

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department 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](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</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	<b>C</b> Name of organization <div style="border: 1px solid black; padding: 2px;">Livingston Healthcare</div> Doing business as <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite</div> <div style="border: 1px solid black; padding: 2px;">320 Alpenglow Ln</div> City or town, state or province, country, and ZIP or foreign postal code <div style="border: 1px solid black; padding: 2px;">Livingston, MT 59047</div> <b>F</b> Name and address of principal officer: <b>Bruce Whitfield</b> <div style="border: 1px solid black; padding: 2px;">same as C above</div>	<b>D</b> Employer identification number <div style="border: 1px solid black; padding: 2px;">81-0378200</div> <b>E</b> Telephone number <div style="border: 1px solid black; padding: 2px;">406-222-3541</div> <b>G</b> Gross receipts \$ <b>91,630,753.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> 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		
<b>J</b> Website: <b>www.livingstonhealthcare.org</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1955</b>
		<b>M</b> State of legal domicile: <b>MT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>A 25-bed critical access hospital, a multispecialty physician practice, rehabilitation</b>		
	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	10
	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 2023 (Part V, line 2a)	5	549
	6	Total number of volunteers (estimate if necessary)	6	22
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	819,808.	373,954.
	9	Program service revenue (Part VIII, line 2g)	76,403,542.	90,799,646.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,994.	371,925.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	71,700.	63,046.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	77,363,044.	91,608,571.
	<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,766.
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)	39,141,627.	44,292,054.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25)	251,285.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	38,629,451.	46,224,958.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	77,803,844.	90,540,980.
19		Revenue less expenses. Subtract line 18 from line 12	-440,800.	1,067,591.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	89,398,714.	90,391,456.
	21	Total liabilities (Part X, line 26)	42,724,541.	41,918,602.
	22	Net assets or fund balances. Subtract line 21 from line 20	46,674,173.	48,472,854.

**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.

<b>Sign Here</b>	Signature of officer <b>Bruce Whitfield, CEO</b>	Date		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Lisa Chaffee, CPA</b>	Preparer's signature <b>Lisa Chaffee, CPA</b>	Date <b>05/08/25</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00193453</b>
	Firm's name <b>Eide Bailly LLP</b>	Firm's EIN <b>45-0250958</b>		
	Firm's address <b>4585 Coleman St., Ste. 200 Bismarck, ND 58503</b>	Phone no. <b>701-255-1091</b>		

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:Excellence in patient-centered care.**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 \$ 77,476,476. including grants of \$ 23,968. ) (Revenue \$ 90,799,646. )  
Livingston HealthCare (LHC) is a 25-bed critical access hospital  
located in Livingston, Montana, providing inpatient, outpatient, and  
emergency services primarily for the residents of Livingston Montana  
and the surrounding area. It is a multispecialty physician practice  
that also provides rehabilitation services and home-based services such  
as home care and hospice care.

LHC provides medical treatment of the sick and injured patients  
regardless of ability to pay. This includes private payers, insured  
payors, Medicare, Medicaid and Charity Care.

Continued on Schedule O...**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 77,476,476.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b>	X
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b> X	
<b>21</b> 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> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	60
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

		Yes	No
<b>2a</b> 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	<b>2a</b> 549		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> 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.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person 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.	<b>17</b>		

**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 ☒

**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> 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.	10			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		9		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> 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>b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	11a	X
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed 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  
**Deborah Evans-Small - 406-222-3541**  
**320 Alpenglow Lane, Livingston, MT 59047**

