAL.ORG/CUSTOM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.pioneerhospital.org/custom/community-health-needs-assessment)

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

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.

PART V, SECTION B, LINE 11: IN 2021, PIONEER MEMORIAL PERFORMED THE FOLLOWING ACTIONS WITH REGARD TO THE IMPLEMENTATION STRATEGY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT.

1. AGING POPULATION - SENIOR CARE EDUCATION:

- EDUCATION AND PROMOTION OF LOW COST LAB TESTS (DIRECT TESTS) WERE PROVIDED ON THE HOSPITAL'S WEBSITE AND THROUGH SOCIAL MEDIA.
- PROVIDED EDUCATION ON HEALTHY AGING, FALLS PREVENTION, OSTEOPOROSIS, PARKINSONS, EATING SMART, HEART HEALTHY HABITS, CARDIAC REHABILITATION, BENEFITS OF PHYSICAL ACTIVITY, AND YEARLY WELLNESS VISIT VIA SOCIAL MEDIA.
- PROVIDED EDUCATION ON CARING FOR A PERSON WITH ALZHEIMER OR DEMENTIA VIA SOCIAL MEDIA.
- PROMOTED EDUCATION ON COVID AND THE COVID VACCINATION VIA SOCIAL MEDIA AND THE PIONEER LIFELINE.
- PROVIDED EDUCATION ON DIFFERENT LIFESTYLE OPTIONS FOR SENIOR LIVING IN THE PIONEER LIFELINE.
- SPONSORED HEALTH LIVING CLASS FOR SENIORS IN THE COMMUNITIES OF VIBORG, CENTERVILLE, PARKER AND IRENE. THE ATTENDEES DID EXERCISES SITTING AND STANDING AND BLOOD PRESSURES CHECKED.
- DUE TO THE CORONAVIRUS PANDEMIC IN 2021, WE WERE UNABLE TO SPONSOR IN-PERSON SEMINARS ON ESTATE PLANNING, MEDICAID ELIGIBILITY AND APPLICATION PROCESS, VENDOR FAIRS ON AVAILABLE IN-HOME SERIES AND FINANCIAL ASSISTANCE PROGRAM.

2. MENTAL HEALTH - EDUCATION

- PROVIDED INFORMATION VIA SOCIAL MEDIA ON SEPTEMBER IS SUICIDE AWARENESS MONTH, ESPECIALLY THE PROFOUND PSYCHOLOGICAL AND SOCIAL EFFECT ON PEOPLE AND OUR COMMUNITIES FROM THE COVID-19 PANDEMIC, AND THE ENCOURAGEMENT THAT

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.

IF YOU ARE STRUGGLING, HELP IS AVAILABLE.

- PROVIDED INFORMATION VIA SOCIAL MEDIA ON STAYING FIT, WELLNESS AND THE BENEFITS OF ENGAGING IN PHYSICAL ACTIVITIES ON YOUR MENTAL AND PHYSICAL HEALTH.

- PROVIDED INFORMATION VIA SOCIAL MEDIA ON MANAGING STRESS AND MENTAL HEALTH AWARENESS.

- PROVIDED INFORMATION VIA SOCIAL MEDIA ON HOLIDAY STRESS AND HOLIDAY ALCOHOL USE.

- PROVIDED INFORMATION VIA SOCIAL MEDIA ON DEPRESSION IN ADOLESCENTS AND YOUNG ADULTS.

- PROVIDED INFORMATION VIA SOCIAL MEDIA ON CHECKING YOUR MEDICATIONS AND PROPERLY DISPOSING OF MEDICATIONS TO PREVENT DRUG ADDICTION AND OVERDOSE DEATHS.

- EDUCATION TO ADULTS ON THE IMPORTANCE OF SELF-CARE DURING A PANDEMIC.

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

PART V, SECTION B, LINE 13B: FINANCIAL ASSISTANCE IS PROVIDED UP TO 100% FOR INDIVIDUALS WHO ARE AT 200% OR BELOW THE FEDERAL POVERTY GUIDELINES, AND A SLIDING SCALE DISCOUNT IS OFFERED TO INDIVIDUALS FROM 201% UP TO 350% OF THE FEDERAL POVERTY GUIDELINES. THE DETERMINATION OF FINANCIAL ASSISTANCE IS BASED ON THE FEDERAL POVERTY GUIDELINES, BUT WE ALSO TAKE INTO CONSIDERATION OTHER FACTORS SUCH AS SERIOUS ILLNESS, LOSS OF EMPLOYMENT, INSURANCE COVERAGE AND OTHER EXTENUATING CIRCUMSTANCES IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE OR DISCOUNTED CARE.

PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**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.

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PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

SEE PART V, LINE 16J NARRATIVE

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

PART V, SECTION B, LINE 16J: PART V, SECTION B, LINE 16A-C: THE FINANCIAL ASSISTANCE POLICY, APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE POSTED AT [HTTPS://WWW.PIONEERMEMORIAL.ORG/CUSTOM/FINANCIAL-ASSISTANCE](https://www.pioneerhospital.org/custom/financial-assistance)

PART V, SECTION B, LINE 16I: SIGNS ARE POSTED IN THE ADMISSIONS OFFICES AND EMERGENCY ROOM THAT DISCOUNTED FEES ARE AVAILABLE FOR PATIENTS MEETING THE CRITERIA, AND PATIENTS ARE ENCOURAGED TO CONTACT PATIENT FINANCIAL SERVICES TO DISCUSS THEIR CHARGES. PATIENTS ARE INFORMED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE ON THE BILLING STATEMENT AND ARE GIVEN THE TELEPHONE NUMBER TO CONTACT PATIENT FINANCIAL SERVICES WITH QUESTIONS OR TO INQUIRE ABOUT FINANCIAL ASSISTANCE. INFORMATION ON FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS IN THE REMINDER LETTERS AND COLLECTION LETTERS SENT TO PATIENTS WITH DELINQUENT BALANCES. PATIENT FINANCIAL SERVICES VISIT WITH INPATIENTS THAT ARE ADMITTED TO THE HOSPITAL WITH NO INSURANCE TO DISCUSS PAYMENT OPTIONS AND THE AVAILABILITY OF FINANCIAL ASSISTANCE.

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

PART V, SECTION B, LINE 20E: LINE 20D, PRESUMPTIVE ELIBIGILITY

DETERMINATIONS: ONCE A FINANCIAL ASSISTANCE APPLICATION IS COMPLETED AND

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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.

APPROVED, IT WILL REMAIN IN EFFECT FOR SIX MONTHS FROM THE DATE OF
APPROVAL. SERVICES PROVIDED DURING THE SIX MONTH PERIOD WILL BE ELIGIBLE
FOR FINANCIAL ASSISTANCE AS DETERMINED DURING THE APPLICATION APPROVAL
PROCESS.

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICE:

PART V, SECTION B, LINE 24: THE HOSPITAL FINANCIAL ASSISTANCE POLICY DOES
NOT COVER ELECTIVE PROCEDURES. THE HOSPITAL MAY HAVE CHARGED FAP ELIGIBLE
PATIENTS GROSS CHARGES FOR SERVICES THAT ARE NOT COVERED UNDER THE
FINANCIAL ASSISTANCE POLICY.

Part V	Facility Information <i>(continued)</i>
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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? 4

[illegible]

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.

PART I, LINE 3C:

FINANCIAL ASSISTANCE IS PROVIDED UP TO 100% FOR INDIVIDUALS WHO ARE AT 200% OR BELOW THE FEDERAL POVERTY GUIDELINES AND A SLIDING SCALE DISCOUNT IS OFFERED TO INDIVIDUALS FROM 201% UP TO 350% OF THE FEDERAL POVERTY GUIDELINES. THE DETERMINATION OF FINANCIAL ASSISTANCE IS BASED ON THE FEDERAL POVERTY GUIDELINES, BUT WE ALSO TAKE INTO CONSIDERATION OTHER FACTORS SUCH AS SERIOUS ILLNESS, LOSS OF EMPLOYMENT, INSURANCE COVERAGE AND OTHER EXTENUATING CIRCUMSTANCES IN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE OR DISCOUNTED CARE.

PART I, LINE 6B:

THE ORGANIZATION'S COMMUNITY BENEFIT REPORT CAN BE FOUND ON ITS WEBSITE AT [HTTPS://WWW.PIONEERMEMORIAL.ORG/CUSTOM/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.pioneerhospital.org/custom/community-health-needs-assessment)

PART I, LINE 7:

CHARITY CARE (LINE A) WAS CALCULATED USING THE OVERALL COST TO CHARGE RATIO ADDRESSING ALL PATIENT SEGMENTS. COMMUNITY HEALTH IMPROVEMENT SERVICES (LINE E), HEALTH PROFESSIONS EDUCATION (LINE F) AND CASH AND

Part VI Supplemental Information (Continuation)

IN-KIND CONTRIBUTIONS (LINE I) ARE BASED ON ACTUAL PROGRAM EXPENSES
RECORDED IN THE GENERAL LEDGER. MEDICAID (LINE B) AND SUBSIDIZED HEALTH
SERVICES (LINE G) ARE REPORTED USING THE MEDICAID AND MEDICARE COST
REPORTS, RESPECTIVELY.

PART I, LINE 7G:

SUBSIDIZED HEALTH SERVICES INCLUDES CLINIC REVENUE OF \$1,452,800 AND
EXPENSE OF \$2,333,368, FOR A NET LOSS FROM CLINIC OPERATIONS OF \$880,568.

PART II, COMMUNITY BUILDING ACTIVITIES:

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES (PMHHS) PROVIDES FOR THE
HEALTH AND SAFETY OF THE COMMUNITIES WE SERVE THROUGH FINANCIAL AND
IN-KIND CONTRIBUTIONS TO THE LOCAL VOLUNTEER FIRE DEPARTMENTS, AMBULANCES
AND FIRST RESPONDERS, SENIOR CITIZENS CENTERS, FOOD PANTRIES, DOMESTIC
VIOLENCE SHELTERS, COMMUNITY AND SCHOOL EVENTS AND OTHER COMMUNITY
ORGANIZATIONS THAT SERVE THE BETTERMENT OF THE COMMUNITIES WE SERVE.
PMHHS IS ACTIVELY INVOLVED WITH THE TURNER COUNTY DISASTER PREPAREDNESS
AND TURNER COUNTY CHILD PROTECTION TEAM. THE DESCRIBED ACTIVITY FURTHERS
HEALTH IN THE COMMUNITY AS THE SUPPORT TO THESE ORGANIZATIONS PROVIDE
SAFETY AND HEALTH SUPPORT TO INDIVIDUALS IN THE COMMUNITY.

PART III, LINE 2:

THE AMOUNT ON LINE 2 REPRESENTS IMPLICIT PRICE CONCESSIONS. THE
ORGANIZATION DETERMINES ITS ESTIMATE OF IMPLICIT PRICE CONCESSIONS BASED
ON ITS HISTORICAL COLLECTION EXPERIENCE WITH THE RESPECTIVE CLASS OF
PATIENTS AND RESIDENTS.

PART III, LINE 3:

Part VI Supplemental Information (Continuation)

THE ORGANIZATION BELIEVES THE AMOUNT OF IMPLICIT PRICE CONCESSIONS INCLUDES PERSONS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BUT WHO DID NOT COMPLETE THE APPLICATION PROCESS. THE METHODOLOGY USED TO ESTIMATE THE AMOUNT THAT WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE WAS BASED ON A PERCENTAGE OF DEMOGRAPHICS BELOW THE POVERTY LEVEL.

THE POPULATION AND POVERTY RATES WERE OBTAINED FOR EACH OF THE COMMUNITIES IN OUR SERVICE AREA. THE PERCENTAGE OF POPULATION BY COMMUNITY TO THE TOTAL SERVICE AREA WAS CALCULATED, AND THIS PERCENTAGE WAS APPLIED TO THE COMMUNITY'S POVERTY RATE. THE AVERAGE WEIGHTED POVERTY RATE BY EACH COMMUNITY WAS TOTALED TO CALCULATE THE TOTAL AVERAGE WEIGHTED POVERTY RATE FOR OUR SERVICE AREA. THIS AVERAGE WEIGHTED POVERTY RATE WAS APPLIED TO THE AMOUNT OF IMPLICIT PRICE CONCESSIONS.

PART III, LINE 4:

THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES IMPLICIT PRICE CONCESSION IS LOCATED IN THE AUDITED FINANCIAL STATEMENT REPORT ON PAGES 15-16.

PART III, LINE 8:

PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES PROVIDES SERVICES TO PATIENTS UNDER THE MEDICARE PROGRAM KNOWING THEY WILL NOT RECEIVE ALL THE COSTS ASSOCIATED WITH PROVIDING THESE SERVICES. PROVIDING THESE SERVICES IS ESSENTIAL TO THESE PATIENTS AND THE COMMUNITY AND INCREASES THEIR ACCESS TO HEALTHCARE SERVICES. IN THE EVENT MEDICARE PRODUCES A SHORTFALL, IT IS CONSIDERED A COMMUNITY BENEFIT.

MEDICARE ALLOWABLE COSTS OF CARE ARE BASED ON THE MEDICARE COST REPORT. THE MEDICARE COST REPORT IS COMPLETED BASED ON THE RULES AND REGULATIONS

Part VI Supplemental Information (Continuation)

SET FORTH BY CENTERS FOR MEDICARE AND MEDICAID SERVICES.

PART III, LINE 9B:

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES (PMHHS) IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE TO THOSE PATIENTS DEMONSTRATING AN INABILITY TO PAY FOR THE MEDICAL SERVICES PROVIDED. PMHHS WILL NOTIFY PATIENTS OF THEIR BALANCES BY BILLING STATEMENTS WHICH ARE MAILED APPROXIMATELY EVERY 28 DAYS FROM THE DATE THE ACCOUNT IS CONSIDERED SELF-PAY. THE BILLING STATEMENT PROVIDES INFORMATION REGARDING AVAILABILITY OF FINANCIAL ASSISTANCE. PMHHS WILL MAKE REASONABLE EFFORTS TO DETERMINE IF PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE. IF THE PATIENT/GUARANTOR HAS PROVIDED AN ACCURATE MAILING ADDRESS TO PMHHS, THE PATIENT/GUARANTOR WILL BE PROVIDED A MINIMUM OF 4 BILLING STATEMENTS BEFORE AN UNPAID SELF-PAY BALANCE WOULD BE ASSIGNED TO AN OUTSIDE COLLECTION VENDOR. IF THE PATIENT HAS FAILED TO PROVIDE A CORRECT OR DELIVERABLE MAILING ADDRESS, THEN THEIR BALANCES MAY BE ASSIGNED TO A THIRD PARTY COLLECTION VENDOR PRIOR TO 4 STATEMENTS BEING PROVIDED. IF PMHHS IS REASONABLY ABLE TO DETERMINE THAT A PATIENT IS UNABLE TO PAY THEIR MEDICAL BILL, PMHHS MAY GRANT FINANCIAL ASSISTANT PRIOR TO THE 4 STATEMENTS BEING PROVIDED. NEITHER PMHHS NOR ANY OF ITS THIRD PARTY COLLECTION VENDORS WILL TAKE ANY EXTRAORDINARY COLLECTION EFFORTS UNTIL PMHHS AND THE THIRD PARTY COLLECTION VENDOR HAVE MADE REASONABLE EFFORTS TO DETERMINE IF A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE PMHHS FINANCIAL ASSISTANCE POLICY. PMHHS DICTATES THAT ITS THIRD PARTY COLLECTION VENDORS CANNOT TAKE EXTRAORDINARY COLLECTION ACTIVITIES UNTIL A BALANCE IS AT LEAST 241 DAYS PAST THE FIRST SELF-PAY STATEMENT DATE PROVIDED TO THE PATIENT/GUARANTOR. THIS IS TO ENSURE THAT BOTH PMHHS AND ITS THIRD PARTY COLLECTION VENDORS ARE TAKING ANY AND ALL NECESSARY STEPS

Part VI Supplemental Information (Continuation)

TO NOTIFY PATIENTS OF ITS FINANCIAL ASSISTANCE POLICY AND ALLOWING THE APPROPRIATE TIME FOR A PATIENT/GUARANTOR TO FILL OUT A FINANCIAL ASSISTANCE APPLICATION. IF A PATIENT/GUARANTOR FILLS OUT A COMPLETED FINANCIAL ASSISTANCE APPLICATION, PMHHS WILL NOTIFY THE THIRD PARTY COLLECTION VENDOR TO SUSPEND ALL EXTRAORDINARY COLLECTION ACTIVITIES APPENDING THE OUTCOME OF THE FINANCIAL ASSISTANCE DETERMINATION. IF REQUIRED BY REGULATION OR LAW AND THE PATIENT HAS FILLED OUT A FINANCIAL ASSISTANCE APPLICATION PRIOR TO 240 DAYS FROM THE FIRST SELF-PAY STATEMENT DATE, THEN THE THIRD PARTY COLLECTION VENDOR WILL TAKE STEPS TO REVERSE EXTRAORDINARY COLLECTION EFFORT FOR ANY PATIENT THAT QUALIFIES FOR FINANCIAL ASSISTANCE.

PART VI, LINE 2:

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES (PMH&HS) ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES AS PART OF ITS ANNUAL STRATEGIC PLANNING PROCESS. INFORMATION IS ALSO OBTAINED THROUGHOUT THE YEAR FROM THE SATISFACTION SURVEYS COMPLETED BY PATIENTS OF THE HOSPITAL AND CLINICS AND THE RESIDENTS IN THE NURSING HOME IN ACCESSING HEALTH CARE NEEDS.

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES BASED OUT OF VIBORG, SD WORKED IN PARTNERSHIP WITH SANFORD HEALTH TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENT IN 2019, AND THE PMH&HS BOARD OF DIRECTORS APPROVED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY 2020-2022 ON SEPTEMBER 26, 2019. THE ASSESSMENT TARGETED THE SURROUNDING COMMUNITY, CONSIDERING THE NEEDS OF INDIVIDUALS AND HOUSEHOLDS WITHIN THE DEFINED RESEARCH AREA INCLUDING ADJACENT RURAL COMMUNITIES SUCH AS CENTERVILLE, DAVIS, HURLEY, PARKER, IRENE AND WAKONDA, AMONG OTHERS. AN IMPLEMENTATION STRATEGY WAS DEVELOPED

Part VI Supplemental Information (Continuation)

THAT IDENTIFIES THE NEED AREAS AND THEIR RESPECTIVE GOALS AND ACTIVITIES
THAT PMH&HS AIMS TO ACHIEVE IN THE COMING THREE-YEAR PERIOD.