**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, box 6 of 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) Kyle Arnet, MD ER Physician	40.00				X			453,569.	0.	32,297.
(2) Benjamin Wilkinson ER Physician	40.00				X			437,771.	0.	42,124.
(3) Brian Guercio ER Physician	40.00				X			400,009.	0.	38,171.
(4) Raymond Wright ER Physician	40.00				X			391,550.	0.	39,530.
(5) Douglas Wadle, MD Hospital Provider	40.00				X			371,051.	0.	32,289.
(6) Kris Kester CFO	40.00			X				255,274.	0.	18,695.
(7) Stacy Kohler Chief Nursing Officer	40.00				X			209,664.	0.	32,469.
(8) Kyra Pinango, MD Director, Family Medicine	36.00	X						207,368.	0.	19,636.
(9) Michael McCormick Chair	15.00	X		X				0.	0.	0.
(10) Lee Kinsey Vice Chair	2.00	X		X				0.	0.	0.
(11) Liz Lewis Secretary	2.00	X		X				0.	0.	0.
(12) Steve Caldwell Treasurer	2.00	X		X				0.	0.	0.
(13) Bruce Whitfield CEO	40.00			X				0.	0.	0.
(14) Justin Roberts, MD Director, Surgery	2.00	X						0.	0.	0.
(15) Abbie Bandstra Director	2.00	X						0.	0.	0.
(16) Clair Kenamore, MD Director	2.00	X						0.	0.	0.
(17) Stefanie Lange, MD Director	2.00	X						0.	0.	0.

**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			
(18) JJ Carmody Director	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,726,256.	0.	255,211.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,726,256.	0.	255,211.

**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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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
Billings Clinic PO Box 30977, Billings, MT 59107-0977	IS & Administration Fees	2,721,237.
Billings Clinic Teleradiology PO Box 30977, Billings, MT 59107-0977	Telerad Services	699,087.
Aya Healthcare PO Box 674907, Dallas, TX 75267-4907	Staffing Services	578,731.
Soliant PO Box 934411, Atlanta, GA 31193-4411	Staffing Services	488,852.
Travel Nurse PO Box 660919, Dallas, TX 75266-0919	Staffing Services	362,580.

**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

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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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	297,259.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	63,703.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	12,992.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> Net Patient Service Revenue	<b>Business Code</b>	621110	88,582,442.	88582442.		
	<b>b</b> 340B Pharmacy Revenue		456110	1,159,898.	1,159,898.		
	<b>c</b> Supporting Revenue		621110	1,057,306.	1,057,306.		
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			90,799,646.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			394,107.		
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal 63,046.				
<b>b</b> Less: rental expenses ...		<b>6b</b>	0.				
<b>c</b> Rental income or (loss) .....		<b>6c</b>	63,046.				
<b>d</b> Net rental income or (loss) .....			63,046.				
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	22,182.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	-22,182.				
<b>d</b> Net gain or (loss) .....			-22,182.				
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			91,608,571.	90799646.	0.	434,971.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,968.	23,968.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	849,043.	266,189.	582,854.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	400,281.	400,281.		
<b>7</b> Other salaries and wages	33,439,900.	27,927,287.	5,374,397.	138,216.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,741,389.	1,470,653.	263,469.	7,267.
<b>9</b> Other employee benefits	5,457,503.	4,518,007.	917,519.	21,977.
<b>10</b> Payroll taxes	2,403,938.	1,948,301.	446,237.	9,400.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	635,608.		635,608.	
<b>b</b> Legal	199,954.	55,828.	144,126.	
<b>c</b> Accounting	118,317.		115,317.	3,000.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,980,270.	10,076,059.	1,897,077.	7,134.
<b>12</b> Advertising and promotion	193,381.	21,701.	144,112.	27,568.
<b>13</b> Office expenses	2,014,049.	1,667,223.	338,964.	7,862.
<b>14</b> Information technology	1,260,101.	239,861.	1,019,167.	1,073.
<b>15</b> Royalties				
<b>16</b> Occupancy	914,724.	656,701.	258,023.	
<b>17</b> Travel	221,797.	188,878.	32,698.	221.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	189,675.	126,045.	62,946.	684.
<b>20</b> Interest	1,239,392.	1,239,392.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,846,962.	3,846,962.		
<b>23</b> Insurance	879,148.	495,310.	383,838.	
<b>24</b> 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.)				
<b>a</b> <u>Medical Supplies</u>	20,396,297.	20,390,311.	5,980.	6.
<b>b</b> <u>Repairs and Maintenance</u>	1,331,993.	1,303,507.	28,486.	
<b>c</b> <u>Food</u>	445,797.	444,696.	1,101.	
<b>d</b> _____				
<b>e</b> All other expenses _____	357,493.	169,316.	161,300.	26,877.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	90,540,980.	77,476,476.	12,813,219.	251,285.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,326,980.	<b>1</b>	2,862,904.
	<b>2</b> Savings and temporary cash investments .....	1,053,460.	<b>2</b>	47,126.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	14,542,826.	<b>4</b>	17,500,518.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,822,216.	<b>8</b>	1,724,514.
	<b>9</b> Prepaid expenses and deferred charges .....	670,976.	<b>9</b>	759,354.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 72,432,986.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 30,600,749.		
		42,301,910.	<b>10c</b>	41,832,237.
	<b>11</b> Investments - publicly traded securities .....	24,446,904.	<b>11</b>	22,254,500.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	2,233,442.	<b>15</b>	3,410,303.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	89,398,714.	<b>16</b>	90,391,456.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,446,226.	<b>17</b>	5,990,822.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	34,213,451.	<b>23</b>	32,336,141.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,064,864.	<b>25</b>	3,591,639.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	42,724,541.	<b>26</b>	41,918,602.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	46,674,173.	<b>27</b>	48,472,854.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	46,674,173.	<b>32</b>	48,472,854.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	89,398,714.	<b>33</b>	90,391,456.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	91,608,571.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	90,540,980.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,067,591.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	46,674,173.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	761,487.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-30,397.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	48,472,854.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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 (2023)