PART VI, LINE 3:

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES (1) POSTS CONTACT INFORMATION
IN ADMISSIONS, EMERGENCY ROOM, AND OTHER AREAS OF THE ORGANIZATION FOR
CONCERNS WITH CHARGES; (2) INCLUDES FINANCIAL ASSISTANT CONTACT
INFORMATION ON PATIENT STATEMENTS AND COLLECTION LETTERS; (3) CONTACTS
EMERGENCY ROOM PATIENTS WITH NO INSURANCE AND DISCUSSES PAYMENT OPTIONS
AND FINANCIAL ASSISTANCE; (4) CONTACTS PATIENTS WITH NO INSURANCE WHO ARE
SCHEDULED FOR PROCEDURES AND DISCUSSES PAYMENT OPTIONS AND FINANCIAL
ASSISTANCE; (5) DISCUSSES WITH THE PATIENT THE AVAILABILITY OF VARIOUS
GOVERNMENT BENEFITS, SUCH AS MEDICAID OR STATE PROGRAMS, AND ASSISTS THE
PATIENT WITH QUALIFICATION FOR SUCH PROGRAMS, WHERE APPLICABLE.

PART VI, LINE 4:

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES SERVES THE RURAL COMMUNITIES
OF VIBORG, CENTERVILLE, DAVIS, HURLEY, IRENE, PARKER AND WAKONDA. PIONEER
MEMORIAL HOSPITAL & HEALTH SERVICES IS A CRITICAL ACCESS HOSPITAL AND IS
THE ONLY HOSPITAL LOCATED IN TURNER COUNTY. THERE ARE TWO TERTIARY
HOSPITALS AND ONE HEART HOSPITAL LOCATED IN THE SIOUX FALLS METROPOLITAN
AREA (45 MILES AWAY), AND ONE HOSPITAL LOCATED IN YANKTON (35 MILES AWAY).
TURNER COUNTY IS A HEALTHCARE PROFESSIONAL SHORTAGE AREA. THE UNINSURED,
MEDICAID AND MEDICARE PATIENTS REPRESENT RESPECTIVELY, 3%, 5% AND 60% OF
TOTAL HOSPITAL PATIENTS.

COMMUNITY	POPULATION	AVERAGE INCOME	AVG HOUSEHOLD SIZE
VIBORG	946	\$ 46,875	2.8

PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**Part VI** Supplemental Information (Continuation)

CENTERVILLE	1,213	\$ 54,911	2.3
DAVIS	180	\$ 63,947	2.3
HURLEY	622	\$ 59,583	2.4
IRENE	678	\$ 71,473	2.3
PARKER	1,314	\$ 83,682	2.5
WAKONDA	346	\$ 44,444	2.3

PART VI, LINE 5:

PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES OPERATES AN EMERGENCY ROOM
THAT IS AVAILABLE TO ALL REGARDLESS OF ABILITY TO PAY.

THE DIRECTOR OF SAFETY AT PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES IS A
MEMBER OF THE TURNER COUNTY DISASTER PREPAREDNESS TEAM. THE TEAM HAS ALSO
BEEN INVOLVED WITH STATEWIDE DRILLS FOR DIFFERENT DISASTER SCENARIOS (I.E.
TORNADO, PANDEMIC OUTBREAK) SO THE HOSPITAL IS PREPARED TO RESPOND IF AN
ACTUAL EVENT WERE TO OCCUR. THE PUBLIC HEALTH NURSE IS A MEMBER OF THE
TURNER COUNTY CHILD PROTECTION TEAM AND IS TRAINED TO STEP INTO A
SITUATION INVOLVING THE WELFARE OF A CHILD IF THE NEED SHOULD ARISE.

THE GOVERNING BOARD OF PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES IS
COMPRISED OF PERSONS WHO RESIDE IN THE PRIMARY SERVICE AREA WHO ARE
NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS
THEREOF. THE FACILITY HAS AN OPEN MEDICAL STAFF. THE USE OF SURPLUS
FUNDS IS RE-INVESTED IN CAPITAL AND PLANT AND ALSO ALLOCATED FOR IMPROVING
PATIENT CARE.

**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

2021

Open to Public
Inspection

Name of the organization

PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES

Employer identification number

46-0260288

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 type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2021

PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES

46-0260288

Page 3

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.

PART I, LINE 6:

THE COMPENSATION PACKAGE FOR PIONEER MEMORIAL HOSPITAL & HEALTH SERVICES

INCLUDES A 0%-1% ONE-TIME BONUS BASED ON NET INCOME OF THE ORGANIZATION.

ALL EMPLOYEES ARE ELIGIBLE FOR THE ONE-TIME BONUS EXCEPT THE CONTRACTED
EMPLOYEES.**SCHEDULE J, PART I, LINE 3:**THE ORGANIZATION RELIES ON SANFORD HEALTH NETWORK, AN UNRELATED
MANAGEMENT COMPANY, TO DETERMINE THE COMPENSATION PAID TO THE CEO. THE
ORGANIZATION'S BOARD OF DIRECTORS APPROVES THE CONTRACT WITH SANFORD
HEALTH NETWORK.COMPENSATION FOR LINDSEY HAUGER, CEO, IS REFLECTED AS PART OF THE
MANAGEMENT FEE IN FORM 990, PART VII SECTION B FOR SERVICES RENDERED TO
THE FILING ORGANIZATION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

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2021

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Inspection

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PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES

Employer identification number
46-0260288

FORM 990, PART VI, SECTION A, LINE 1A:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE WHICH CONSISTS OF THE
PRESIDENT, VICE PRESIDENT, AND SECRETARY. THE EXECUTIVE COMMITTEE HAS THE
AUTHORITY TO TRANSACT ALL REGULAR BUSINESS OF THE ORGANIZATION DURING THE
PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO ANY PRIOR
LIMITATION IMPOSED BY THE BOARD OF DIRECTORS AND WITH THE UNDERSTANDING
THAT ALL MATTERS OF MAJOR IMPORTANCE WILL BE REFERRED TO THE BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 3:

MANAGEMENT SERVICES ARE PROVIDED TO THE ORGANIZATION BY SANFORD HEALTH
NETWORK UNDER A MANAGEMENT SERVICES AGREEMENT. LINDSEY HAUGER IS THE CEO.
AS THE CEO SHE IS RESPONSIBLE FOR LOCAL PLANNING AND MANAGEMENT OF ALL
ACTIVITIES IN THE ORGANIZATION, CARRYING OUT THE MISSION AND GOALS OF THE
FACILITY AND ENSURING THE HIGHEST POSSIBLE HEALTH STATUS OF THE COMMUNITY
WITHIN THE LIMITS OF AVAILABLE RESOURCES. THE BASIC MANAGEMENT FUNCTIONS OF
THE POSITION INCLUDE PLANNING, ORGANIZING, MANAGING HUMAN AND FINANCIAL
RESOURCES, DIRECTING STAFF AND CONTROLLING THE OPERATIONS. SANFORD HEALTH
NETWORK PAID LINDSEY HAUGER \$160,420 IN COMPENSATION AND \$33,499 IN
BENEFITS.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP CERTIFICATES SHALL BE GIVEN TO EACH PERSON CONTRIBUTING TO THE
ORGANIZATION, SUBJECT HOWEVER TO THE CONDITION THAT SUCH CONTRIBUTIONS
SHALL BE NOT LESS THAN THE SUM OF \$100.

Name of the organization **PIONEER MEMORIAL HOSPITAL AND
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FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS SHALL BE PRIVILEGED TO ATTEND AND PARTICIPATE IN ALL SESSIONS OF THE ANNUAL OR SPECIAL MEETINGS OF THE CORPORATION AND SHALL BE ELIGIBLE TO SERVE AS A DIRECTOR OR OFFICER, EXCEPT WHERE SPECIFICALLY PROHIBITED BY LAW. THEY ARE INVITED TO ANNUAL MEETINGS AND SPECIAL MEETINGS. AT SUCH MEETINGS, EACH MEMBER SHALL BE ENTITLED TO CAST ONE VOTE. MEMBERS DO ELECT THE BOARD OF DIRECTORS - NOMINATED BY THE NOMINATING COMMITTEE. MOTION IS PASSED BY THE MEMBERS AT THE ANNUAL MEETING TO ELECT BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE ANY MEETINGS HELD BY THE EXECUTIVE COMMITTEE DURING THE YEAR.

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

THE DRAFT FORM 990 WILL BE REVIEWED BY THE CFO. IT WILL BE MAILED OR E-MAILED OUT TO THE BOARD OF DIRECTORS FOR A PERIOD OF TIME DURING WHICH IT WILL BE OPEN FOR COMMENT PRIOR TO FINALIZING.

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

BOARD MEMBERS AND OFFICERS COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM AT EITHER THE APRIL OR MAY BOARD MEETING. THE FORM IS REVIEWED INITIALLY BY THE CEO, AND ANY ACTUAL CONFLICTS ARE REVIEWED BY THE BOARD OF DIRECTORS. CONFLICT OF INTEREST IS ENFORCED AT EVERY MEETING. BOARD MEMBERS WILL REFRAIN FROM VOTING IF A CONFLICT OF INTEREST IS PRESENT.

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

CEO: SANFORD PRESENTS A COMPARATIVE SCHEDULE ON CEO SALARIES WITH MEDIAN AND HIGH/LOW SALARIES, FOR COMPARABLE POSITIONS AND AREAS OF

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RESPONSIBILITIES. THE CURRENT MARKET AND LONGEVITY IS ALSO INCLUDED IN THE EVALUATION OF COMPENSATION. THE SANFORD NETWORK VICE PRESIDENT PRESENTS THE COMPENSATION SUBSTANTIATION TO THE BOARD OF DIRECTORS AT A MEETING THAT EXCLUDES THE CEO. PERFORMANCE EVALUATIONS ARE COMPLETED BY EACH BOARD MEMBER, THE VICE PRESIDENT AND CEO SELF EVALUATION.

ADMINISTRATIVE STAFF (CFO, DIRECTOR OF HR/MATERIALS, DIRECTOR OF SUPPORT SERVICES, HOSPITAL DON, LTC DON): THE CEO COMPARES COMPENSATION TO SDAHO SALARY SURVEY AND ALSO CONTACTS SANFORD FOR COMPENSATION COMPARISON WITH LIKE-SIZED FACILITIES AND RESPONSIBILITIES. SALARY INCREASES ARE PRESENTED TO THE BOARD OF DIRECTORS AS PART OF THE BUDGET APPROVAL PROCESS.

THIS PROCESS WAS LAST UNDERTAKEN IN THE CURRENT YEAR.

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

THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	17,606.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,606.

SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	184,015.
MANAGEMENT AND GENERAL EXPENSES	66,451.

Name of the organization **PIONEER MEMORIAL HOSPITAL AND
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 250,466.

QUALITY CONTROL:

PROGRAM SERVICE EXPENSES 4,944.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 4,944.

PURCHASED STAFFING SERVICES:

PROGRAM SERVICE EXPENSES 225,016.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 225,016.

CONTRACT PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES 32,101.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 32,101.

OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES 26,501.

MANAGEMENT AND GENERAL EXPENSES 100,423.

FUNDRAISING EXPENSES 9,712.

TOTAL EXPENSES 136,636.

OUTSIDE MEDICAL SERVICES:

Name of the organization	PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES	Employer identification number 46-0260288
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PROGRAM SERVICE EXPENSES	275,878.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	275,878.

PURCHASED SERVICES - SANDFORD HEALTH:

PROGRAM SERVICE EXPENSES	262,780.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	262,780.

COLLECTION AGENCY:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	16,930.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,930.

RECRUITMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	5,984.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,984.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,228,341.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

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Open to Public
Inspection

Name of the organization **PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES** Employer identification number **46-0260288**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PIONEER MEMORIAL FOUNDATION - 26-1832061 315 NORTH WASHINGTON STREET VIBORG, SD 57070	FUNDRAISING	SOUTH DAKOTA	501(C)(3)	LINE 7	PIONEER MEMORIAL HOSPITAL AND HEALTH SERVICES	X	

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

Schedule R (Form 990) 2021

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.

[illegible]

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.

[illegible]

**PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Schedule R (Form 990) 2021

46-0260288 Page **3**

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) PIONEER MEMORIAL FOUNDATION	C	67,500.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021

46-0260288

Page 4

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.

[illegible]

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.

CARRYOVER DATA TO 2022

Name **PIONEER MEMORIAL HOSPITAL AND
HEALTH SERVICES**

Employer Identification Number
46-0260288

Based on the information provided with this return, the following are possible carryover amounts to next year.

FEDERAL NET POSITIVE ACE ADJUSTMENT	2,738.
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FEDERAL PRE-2018 NET OPERATING LOSS	260,086.
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FEDERAL AMT NET OPERATING LOSS	142,156.
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Name: PIONEER MEMORIAL HOSPITAL AND HEALTH

FEIN: 46-0260288

Type and Entity: NET POSITIVE ACE ADJUSTMENT FED
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2016	1,652.										
B	2017	1,086.										
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
G												
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I												
J												
K												
L												
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N												
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P												
Q												
R												
S												
T												
U												
V												
W												

Name: PIONEER MEMORIAL HOSPITAL AND HEALTH

FEIN: 46-0260288

Type and Entity: AMT NOL FED

DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2012	35,596.										
B	2013	16,892.										
C	2014	20,990.										
D	2015	24,255.										
E	2016	29,546.										
F	2017	14,877.										
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
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Electronic Filing PDF Attachment



Consolidated Financial Statements
December 31, 2021 and 2020

**Pioneer Memorial Hospital & Health
Services and Pioneer Memorial
Foundation**

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

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December 31, 2021 and 2020

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Independent Auditor's Report

The Board of Directors
Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Viborg, South Dakota

Opinion

We have audited the consolidated financial statements of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation (Organization), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation as of December 31, 2021 and 2020, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and our 2021 audit in accordance with the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. The 2020 audit was not required to be conducted in accordance with *Government Auditing Standards*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 23, 2022 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Eide Bailly LLP

Sioux Falls, South Dakota
March 23, 2022

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Consolidated Balance Sheets

December 31, 2021 and 2020

	2021	2020
Assets		
Current Assets		
Cash and cash equivalents	\$ 6,262,936	\$ 6,450,196
Short-term investments	-	72,240
Receivables		
Patient and resident	1,070,524	1,069,211
Estimated third-party payor settlements	46,000	-
Other	52,902	110,636
Supplies	210,985	217,908
Prepaid expenses	106,700	121,326
Total current assets	<u>7,750,047</u>	<u>8,041,517</u>
Assets Limited as to Use		
By donors	503,605	478,027
By Board for capital improvements	<u>2,237,491</u>	<u>2,048,210</u>
Total assets limited as to use	<u>2,741,096</u>	<u>2,526,237</u>
Property and Equipment, Net	<u>4,770,472</u>	<u>4,180,485</u>
Notes receivable	<u>60,000</u>	<u>70,000</u>
Total assets	<u><u>\$ 15,321,615</u></u>	<u><u>\$ 14,818,239</u></u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable		
Trade	\$ 254,991	\$ 207,005
Estimated third-party payor settlements	-	154,000
Accrued expenses		
Salaries and wages	221,598	201,148
Vacation	261,956	314,342
Pension	47,380	47,021
Payroll taxes and other	80,881	74,618
Refundable advances	<u>258,575</u>	<u>3,333,580</u>
Total current liabilities	<u>1,125,381</u>	<u>4,331,714</u>
Net Assets		
Without donor restrictions	13,692,629	10,008,498
With donor restrictions	<u>503,605</u>	<u>478,027</u>
Total net assets	<u>14,196,234</u>	<u>10,486,525</u>
Total liabilities and net assets	<u><u>\$ 15,321,615</u></u>	<u><u>\$ 14,818,239</u></u>

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Consolidated Statements of Operations Years Ended December 31, 2021 and 2020

	2021	2020
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient and resident service revenue	\$ 10,792,610	\$ 10,322,467
Other revenue	959,557	730,149
COVID-19 stimulus programs		
Paycheck Protection Program loan forgiveness	-	1,377,719
Provider Relief Fund revenue	2,915,741	626,328
Other stimulus grant revenue	126,423	449,100
Total revenues, gains, and other support without donor restrictions	<u>14,794,331</u>	<u>13,505,763</u>
Expenses		
Salaries and wages	6,014,146	6,112,522
Employee benefits	1,152,156	1,155,575
Purchased services	1,529,949	1,525,667
Medical supplies	917,490	696,057
Other direct expenses	341,200	313,973
Utilities	246,762	235,844
Non-medical supplies	343,571	364,462
Professional fees	119,109	108,931
Depreciation	484,640	483,323
Interest	-	8,519
Total expenses	<u>11,149,023</u>	<u>11,004,873</u>
Operating Income	<u>3,645,308</u>	<u>2,500,890</u>
Other Income (Expense)		
Investment income	13,919	26,256
Gifts and bequests without donor restrictions	24,904	18,666
Total other income (expense), net	<u>38,823</u>	<u>44,922</u>
Revenues in Excess of Expenses	3,684,131	2,545,812
Contributions for Long-Lived Assets	-	51,388
Net Assets Released from Restrictions for Capital Acquisition	-	7,215
Change in Net Assets Without Donor Restrictions	<u>\$ 3,684,131</u>	<u>\$ 2,604,415</u>

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Consolidated Statements of Changes in Net Assets
Years Ended December 31, 2021 and 2020

	2021	2020
Net Assets Without Donor Restrictions		
Revenues in excess of expenses	\$ 3,684,131	\$ 2,545,812
Contributions for long-lived assets	-	51,388
Net assets released from restrictions for capital acquisition	-	7,215
	<u>3,684,131</u>	<u>2,604,415</u>
Change in net assets without donor restrictions	<u>3,684,131</u>	<u>2,604,415</u>
Net Assets With Donor Restrictions		
Contributions for purchase of property and equipment and endowment earnings	13,590	12,059
Unrealized and realized gains, net	11,988	12,759
Net assets released from restrictions	-	(7,215)
	<u>25,578</u>	<u>17,603</u>
Change in net assets with donor restrictions	<u>25,578</u>	<u>17,603</u>
Change in Net Assets	3,709,709	2,622,018
Net Assets, Beginning of Year	<u>10,486,525</u>	<u>7,864,507</u>
Net Assets, End of Year	<u>\$ 14,196,234</u>	<u>\$ 10,486,525</u>

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Consolidated Statements of Cash Flows
Years Ended December 31, 2021 and 2020