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV** Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> 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 <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>		
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

### Supplemental Information.

[illegible]

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

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 foundationCheck 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).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

**Livingston Healthcare****81-0378200****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
<u>1</u>		\$ <u>297,259.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>37,638.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>12,000.</u>	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.)

Employer identification number

81-0378200

## Part II

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

Name of organization

Employer identification number

**Livingston Healthcare****81-0378200****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 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

**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 on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,051,438.	4,631,565.	5,150,614.	3,021,307.	2,480,033.
b Contributions	55,277.	35,258.	3,750.	1,357,828.	570,837.
c Net investment earnings, gains, and losses	849,704.	384,615.	-522,799.	771,479.	154,145.
d Grants or scholarships					
e Other expenditures for facilities and programs					183,708.
f Administrative expenses					
g End of year balance	5,956,419.	5,051,438.	4,631,565.	5,150,614.	3,021,307.

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

a Board designated or quasi-endowment 57.0000 %

b Permanent endowment 43.0000 %

c Term endowment .0000 %

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? ☐ Yes ☒ No

(ii) Related organizations? ☒ Yes ☐ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☒ Yes ☐ No

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		5,951,320.		5,951,320.
b Buildings		36,700,750.	12,990,045.	23,710,705.
c Leasehold improvements				
d Equipment		25,970,909.	16,384,464.	9,586,445.
e Other		3,810,007.	1,226,240.	2,583,767.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				41,832,237.

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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) Professional Liability Claims	46,000.
(3) Deferred Compensation Liability	3,212,300.
(4) Operating Lease Liability	333,339.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,591,639.

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

**Part 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	93,169,282.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	761,487.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,096,483.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,857,970.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	91,311,312.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	297,259.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	297,259.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	91,608,571.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	90,545,502.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	4,522.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,522.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	90,540,980.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	90,540,980.

**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 V, line 4:**

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. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for a donor-specified period(s) as well as board-designated funds.

**Part X, Line 2:**

The Hospital believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such,

**Part XIII** Supplemental Information *(continued)*

does not have any uncertain tax positions that are material to the consolidated financial statements. The Hospital 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.

## Part XI, Line 2d - Other Adjustments:

Foundation Revenue Reported on a Separate Form 990 1,096,483.

## Part XI, Line 4b - Other Adjustments:

Foundation Contribution to Hospital that is Eliminated on Audited Financials 297,259.

## Part XII, Line 2d - Other Adjustments:

Foundation Expense Reported on a Separate Form 990 4,522.

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		<input checked="" type="checkbox"/>
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
<b>c</b> 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.		
<b>4</b> 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"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input checked="" type="checkbox"/>	
<b>c</b> 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? .....		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? .....		