	2021	2020
Operating Activities		
Change in net assets	\$ 3,709,709	\$ 2,622,018
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation	484,640	483,324
Net realized and unrealized gains and losses on investments	(11,988)	(12,470)
Gain on disposal of equipment	-	(20)
Paycheck Protection Program loan and interest forgiveness	-	(1,377,719)
Contributions for long-lived assets	-	(51,388)
Contributions restricted by donors or grantors	(13,590)	(12,059)
Changes in assets and liabilities		
Receivables	20,421	29,544
Supplies	6,923	(28,519)
Prepaid expenses	14,626	(8,609)
Accounts payable	(111,287)	185,374
Accrued expenses	(25,314)	31,094
Refundable advances	(3,075,005)	3,333,580
Net Cash from Operating Activities	999,135	5,194,150
Investing Activities		
Purchase of property and equipment	(1,069,354)	(571,188)
Proceeds from sale of equipment	-	20
Purchase of investments	(35,941)	(68,238)
Sales of investments	19,234	58,515
Purchases of certificates of deposit	(865,880)	(846,222)
Maturities of certificates of deposit	971,747	937,471
Net Cash used for Investing Activities	(980,194)	(489,642)
Financing Activities		
Proceeds from issuance of long-term debt	-	1,369,200
Contributions for long-lived assets	-	51,388
Contributions restricted by donors or grantors	13,590	12,059
Net Cash from Financing Activities	13,590	1,432,647
Net Change in Cash, Cash Equivalents and Restricted Cash	32,531	6,137,155
Cash, Cash Equivalents and Restricted Cash, Beginning of Year	7,944,655	1,807,500
Cash, Cash Equivalents and Restricted Cash, End of Year	\$ 7,977,186	\$ 7,944,655
Cash and Cash Equivalents	\$ 6,262,936	\$ 6,450,196
Cash included in Assets Limited as to Use	1,714,250	1,494,459
Total cash, cash equivalents and restricted cash	\$ 7,977,186	\$ 7,944,655
Supplemental Disclosure of Noncash Investing and Financing Activities		
Equipment financed through accounts payable	\$ 8,947	\$ 3,674

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Notes to Consolidated Financial Statements
Years Ended December 31, 2021 and 2020

Note 1 - Organization and Significant Accounting Policies

Organization

Pioneer Memorial Hospital & Health Services (Organization) consists of a 12-bed critical access hospital, a 43-bed nursing facility, a 20-unit senior housing facility, a 10-unit assisted living facility, and clinics located in Viborg, Parker, and Centerville, South Dakota. The Organization is a South Dakota nonprofit corporation and has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3).

Management services are provided to the Organization by Sanford Regional Health Network (Sanford) under a management services agreement (Note 13).

Foundation

In September 2007, Pioneer Memorial Foundation (Foundation) was formed to support the Organization. The sole member of the Foundation is the Organization. The Foundation has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3).

Principles of Consolidation

The consolidated financial statements as of and for the years ended December 31, 2021 and 2020, include the accounts of Pioneer Memorial Hospital & Health Services and the Pioneer Memorial Foundation. All significant intercompany accounts and transactions have been eliminated in the consolidated financial statements.

Use of Estimates

The preparation of consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Fair Value Measurements

The Organization has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provides a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

A fair value hierarchy has been established, which prioritizes the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding assets limited as to use.

Short-Term Investments

Short-term investments include certificates of deposits with an original maturity of three to twelve months, excluding assets limited as to use.

Patient and Resident Receivables

Patient and resident receivables are uncollateralized customer and third-party obligations. Payments for services are generally required partly in advance and partly upon receipt of the bill after payment by insurance, if any. Unpaid patient and resident receivables, excluding amounts due from third-party payors, with invoice dates over 90 days old have interest assessed at 1.0% per month. Due to the uncertainty of collecting private pay accounts, these interest charges are recognized as income when received. Payments of patient and resident receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Patient and resident accounts receivable are stated net of any explicit and implicit price concessions and then further reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes accounts for adverse changes in a patient's or third-party payor's ability to pay that may have occurred subsequent to recognition. Management regularly reviews specific data about receivable balances and its past history with similar cases to estimate explicit and implicit price concessions, and any allowances for uncollectible accounts.

The Organization's January 1, 2020 patient and resident receivables and other receivables balances were \$995,385 and \$118,006, respectively.

Notes Receivable

The Organization issues notes to employees and physicians as part of its recruitment process. Notes are repayable over a three to ten-year period and are issued at current interest rates of 5.25%. The notes are issued with forgiveness provisions over the life of the note to encourage retention. Based on historical analysis, it is anticipated that the balance of the notes will be forgiven. At December 31, 2021 and 2020, notes receivable from physicians and employees totaled \$70,000 and \$80,000, respectively. The current portion of notes receivable is included in other receivables within current assets.

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Supplies

Supplies are stated at lower of cost (first-in, first-out) or net realizable value.

Investments and Investment Income

Investments in equity securities with readily determinable fair values are measured at fair value in the consolidated balance sheets. Investments in certificates of deposit are recorded at cost plus accrued interest. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in revenues in excess of expenses unless the income or loss is restricted by donor or law.

Assets Limited as to Use

Assets limited as to use include assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may subsequently use for other purposes at its discretion, and assets limited as to use by donors for special projects, capital improvements and endowments. Assets limited as to use that are available for obligations classified as current liabilities are reported in current assets.

Property and Equipment

Property and equipment acquisitions in excess of \$1,500 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. The estimated useful lives of property and equipment are as follows:

Land improvements	5-20 years
Buildings and fixed equipment	5-25 years
Major movable equipment	3-30 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to net assets without donor restrictions and are excluded from revenues in excess of expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when donated or when acquired long-lived assets are placed in service.

The Organization considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended December 31, 2021 and 2020.

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

Income Taxes

The Organization and Foundation are organized as nonprofit corporations and have been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code Section 501(c)(3). The Organization and Foundation are annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the Organization and Foundation are subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose. The Organization files an Exempt Organization Business Income Tax Return (Form 990T) with the IRS to report its unrelated business taxable income.

The Organization and Foundation believe that they have appropriate support for any tax positions taken affecting its annual filing requirements, and as such, do not have any uncertain tax positions that are material to the consolidated financial statements. The Organization and Foundation would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred.

Resident Trust Funds

The Organization acts as a custodian for the funds of the residents. These funds are included in cash and accounts payable – trade in these consolidated financial statements. Resident trust funds totaled \$5,587 and \$3,421 at December 31, 2021 and 2020, respectively.

Net Assets with Donor Restrictions

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Performance Indicator

Revenues in excess of expenses is the performance indicator and excludes transfers of assets to and from related parties for other than goods and services and contributions for long-lived assets, including assets acquired using contributions which were restricted by donors.

Patient and Resident Service Revenue

Patient and resident service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient and resident care. These amounts are due from patients or residents, third-party payors (including health insurers and government programs), and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Organization bills the patients or residents and third-party payors several days after the services are performed and/or the patient or resident is discharged from the facilities. Revenue is recognized as performance obligations are satisfied.

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Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. The Organization believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations related to patient and resident services are satisfied over time as the patients or residents receive inpatient acute, outpatient, clinic, or nursing care services. The Organization measures the performance obligation associated with inpatient acute services from admission into the hospital to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge. The Organization measures the performance obligation for outpatient and medical clinic services over the patient encounter, which is generally short in duration. The Organization measures the performance obligation associated with residents receiving skilled nursing services from the beginning of the performance period generally admission or the beginning of the month, to the sooner of completion of services to that resident, discharge or the end of the month. Revenue for performance obligations satisfied at a point in time is recognized when goods or services are provided, and the Organization does not believe it is required to provide additional goods or services to the patient or resident.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual price concessions provided to third-party payors, discounts provided to uninsured patients and residents in accordance with the Organization's policy, and/or implicit price concessions provided to uninsured patients and residents. The Organization determines its estimates of contractual price concessions and discounts based on contractual agreements, its discount policies and historical experience applied to a portfolio of accounts. The Organization determines its estimate of implicit price concessions based on its historical collection experience with the respective class of patients and residents.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Organization's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews and investigations.

Consistent with the Organization's mission, care is provided to patients and residents regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and residents and patients and residents with other uninsured balances (for example, co-pays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and residents and the amounts the Organization expects to collect based on its collection history with those patients and residents.

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The Organization provides health care services to patients and residents who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the Organization does not pursue collection of these amounts, they are not reported as patient or resident service revenue. The estimated cost of providing these services was \$72,275 and \$71,234 for the years ended December 31, 2021 and 2020, respectively, calculated by multiplying the ratio of cost to gross charges for the Organization by the gross uncompensated charges associated with providing charity care to patients or residents.

Other Revenue

The Organization participates in the 340B Drug Pricing Program (340B Program) enabling the Organization to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases and enter into certain contracts with unrelated pharmacies who provide certain prescription drugs to patients who receive rural health clinic and outpatient services. This program is overseen by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). HRSA conducts routine audits of these programs at health care organizations and monitors program compliance. Laws and regulations governing the 340B Program are complex and subject to interpretation and changes. During the years ended December 31, 2021 and 2020, respectively, the Organization recognized \$562,241 and \$340,138 of other revenue from operations related to its 340B Program contract with an unrelated pharmacy. Other revenue also includes income from public health and contract therapy services, rentals, cafeteria and meals sales, operating grants and other operating transactions.

Other revenue is recognized when obligations under the terms of each contract are satisfied, at an amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing the goods and services. The majority of the other revenue sources are earned by the Organization over time, with the exception of cafeteria and meal revenues which are earned at the point in time that the goods are provided to the customer.

Donor-Restricted Gifts

The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statement of changes in net assets as net assets released from restrictions.

Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met.

Advertising Costs

The Organization expenses advertising costs as incurred. Advertising costs of \$26,477 and \$25,883, were incurred during 2021 and 2020, respectively.

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Financial Instruments and Credit Risk

Deposit concentration risk is managed by placing cash, money market accounts and investments with financial institutions believed to be creditworthy. At times, amounts on deposit may exceed insured limits or include uninsured investments in money market mutual funds. To date, the Organization has not experienced losses in any of these accounts. Although the fair values of investments are subject to fluctuation on a year-to-year basis, management believes that the investment policies and guidelines are prudent for the long-term welfare of the Organization.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in Note 12, which presents the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation, interest and other occupancy costs, are allocated to a function based on a square-footage or units-of-service basis. Allocated healthcare service costs not allocated on a units-of-service basis are otherwise allocated based on revenue.

Subsequent Events

Subsequent events have been evaluated through March 23, 2022, the date the consolidated financial statements were available to be issued.

Note 2 - Community Benefit

The Organization maintains records to identify and monitor the level of community benefit it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, and equivalent service statistics.

The Organization also provides services to the community free of charge as follows during the years ended December 31, 2021 and 2020.

	2021	2020
Charity care - charges foregone	\$ 111,541	\$ 106,465
Cash and in-kind donations	312	225
Total community benefit	<u>\$ 111,853</u>	<u>\$ 106,690</u>

Note 3 - Patient and Resident Service Revenue

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare – Hospital and Clinics: The Organization is licensed as a Critical Access Hospital (CAH). The Organization is reimbursed for most acute care services under a cost-based methodology with final settlement determined after submission of annual cost reports by the Organization subject to audits thereof by the Medicare Administrative Contractor (MAC). The Organization's Medicare cost reports have been audited by the MAC through the year ended December 31, 2018. Clinical services are paid on a fixed fee schedule or on a cost related basis for rural health clinic services.

Medicare – Nursing Home: Under the Medicare program, payment for resident services is made on a prospectively determined per diem rate that varies based on a case-mix resident classification system.

Medicaid – Hospital and Clinics: Inpatient acute care services rendered to Medicaid program beneficiaries are paid on a percentage of charges basis. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under a percentage of charges or fee schedule methodology. Clinical services are paid on a fixed fee schedule for rural health clinic services.

Medicaid – Nursing Home: Resident service revenue for Medicaid beneficiaries is recorded at prospectively determined rates per day. These rates vary according to a resident classification system that is based on individual care needed.

Blue Cross: Inpatient services rendered to Blue Cross subscribers are paid based on prospectively determined rates per discharge. Outpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per ambulatory encounter or visit.

The Organization has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Concentration of revenues by major payor accounted for the following percentages of the Organization's patient and resident service revenues for the years ended December 31, 2021 and 2020:

	2021	2020
Medicare	33%	37%
Medicaid	13%	15%
Blue Cross	16%	11%
Commercial insurance	15%	15%
Other third-party payors, patients and residents	23%	22%
	<u>100%</u>	<u>100%</u>

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Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Patient and resident service revenue for the years ended December 31, 2021 and 2020 decreased by approximately \$18,800 and \$800, respectively, due to removal of allowances previously estimated that are no longer necessary as a result of final settlements and years that are no longer likely subject to audits, reviews, and investigations.

The Organization's estimated third-party payor settlement receivables balance as of January 1, 2020 was \$86,000.

Generally, patients and certain residents who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Organization also provides services to uninsured patients, and offers those uninsured patients a discount, either by policy or law, from standard charges. The Organization estimates the transaction price for patients and residents with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual price concessions, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient and resident service revenue in the period of the change. The ability to estimate the collectability of uninsured and other self-pay patients or residents is contingent on the patient's or resident's ability or willingness to pay for the services provided. Subsequent changes that are determined to be the result of an adverse change in the patient's and resident's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2021 and 2020 was not significant.

The nature, amount, timing and uncertainty of revenue and cash flows are affected by several factors that the Organization considers in its recognition of revenue. Following are some of the factors considered:

- Payors (for example, Medicare, Medicaid, managed care or other insurance, patient and resident) have different reimbursement/payment methodologies
- Length of the patient's and resident's service/episode of care
- Geography of the service location
- Organization's line of businesses that provided the service (for example, hospital, physician services, etc.)

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Note 4 - Investments

Assets Limited as to Use – By Board

The composition of assets limited as to use at December 31, 2021 and 2020, is shown in the following table.

	2021	2020
By Board for capital improvements		
Cash and cash equivalents	\$ 1,642,322	\$ 1,455,411
Certificates of deposit	595,169	592,799
	<u>\$ 2,237,491</u>	<u>\$ 2,048,210</u>

Assets Limited as to Use – By Donor

Investments include the following at December 31, 2021 and 2020:

	2021	2020
Restricted cash and cash equivalents	\$ 71,928	\$ 39,048
Certificates of deposit	17,391	49,943
Mutual funds	414,286	389,036
	<u>\$ 503,605</u>	<u>\$ 478,027</u>

Mutual funds consists of approximately 53% fixed income, 31% United States (US) equities, 10% Non-US equities, and 6% cash and cash alternatives as of December 31, 2021. Mutual funds consists of approximately 56% fixed income, 26% United States (US) equities, 9% Non-US equities, and 9% cash and cash alternatives as of December 31, 2020.

Investment Income

Investment income consists of \$13,290 and \$24,070 of interest income and gains and losses on assets limited as to use, investments, and cash equivalents for the years ended December 31, 2021 and 2020, respectively. Endowment earnings are shown in Note 11 and are included in net assets with donor restrictions at December 31, 2021 and 2020.

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Note 5 - Fair Value of Assets

Assets measured at fair value and the related fair values of these assets at December 31, 2021 and 2020, are as follows:

	Total	Quoted Prices in Active Markets (Level 1)	Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
<u>December 31, 2021</u>				
Mutual funds	\$ 414,286	\$ 414,286	\$ -	\$ -
<u>December 31, 2020</u>				
Mutual funds	\$ 389,036	\$ 389,036	\$ -	\$ -

The fair value for mutual funds is determined by reference to quoted market prices.

Note 6 - Property and Equipment

A summary of property and equipment at December 31, 2021 and 2020 follows:

	2021		2020	
	Cost	Accumulated Depreciation	Cost	Accumulated Depreciation
Land and land improvements	\$ 1,056,193	\$ 467,763	\$ 972,002	\$ 462,721
Buildings and fixed equipment	9,432,971	7,357,240	8,810,571	7,194,776
Major movable equipment	6,964,220	4,864,432	6,614,225	4,580,488
Construction in progress	6,523	-	21,672	-
	<u>\$ 17,459,907</u>	<u>\$ 12,689,435</u>	<u>\$ 16,418,470</u>	<u>\$ 12,237,985</u>
Net property and equipment		<u>\$ 4,770,472</u>		<u>\$ 4,180,485</u>

Note 7 - Pension Plan

The Organization has a 403(b) defined contribution pension plan under which employees may elect to become participants upon reaching age 21 and completion of one year of service (832 hours). Employer contributions, based on one percent in 2021 and 2020 of annual compensation, are deposited with the plan trustee who invests the plan assets. Employer pension plan expense for the years ended December 31, 2021 and 2020 was \$45,810 and \$45,389, respectively.

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Note 8 - Concentrations of Credit Risk

The Organization grants credit without collateral to its patients and residents, most of who are insured under third-party payor agreements. The mix of receivables from third-party payors, patients, and residents at December 31, 2021 and 2020, was as follows:

	2021	2020
Medicare	29%	40%
Medicaid	9%	6%
Blue Cross	12%	7%
Commercial insurance	20%	18%
Other third-party payors, patients and residents	30%	29%
	<u>100%</u>	<u>100%</u>

Note 9 - Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the consolidated balance sheet date, are comprised of the following:

	2021	2020
Cash and cash equivalents	\$ 6,262,936	\$ 6,450,196
Accounts receivable	1,169,426	1,179,847
Short-term investments	-	72,240
	<u>\$ 7,432,362</u>	<u>\$ 7,702,283</u>

Pioneer Memorial's goal is to maintain financial assets to meet 60 days of operating expenses (approximately \$1.8 million). As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts and certificates of deposit.

Assets limited as to use by the Board of Directors for capital improvement and by donor are not available for general expenditure within the next year and are not reflected as financial assets to be available; however, these financial assets could be made available, if necessary, for potential liquidity needs.

Cash and cash equivalents include funds received through the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS). These funds are subject to terms and conditions imposed by HHS, further discussed in Note 14.

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Note 10 - Net Assets With Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods at December 31, 2021 and 2020:

	2021	2020
Subject to expenditure for a specified purpose		
Special projects and capital improvements	\$ 62,924	\$ 62,633
Unexpended endowment earnings for health care services	165,398	140,111
Perpetual time restriction		
Endowment for health care services	275,283	275,283
	<u>\$ 503,605</u>	<u>\$ 478,027</u>

In 2021 and 2020, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes in the amounts of \$-0- and \$7,215, respectively. These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements.

Note 11 - Endowment Funds

The State of South Dakota adopted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with perpetual donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund consisting of accumulated investment gains is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund.
2. The purposes of the Organization and the donor-restricted endowment fund.
3. General economic conditions.
4. The possible effect of inflation and deflation.
5. The expected total return from income and the appreciation of investments.
6. Other resources of the Organization.