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**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			662,000.		662,000.	.73%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			662,000.		662,000.	.73%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	63		140,974.		140,974.	.16%
<b>f</b> Health professions education (from Worksheet 5) .....	16		290,150.		290,150.	.32%
<b>g</b> Subsidized health services (from Worksheet 6) .....			17910532.	12148448.	5762084.	6.36%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	11		19,850.		19,850.	.02%
<b>j Total.</b> Other Benefits .....	90		18361506.	12148448.	6213058.	6.86%
<b>k Total.</b> Add lines 7d and 7j .....	90		19023506.	12148448.	6875058.	7.59%



<b>Part V</b>	<b>Facility Information</b>
---------------	-----------------------------

## Section A. Hospital Facilities

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

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

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

[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: Livingston Healthcare

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	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 .....	2	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 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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>22</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 .....	5	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 .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V, Supplement Information</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>See Part V, Supplement Information</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group: Livingston Healthcare

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> 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>0</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> 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 their application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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 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)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> 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, Page 8</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</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 type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group: Livingston Healthcare

	Yes	No	
<b>17</b> 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? .....	<b>17</b>	<b>X</b>	
<b>18</b> 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			
<b>19</b> 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? .....	<b>19</b>		<b>X</b>
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)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? .....	<b>21</b>	<b>X</b>	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group: Livingston Healthcare**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
<b>23</b>		<b>X</b>
<b>24</b>	<b>X</b>	

Schedule H (Form 990) 2023

**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.

Livingston Healthcare:

Part V, Section B, Line 5: During the latest Community Health Needs

Assessment (CHNA), conducted in collaboration with the Park County Health Department, input from a diverse range of community partners was not just collected but actively integrated into the report using the CASPER system. CASPER, carried out through face-to-face interviews in the field during the summer of 2022, proved invaluable. Conducting interviews in person offered several advantages, including a high response rate and the opportunity to disseminate health information and resource lists directly to the community.

Following the collection of surveys, a collaborative effort ensued, involving 22 stakeholders from the community. This group, which included representatives serving the most vulnerable populations, came together to provide crucial feedback on priority areas. This inclusive approach ensures that the insights of various stakeholders, including low-income residents and public health professionals, are woven into the fabric of our community health initiatives.

Livingston Healthcare:

Part V, Section B, Line 6b: Park County, Park County Health Department, and Community Health Partners

Livingston Healthcare:

**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 response to findings from the 2022

Community Health Needs Assessment, the CHIP leadership team identified three priority areas, all of which they will address:

1) Behavioral Health,

2) Community Wellness: Children and Families, Housing and Income Inequality

3) Access to Care

While our current implementation plan may not explicitly target income inequality, at Livingston HealthCare, we are fully committed to mitigating its impact. We do this by providing competitive wages and comprehensive benefits to our team, recognizing our substantial role as one of Park County's major employers. Moving forward, Livingston HealthCare will persist in collaborating with community partners to address this intricate community challenge.

Livingston HealthCare, in partnership with the Park County Health Department and other stakeholders, facilitated a CHNA in the Summer/Fall of 2022. Since then, LHC has been able to address the needs of the community in the following ways

a. Suicide Prevention Training: Partnered with LiveWell49 to deliver Suicide Prevention Training to over 100 employees, enhancing awareness and equipping staff with essential skills to support individuals in crisis.

b. The Ranger Clinic: Expanded services and dedicated FTE of Community Health Coordinator to enhance and expand services of The Ranger Clinic, our school-based health center that provides behavioral and primary care 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.

c. Human Trafficking and Domestic Violence Education: Collaborated with ASPEN to provide Livingston HealthCare staff with training on recognizing and responding to human trafficking and domestic violence, fostering a safer, more informed environment for patient care.

d. Addressed Housing Insecurity: Partnered with the Park County Housing Coalition to explore the Coordinated Entry Program, streamlining housing support for residents facing homelessness and housing instability.

e. Stress and Anxiety Management Workshops: Offered a free six-week workshop series led by Dr. Chris Spromberg, Clinical Psychologist, empowering participants with tools to manage stress and anxiety effectively.

f. Strengthened Crisis Response Efforts: Our Population Health Specialist served as a part-time Crisis Coalition Coordinator for Park County, securing essential funding from the Department of Health to enhance mental health crisis services.

g. Invested Over \$15,000 in Local Nonprofits: Supported community resilience and growth through the Give-A-Hoot campaign, contributing vital funds to nonprofits addressing key needs in Park County.