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Notes to Consolidated Financial Statements
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At December 31, 2021 and 2020, the Hospital had the following endowment net asset composition by type of fund:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
December 31, 2021			
Donor-restricted endowment funds			
Original donor-restricted gift amount	\$ -	\$ 275,283	\$ 275,283
Accumulated investment gains	-	165,398	165,398
	<u>\$ -</u>	<u>\$ 440,681</u>	<u>\$ 440,681</u>
December 31, 2020			
Donor-restricted endowment funds			
Original donor-restricted gift amount	\$ -	\$ 275,283	\$ 275,283
Accumulated investment gains	-	140,111	140,111
	<u>\$ -</u>	<u>\$ 415,394</u>	<u>\$ 415,394</u>

Investment and Spending Policies

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy the Organization's endowment assets are invested in a mix of cash and cash equivalents, certificates of deposit, and mutual funds. To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization's policy is to maintain sufficient financial stability for the operations of the Organization. Interest and dividends, net of investment expense, are added to net assets with donor restrictions and appropriated by the Board periodically.

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Changes in Endowment net assets for the years ended December 31, 2021 and 2020 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, January 1, 2020	\$ -	\$ 391,581	\$ 391,581
Investment return, net	-	11,054	11,054
Unrealized and realized gains, net	-	12,759	12,759
Endowment net assets, December 31, 2020	-	415,394	415,394
Investment return, net	-	13,299	13,299
Unrealized and realized gains, net	-	11,988	11,988
Endowment net assets, December 31, 2021	\$ -	\$ 440,681	\$ 440,681

Note 12 - Functional Expenses

The Organization provides health care services to patients and residents within its geographic location. Expenses related to providing these services by functional class for the year ended December 31, 2021 are as follows:

	Health Care Services			General and Administrative	Fundraising	Total
	Hospital Services	Clinic Services	Nursing Home Services			
Salaries and wages	\$ 1,860,307	\$ 1,397,436	\$ 2,002,837	\$ 714,947	\$ 38,619	\$ 6,014,146
Employee benefits	316,787	202,540	453,266	168,925	10,638	1,152,156
Purchased services	913,014	57,558	272,613	285,712	1,052	1,529,949
Medical supplies	698,680	167,015	51,795	-	-	917,490
Other direct expenses	26,104	51,106	16,935	209,002	38,053	341,200
Utilities	52,019	47,181	89,838	56,958	766	246,762
Non-medical supplies	45,394	18,478	244,973	34,590	136	343,571
Professional fees	4,139	-	13,467	101,503	-	119,109
Depreciation	262,942	58,079	72,407	91,212	-	484,640
	<u>\$ 4,179,386</u>	<u>\$ 1,999,393</u>	<u>\$ 3,218,131</u>	<u>\$ 1,662,849</u>	<u>\$ 89,264</u>	<u>\$ 11,149,023</u>

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
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Expenses related to providing these services by functional class for the year ended December 31, 2020 are as follows:

	Health Care Services			General and Administrative	Fundraising	Total
	Hospital Services	Clinic Services	Nursing Home Services			
Salaries and wages	\$ 1,940,208	\$ 1,358,674	\$ 2,130,997	\$ 664,569	\$ 18,074	\$ 6,112,522
Employee benefits	309,857	217,838	468,823	153,310	5,747	1,155,575
Purchased services	822,272	33,888	369,407	298,122	1,978	1,525,667
Medical supplies	457,928	182,441	55,688	-	-	696,057
Other direct expenses	39,669	45,531	15,051	191,266	22,456	313,973
Utilities	50,766	46,255	86,572	51,635	616	235,844
Non-medical supplies	41,718	19,054	273,392	30,156	142	364,462
Professional fees	2,643	-	12,321	93,967	-	108,931
Depreciation	293,623	38,732	61,979	88,989	-	483,323
Interest	-	-	-	8,519	-	8,519
	<u>\$ 3,958,684</u>	<u>\$ 1,942,413</u>	<u>\$ 3,474,230</u>	<u>\$ 1,580,533</u>	<u>\$ 49,013</u>	<u>\$ 11,004,873</u>

Note 13 - Commitments and Contingencies

Professional Liability

The Organization has professional liability coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured. The Organization is also insured under a claims-made excess umbrella insurance policy with a limit of \$5 million per claim and an annual aggregate limit of \$5 million.

Litigations, Claims, and Other Disputes

The Organization is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. Management assesses the ultimate settlement of any litigations, claims, and disputes in process in determining whether a liability should be recorded or a disclosure should be presented.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties as well as significant repayments of previously billed and collected revenues for resident services. Management believes the Organization is in substantial compliance with current laws and regulations.

Management Agreement

On January 1, 2019, the Organization entered into an amended and restated management agreement with Sanford, for management services and information technology platform maintenance and support. Under the terms of the management agreement, the Organization is to reimburse Sanford for the salary and benefits of the Organization's Chief Executive Officer, who is an employee of Sanford. The management agreement requires the Organization to pay Sanford an annual base amount of \$45,000 per year, increasing annually based on the lesser of 3% or the increase in the consumer price index, for management services. The management agreement also requires the Organization to pay Sanford an annual base amount of \$243,842 per year, increasing annually based on the lesser of 4% or the increase in the consumer price index, for information technology platform maintenance and support fees. The amended and restated agreement is scheduled to continue through January 1, 2029. At that point, the amended and restated agreement will automatically extend for additional five-year terms unless either party notifies the other party in writing of its intent not to renew at least six months prior to the expiration of the then-current term. Management fees incurred from Sanford were \$46,680 and \$46,035, for the years ended December 31, 2021 and 2020, respectively. Information technology platform maintenance and support fees incurred from Sanford were \$258,684 and \$250,539 for the years ended December 31, 2021 and 2020, respectively.

COVID-19

The ongoing COVID-19 pandemic has caused an economic downturn on a global scale, disrupted global supply chains and created significant uncertainty, volatility and disruption across economies and financial markets. The Organization is closely monitoring its operations, investment portfolio, liquidity and capital resources and is actively working to minimize the current and future impact of this unprecedented situation. As of the date of issuance of these consolidated financial statements, the full impact to the Organization's financial position is not known.

Note 14 - COVID-19 Stimulus Programs

Paycheck Protection Program

The Organization was granted a \$1,369,200 loan under the Paycheck Protection Program (PPP) administered by a Small Business Administration (SBA) approved partner. The loan was uncollateralized and fully guaranteed by the Federal government. The Organization initially recorded a note payable and subsequently recorded forgiveness when the loan obligation was legally released by the SBA. The Organization recognized \$1,369,200 of loan forgiveness income during the year ended December 31, 2020.

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation

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Provider Relief Funds

During the years ended December 31, 2021 and 2020, the Organization received \$683,813 and \$3,949,748 of Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds administered by the Department of Health and Human Services (HHS). The funds are subject to terms and conditions imposed by HHS. Among the terms and conditions is a provision that payments will only be used to prevent, prepare for, and respond to coronavirus and shall reimburse the recipient only for healthcare-related expenses or lost revenues that are attributable to coronavirus. Recipients may not use the payments to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse. HHS currently has varying deadlines to incur eligible expenses, based on the date the funds were received. Unspent funds will be expected to be repaid.

These funds are recorded as a refundable advance when received and are recognized as revenues in the accompanying consolidated statements of operations as all terms and conditions are considered met. The terms and conditions are subject to interpretation, changes and future clarification, the most recent of which have been considered through the date that the consolidated financial statements were available to be issued. In addition, this program may be subject to oversight, monitoring and audit. Failure by a provider that received a payment from the Provider Relief Fund to comply with any term or condition can subject the provider to recoupment of some or all of the payment. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. As of December 31, 2021 and 2020, the Organization had a total refundable advance balance of \$258,575 and \$3,333,580, which included \$24,060 and \$10,160 of cumulative interest earned on the funds received as of December 31, 2021 and 2020, and is included in current liabilities on the accompanying consolidated balance sheets. The organization repaid \$856,977 of unused CARES funds to HHS as part of their Period 1 reporting submission, which was completed during the year ended December 31, 2021. During the years ended December 31, 2021 and 2020, the Organization recognized \$2,915,741 and \$626,328 as revenue, included as operating on the consolidated statements of operations.

Other Stimulus Grants

The Organization also received \$126,423 and \$449,100 for the years ended December 31, 2021 and 2020, from the South Dakota Bureau of Finance and Management and other sources. These funds are subject to terms and conditions imposed by the grantor. The Organization recognized revenue from these funds of \$126,423 and \$449,100 and reported refundable advances of \$-0- on the December 31, 2021 and 2020 consolidated balance sheets.



Supplementary Information
December 31, 2021 and 2020

**Pioneer Memorial Hospital & Health
Services and Pioneer Memorial
Foundation**



Independent Auditor's Report on Supplementary Information

The Board of Directors
Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Viborg, South Dakota

We have audited the consolidated financial statements of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation as of and for the years ended December 31, 2021 and 2020, and have issued our report thereon dated March 23, 2022, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole.

The Consolidated Schedules of Patient and Resident Service Revenue, and Other Revenue on pages 27 and 28 and a portion of the Consolidated Operational, Statistical, and Financial Highlights on page 29 is presented for the purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

A portion of the Consolidated Operational, Statistical, and Financial Highlights, on page 29, which is the responsibility of management, has not been subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

We have also previously audited, in accordance with auditing standards generally accepted in the United States of America, the consolidated financial statements of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation as of and for the years ended December 31, 2019, 2018, and 2017, none of which are presented herein, and we expressed unmodified opinions on those consolidated financial statements. In our opinion, the December 31, 2019, 2018 and 2017 operational highlights on a portion of page 29 are fairly stated in all material respects in relation to the consolidated financial statements from which it has been derived.

Eide Bailly LLP

Sioux Falls, South Dakota
March 23, 2022

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Consolidated Schedules of Patient and Resident Service Revenue
Years Ended December 31, 2021 and 2020

	2021			2020		
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total
Patient and Resident Service Revenue						
Routine services						
Nursing facility	\$ 3,392,720	\$ -	\$ 3,392,720	\$ 3,565,653	\$ -	\$ 3,565,653
Adults and pediatrics	705,365	-	705,365	749,255	-	749,255
Assisted living	356,466	-	356,466	385,779	-	385,779
Senior housing	192,889	-	192,889	257,862	-	257,862
Observation	-	88,516	88,516	-	76,612	76,612
	<u>4,647,440</u>	<u>88,516</u>	<u>4,735,956</u>	<u>4,958,549</u>	<u>76,612</u>	<u>5,035,161</u>
Ancillary services						
Laboratory	118,501	1,767,051	1,885,552	137,895	1,625,578	1,763,473
Viborg clinic	-	1,861,835	1,861,835	-	1,677,795	1,677,795
Centerville clinic	-	459,134	459,134	-	435,792	435,792
Parker clinic	-	449,003	449,003	-	362,757	362,757
Rehab outreach	-	213,188	213,188	-	117,380	117,380
Emergency room	16,363	1,792,681	1,809,044	16,783	1,585,104	1,601,887
Pharmacy	146,711	494,198	640,909	196,158	640,419	836,577
Central service	81,457	23,318	104,775	62,830	25,339	88,169
Physical therapy	53,852	665,751	719,603	51,465	486,273	537,738
Radiology	103,388	2,495,555	2,598,943	100,284	2,147,801	2,248,085
Operating room	-	198,716	198,716	-	154,265	154,265
Electrocardiography	3,766	342,319	346,085	11,376	277,817	289,193
Anesthesiology	-	72,590	72,590	-	46,065	46,065
Occupational therapy	50,832	72,747	123,579	38,998	61,326	100,324
Ultrasound	-	48,490	48,490	1,132	50,070	51,202
Cardiac rehabilitation	-	98,670	98,670	-	99,000	99,000
Speech therapy	4,015	24,863	28,878	9,739	17,950	27,689
Nuclear medicine	-	91,261	91,261	-	38,936	38,936
Wound therapy	-	247,641	247,641	-	155,536	155,536
Diabetic education	-	102	102	-	-	-
Respiratory therapy	-	820	820	472	4,618	5,090
	<u>578,885</u>	<u>11,419,933</u>	<u>11,998,818</u>	<u>627,132</u>	<u>10,009,821</u>	<u>10,636,953</u>
	<u>\$ 5,226,325</u>	<u>\$ 11,508,449</u>	<u>16,734,774</u>	<u>\$ 5,585,681</u>	<u>\$ 10,086,433</u>	<u>15,672,114</u>
Charity care			(111,541)			(106,465)
Contractual price concessions (previously contractual adjustments)			(5,377,001)			(4,935,830)
Implicit price concessions (previously provision for bad debts)			(453,622)			(307,352)
Total patient and resident service revenue			<u>\$ 10,792,610</u>			<u>\$ 10,322,467</u>

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Consolidated Schedules of Other Revenue
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Other Revenue		
Pharmacy 340B program	\$ 562,241	\$ 340,138
Public health	140,268	136,407
Contract services therapy	52,130	116,408
Grants	63,605	11,866
Rental	47,846	42,694
Late payment fees	33,979	21,891
Reference lab	14,625	11,860
Cafeteria	8,874	11,004
Gift shop	46	1,281
Wellness	1,205	857
Gain on disposal of equipment	-	20
Other	<u>34,738</u>	<u>35,723</u>
	<u><u>\$ 959,557</u></u>	<u><u>\$ 730,149</u></u>

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Consolidated Operational, Statistical, and Financial Highlights
Years Ended December 31, 2021, 2020, 2019, 2018, and 2017

	2021	2020	2019	2018	2017
Operational					
Revenues, Gains, and Other Support Without Donor Restrictions					
Patient and resident service revenue					
Routine services	\$ 4,735,956	\$ 5,035,161	\$ 5,321,084	\$ 5,675,586	\$ 6,227,381
Ancillary services	11,998,818	10,636,953	9,561,848	9,811,106	11,167,839
Charity care	(111,541)	(106,465)	(132,685)	(57,382)	(58,210)
Contractual price concessions	(5,377,001)	(4,935,830)	(4,377,414)	(4,704,446)	(5,825,050)
Implicit price concessions	(453,622)	(307,352)	(250,185)	(320,440)	(177,293)
Total patient and resident service revenue	10,792,610	10,322,467	10,122,648	10,404,424	11,334,667
Gain (loss) on disposal of equipment	-	20	(5,156)	93,884	-
Other revenue	959,557	730,129	751,043	936,608	779,401
COVID-19 stimulus programs	3,042,164	2,453,147	-	-	-
Total revenues, gains, and other support without donor restrictions	14,794,331	13,505,763	10,868,535	11,434,916	12,114,068
Expenses					
Salaries and benefits	7,166,302	7,268,097	7,427,154	7,384,859	7,668,270
Drugs, food, supplies and other	3,498,081	3,244,934	2,913,744	3,000,902	3,336,258
Depreciation	484,640	483,323	425,037	404,740	465,636
Interest	-	8,519	5,066	15,961	27,019
Total expenses	11,149,023	11,004,873	10,771,001	10,806,462	11,497,183
Operating Income	\$ 3,645,308	\$ 2,500,890	\$ 97,534	\$ 628,454	\$ 616,885
Statistical - Unaudited					
Hospital					
Number of beds	12	12	12	12	12
Patient days					
Acute	154	206	100	167	177
Swing bed	367	316	371	411	515
Percentage of occupancy, including swing beds	11.9%	11.9%	10.8%	13.2%	15.8%
Average daily census, including swing beds	1.4	1.4	1.3	1.6	1.9
Number of admissions, excluding swing beds	58	72	40	69	67
Average acute length of stay (days)	2.7	2.9	2.5	2.4	2.6
Medicare patients					
Acute days of care	118	137	73	138	150
Percentage of acute patient days	76.6%	66.5%	73.0%	82.6%	84.7%
Nursing Facility					
Number of beds - end of year	43	43	43	52	52
Resident days	11,727	12,707	14,082	15,361	17,654
Percentage of occupancy	74.7%	81.0%	89.7%	80.9%	93.0%
Senior Housing					
Number of units	20	20	20	20	20
Resident days	4,789	6,523	6,523	5,905	7,050
Percentage of occupancy	65.6%	89.4%	89.4%	80.9%	96.6%
Assisted Living					
Number of units	10	10	10	10	10
Resident days	3,103	3,520	3,228	3,378	3,576
Percentage of occupancy	85.0%	96.4%	88.4%	92.5%	98.0%
Clinic Visits					
Centerville	2,431	2,462	2,822	2,489	2,882
Parker	2,480	1,942	1,830	1,874	2,009
Viborg	6,723	7,683	6,018	6,539	7,062
Financial					
Current Ratio	6.89	1.86	2.99	3.32	3.03
Number of Days Revenue in Patient and Resident Accounts Receivable	36	38	36	28	26
Percentage of Salaries and Benefits to Total Expenses	64.3%	66.0%	69.0%	68.3%	66.7%



**Independent Auditor's Report on Internal Control over Financial Reporting and on
Compliance and Other Matters Based on an Audit of Financial Statements
Performed in Accordance with *Government Auditing Standards***

The Board of Directors
Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation
Viborg, South Dakota

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, the consolidated financial statements of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation, which comprise the consolidated balance sheet as of December 31, 2021, and the related consolidated statements of operations, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated March 23, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's consolidated financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We identified a deficiency in internal control, described in the accompanying Schedule of Findings and Responses as Finding 2021-1 that we consider to be a material weakness.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the consolidated financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Pioneer Memorial Hospital and Pioneer Memorial Foundation's Response to Findings

Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation's response to the findings identified in our audit are described in the accompanying Schedule of Findings and Responses. Pioneer Memorial Hospital & Health Services and Pioneer Memorial Foundation's response was not subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Handwritten signature of Erik Bailly LLP in black ink.

Sioux Falls, South Dakota
March 23, 2022

Finding 2021-1 – Preparation of Consolidated Financial Statement and Adjustments

Criteria: Proper controls over financial reporting include the ability to prepare the consolidated financial statements with accompanying notes to the consolidated financial statements that are materially correct and include all required disclosures.

Condition: The Company does not have an internal control system designed to provide for the preparation of the full disclosure consolidated financial statements being audited. As auditors, we proposed significant audit adjustments to third party settlements and patient and resident service revenue. We were also requested to draft the consolidated financial statements and accompanying notes to the consolidated financial statements.

Cause: The Company has limited staff. They cannot justify incurring the costs necessary for preparing the consolidated financial statements with accompanying notes to the consolidated financial statements.

Effect: Audit adjustments to third party settlements and patient and resident service revenue were recorded to the December 31, 2021 consolidated financial statements. Inadequate controls over financial reporting of the Company could result in the likelihood that the Company would not be able to draft the consolidated financial statements with accompanying notes to the consolidated financial statements without the assistance of the auditors.

Recommendation: While we recognize that this condition is not unusual for an organization of your size, it is important that you be aware of this condition for financial reporting purposes.

Management's Response: Since it is not cost effective for an organization of our size to prepare audit ready consolidated financial statements, we have chosen to hire Eide Bailly, a public accounting firm, to prepare our full disclosure consolidated financial statements as part of the annual audit. We have designated a member of management to review the year-end audit adjustments and the propriety of the draft consolidated financial statements and accompanying notes to the consolidated financial statements.