h. Supported Youth Career Development: Collaborated with the Community School Collaborative to provide nearly 300 SGMS students with hands-on career exploration in Livingston and Bozeman, connecting students with mentors and local leaders.

i. Early Childhood: Expanded collaboration with community partners to address the childcare crisis, including dedicating staff to the Park County Early Childhood Coalition and engaging with regional partners to explore a childcare cooperative model. Continued partnership with Community Health Partners, Park County Early Childhood Education, and

**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.

Childcare Connections to support the unique needs of young children and their families.

j. Access to Care: Leverage data tools like the Billings Clinic dashboards to track health equity and improve patient outcomes while expanding preventive screenings and chronic disease management.

Livingston Healthcare:

Part V, Section B, Line 13h: Presumptive eligibility is used. If a patient is a Medicaid patient, the Hospital writes off to charity care any portion of charges that is denied by Medicaid.

Livingston Healthcare:

Part V, Section B, Line 24: The Hospital does not provide elective services under the financial assistance policy.

Schedule H, Part V, Section B, Line 16a-c:

The FAP, FAP application, and plain language summary of the FAP can be found at:

<https://www.livingstonhealthcare.org/Patients-Visitors/Patient-Financial-Services.aspx>

Schedule H, Part V, Section B, Line 7a and 10a:

CHNA and Implementation Strategy:

<https://www.livingstonhealthcare.org/about-us/our-community/community-he>



**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.

alth-needs-assessment-implantation-p/



**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 (for example, 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.

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**Part I, Line 3c:**

Presumptive eligibility is used. If a patient is a Medicaid patient, the Hospital writes off to charity care any portion of charges that is denied by Medicaid.

---

**Part I, Line 7:**

Charity care expense was converted to cost on line 7a based on an overall cost-to-charge ratio addressing all patient segments. Community health improvement services on line 7e, health professions education on line 7f, and cash and in-kind contributions on Line 7i were determined using actual costs. Subsidized health services on line 7g are determined based on costing methods used to prepare the cost report.

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**Part II, Community Building Activities:**

Livingston HealthCare is a key player in community health through strategic initiatives and collaboration. Our critical access hospital takes a central role in county-level crisis care coordination by funding the crucial crisis care coordinator position. This effort directly impacts

**Part VI** Supplemental Information (Continuation)

our most vulnerable populations. Additionally, our community health coordinator ensures alignment with partners to address pressing needs in Park County.

Our community-building activities include virtual fitness classes and a complimentary diabetes prevention program, enhancing accessibility to preventive healthcare. Recognizing the early childhood crisis, we've partnered with organizations to address challenges faced by the youngest community members. Addressing housing challenges aligns with priorities identified in the recent community health needs assessment. Livingston HealthCare's proactive involvement underscores our commitment to fostering a resilient, healthier community where our patients live.

Part III, Line 2:

The amount on line 2 represents implicit price concessions. The Organization determines its estimate of implicit price concession based on its historical collection experience with this class of patients.

Part III, Line 3:

The estimated amount of implicit price concessions attributable to patients that would be eligible under the Organization's charity care policy was calculated by applying the 11% of the Park County population noted to be below the Federal Poverty Guidelines (FPG) to the total implicit price concessions for the year. It is estimated that half the individuals under the FPG would be eligible for charity care. In the fiscal year it was estimated that 5.5% of the implicit price concessions would be charity care if applications were completed.

**Part VI** Supplemental Information (Continuation)

Part III, Line 4:

The footnote to the Organization's financial statements can be found on pages 13-14 of the attached audited financial statements.

Part III, Line 8:

LHC provides services to patients under the Medicare program knowing they will not recover 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. Therefore, the entire Medicare shortfall, if any, is considered a community benefit. The Organization reported only those allowable costs and Medicare reimbursements reported in the Medicare cost report for the year.

Total revenue received from Medicare is the gross reimbursement plus settlement. Both total revenue received from Medicare and the Medicare allowable costs are reported from the Medicare Cost Report. The Medicare Cost Report is completed based on the rules and regulations set forth by Centers for Medicare Services.

Hospital services rendered on a fee schedule are not included in the Medicare calculations per the 990 instructions. Had this been reported the Hospital would have had a greater loss from Medicare services of \$888,173.

Medicare fee schedule revenue

\$838,230

Medicare estimated costs of care relating to payments \$1,726,402

Net (shortage)

**Part VI** Supplemental Information (Continuation)

\$(888,173)

Part III, Line 9b:

Once a patient is approved for financial assistance, it is expected the patient continue to meet his/her financial commitments to Livingston Healthcare. If a patient is approved for a percentage allowance due to financial hardship and the patient does not make the required initial payment within 60 days toward their part of the bill, the financial assistance allowance will be reversed and the patient will owe the entire amount. The organization recommends that the patient make a good faith payment at the beginning of the financial assistance period.

LHC sends notification to the patients 30 days prior to sending to collections. LHC does not send patient accounts to collections until 180 days from the date of the invoice. If the patient applies for financial assistance within 240 days of the date of the invoice, LHC will cease extraordinary collection actions and process the application.

Part VI, Line 2:

The hospital Leadership meets often with city, county, and school leadership to discuss and plan shared needs within Livingston/Park County boundaries. Most recently these shared need discussions have been around building a new community pool/community center, expansion of medical services within the school (Park Clinic) system, and joint efforts toward bringing additional mental health services to students in the Park County school district.

Part VI, Line 3:

**Part VI** Supplemental Information (Continuation)

Financial assistance will be provided to Livingston Healthcare patients who meet specified financial criteria and request such assistance. A notice of availability of financial assistance program will be posted at patient registration sites within each facility and presented to patients upon request. Schedule H, Part V, Section B, line 16a-16i list other ways the organization informs and educates patients and person who may be eligible for financial assistance.

Part VI, Line 4:

Livingston is a city in and the county seat of Park County, Montana, United States. The population was approximately 8,908 people in 2023. Livingston is located in southwestern Montana, on the Yellowstone River, north of Yellowstone National Park. The median income for a household in Livingston in 2023 was about \$65,187.

Part VI, Line 5:

Livingston HealthCare's governing body is comprised of persons who reside in the organization's primary service area. The majority of the governing body are neither employees nor contractors of the organization, nor family members thereof.

Livingston HealthCare extends medical staff privileges to all qualified physicians in its community for some or all of its departments.

Livingston HealthCare applies surplus funds to improvements in patient care, medical education, and expansion of needed services.

Part VI, Line 6:

**Part VI** Supplemental Information (Continuation)

Livingston HealthCare is an affiliate of the Billings Clinic health system. Livingston HealthCare provides healthcare coverage to patients within its geographic area, while the Billings Clinic provides resources and expertise, as well as a higher level of care when appropriate.



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Livingston Healthcare

Employer identification number  
81-0378200

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Park County Community Foundation 414 E. Callender Livingston, MT 59047	20-5581763	501(c)(3)	17,250.	0.			Give a Hoot donation campaign to Park Cty nonprofit org

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

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

## Part I, Line 2:

Any donation made by LHC is to another non-profit organization. The majority of LHC donations exceeding \$5,000 are made through Park County Community Foundation, through their Give a Hoot annual campaign. All monies dispursed through Give a Hoot are given to other local non-profit organizations.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

**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

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Kyle Arnet, MD ER Physician	(i)	453,326.	0.	243.	16,500.	19,131.	489,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Benjamin Wilkinson ER Physician	(i)	437,501.	0.	270.	15,295.	30,162.	483,228.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Brian Guercio ER Physician	(i)	399,604.	0.	405.	16,500.	25,005.	441,514.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Raymond Wright ER Physician	(i)	390,929.	0.	621.	16,500.	26,363.	434,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Douglas Wadle, MD Hospital Provider	(i)	370,430.	0.	621.	16,500.	19,122.	406,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Kris Kester CFO	(i)	226,402.	28,386.	486.	9,128.	12,452.	276,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Stacy Kohler Chief Nursing Officer	(i)	197,755.	11,423.	486.	10,051.	25,183.	244,898.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Kyra Pinango, MD Director, Family Medicine	(i)	206,882.	0.	486.	3,577.	18,923.	229,868.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

Part I, Line 4a:

LHC paid Billings Clinic, an unrelated management company, \$275,679 of  
severance pay for Deb Anczak, Former CEO, for calendar year 2023.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

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

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

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

**Part II Loans to and/or From Interested Persons**

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

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

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

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

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

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

Schedule L (Form 990) 2023

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Henry Pinango	Spouse of Board Mem	400,281.	Employee Co		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Henry Pinango

(b) Relationship Between Interested Person and Organization:

Spouse of Board Member

(d) Description of Transaction: Employee Compensation

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

Form 990, Part I, Line 1, Description of Organization Mission:

services, and home-based services.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Livingston HealthCare is proud to support Windrider Transit, a vital service that enhances the well-being of our community. In the fiscal year 2024, we contributed \$10,000 to sustain and expand this free, efficient fixed-route transportation system benefiting citizens and disabled individuals in Park County, Montana. This was a grant passed through the Park County Community Foundation to Windrider Transit.

Windrider has made significant strides, extending its operations from Monday through Friday to now include half-day Saturdays. Moreover, the service has expanded to offer free rides for medical appointments within Livingston city limits and to and from Bozeman, MT. All vehicles are ADA accessible and equipped with lifts, ensuring accessibility for everyone.

What sets Windrider apart is its commitment to fostering connections within our community. Recognizing the crucial role drivers play in being a touch point for some of the most vulnerable in the community, plans are underway to train them in QPR suicide prevention. This initiative aims to not only provide transportation but also create a supportive environment. The buses will soon be equipped with a list of resources, offering valuable assistance to those in need.



Name of the organization

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Livingston HealthCare's Fall Health Festival is a cornerstone in our ongoing commitment to community health and public well-being in Park County. Held annually on a Saturday from 7-11 am, this event serves as a crucial platform for various organizations, including the Park County Health Department, LiveWell49, the Recreation Department, The Cancer Alliance, The Phoenix, and ASPEN, to disseminate information about available resources and services.

At the heart of the festival are Livingston HealthCare providers, volunteering their expertise to address critical health topics, from diabetes prevention and behavioral health to combating loneliness. In FY2024, the event served 250 individuals, incurring direct expenses of \$14,084 and staff costs totaling \$33,123, amounting to a total expenditure of \$47,207. This financial commitment reflects our dedication to community benefit and underscores the importance of providing accessible health information and services to our residents.

Suicide prevention emerged as an urgent community need this year, prompting Livingston HealthCare to make it a priority within our CHIP initiatives. In partnership with LiveWell49, we provided Suicide Prevention Training to over 100 individuals, including 50% of our clinical staff, marking a significant step in creating a safer, more responsive environment for those at risk. This initiative reflects our commitment to fostering resilience and offering compassionate, effective support to address mental health needs across Park County

Form 990, Part VI, Section A, line 1a:

The Board shall have as a standing committee an Executive Committee. The

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

Executive Committee shall consist of up to four members of the Board, which shall include the Chairperson, Vice Chairperson, Secretary, and Treasurer. The Executive Committee may consist of additional members of the Board at the discretion of the Board. Action of the Executive Committee shall be subject to approval by the Board, except to the extent provided otherwise in a resolution of the Board pertaining to a particular matter, transaction, or undertaking.

Form 990, Part VI, Section A, line 3:

The CEO was paid by an unrelated management company, Billings Clinic. LHC paid Billings Clinic \$251,004 for CEO services for Bruce Whitefield for the calendar year 2023.

LHC paid Billings Clinic, an unrelated management company, \$275,679 of severance pay for Deb Anczak, Former CEO, for calendar year 2023.

Form 990, Part VI, Section A, line 7a:

Through an affiliations agreement Billings Clinic has the authority to approve up to 25% of the total number of board members.

Form 990, Part VI, Section B, line 11b:

The finance committee reviews the 990 prior to its issuing. The governing board is provided a copy prior to filing.

Form 990, Part VI, Section B, Line 12c:

This policy applies to all employees of Livingston HealthCare (LHC), volunteers, medical staff, contracted workforce, or other individuals that have a financial interest and are authorized to conduct business on behalf

Name of the organization

Livingston Healthcare

Employer identification number

81-0378200

of LHC. Conflicts are reviewed by the Conflict of Interest Review Panel, chaired by the Compliance Officer. Communication will direct the interested person to discontinue the outside relationship/activity, discontinue relationship with outside organization, or establish management plan to monitor relationship/activities.

Policy is monitored through open communication and review of the policy.

Form 990, Part VI, Section B, Line 15:

The CEO was paid by an unrelated management company, Billings Clinic. Billings Clinic reviews and establishes the compensation package for the CEO, and the full governing board of Livingston Healthcare then must approve the CEO compensation initially, as well as annually as a part of the budget process. The governing board of Livingston Healthcare has final authority on employment of the CEO through Billings Clinic.

Executive compensation is reviewed by the board of directors, as well as an external third party.

Form 990, Part VI, Section C, Line 19:

The organization made its governing documents, conflict of interest policy, and financial statements available to the public upon request. The organization also has an annual report available on its website.

Form 990, Part VII, Physicians Serving on Board of Directors:

Four board members are physicians that are paid by unrelated management companies for their physician services. They are not paid for their service on the Board of Directors, and thus, no compensation is

Name of the organization	Livingston Healthcare	Employer identification number	81-0378200
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reported on Part VII for the following individuals: Justin Roberts,  
MD, Claire Kennamore, MD, or Stefanie Lange, MD.

Form 990, Part IX, Line 11g, Other Fees:

Contracted Services:

Program service expenses	7,440,840.
Management and general expenses	1,777,043.
Fundraising expenses	7,134.
Total expenses	9,225,017.

Licenses, Fees, and Taxes:

Program service expenses	1,102,069.
Management and general expenses	796.
Fundraising expenses	0.
Total expenses	1,102,865.

Other Fees:

Program service expenses	1,533,150.
Management and general expenses	119,238.
Fundraising expenses	0.
Total expenses	1,652,388.
Total Other Fees on Form 990, Part IX, line 11g, Col A	11,980,270.

Form 990, Part XI, line 9, Changes in Net Assets:

Audit Adjustment to Net Assets	-30,397.
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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

**Livingston Healthcare**

Employer identification number  
**81-0378200**

**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
Livingston Healthcare Foundation - 81-0621997, 320 Alpenglow Ln, Livingston, MT 59047	To Support Livingston Healthcare Programs	Montana	501(c)(3)	Line 7	Livingston Healthcare	X	

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

Schedule R (Form 990) 2023



**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.**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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) Livingston Healthcare Foundation	B	297,259.	
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]



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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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.

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.

**Part I - Identification**

<b>Type or Print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. <b>Livingston Healthcare</b>	Taxpayer identification number (TIN) <b>81-0378200</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>320 Alpenglow Ln</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Livingston, MT 59047</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **Deborah Evans-Small**  
**320 Alpenglow Lane - Livingston, MT 59047**

Telephone No. **406-222-3541** 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 **May 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☐ calendar year 20 \_\_\_\_ or  
☒ tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2024)

Electronic Filing PDF Attachment



Consolidated Financial Statements  
June 30, 2024 and 2023

## Livingston HealthCare and Subsidiary

# Livingston HealthCare and Subsidiary

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June 30, 2024 and 2023

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## Independent Auditor's Report

To the Board of Directors  
Livingston HealthCare and Subsidiary  
Livingston, Montana

### Report on the Audit of the Consolidated Financial Statements

#### ***Opinion***

We have audited the consolidated financial statements of Livingston HealthCare and Subsidiary, which comprise the balance sheets as of June 30, 2024 and 2023, 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 accompanying consolidated financial statements referred to above present fairly, in all material respects, the financial position of Livingston HealthCare and Subsidiary as of June 30, 2024 and 2023, 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). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Livingston HealthCare and Subsidiary 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 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 Livingston HealthCare and Subsidiary'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 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 financial statements.

In performing an audit in accordance with GAAS, 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 Livingston HealthCare and Subsidiary'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 Livingston HealthCare and Subsidiary'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.

The image shows a handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Billings, Montana  
November 25, 2024

Livingston HealthCare and Subsidiary

Consolidated Balance Sheets

June 30, 2024 and 2023

	2024	2023
Assets		
Current Assets		
Cash and cash equivalents	\$ 2,910,028	\$ 3,380,440
Investments	5,141,327	4,636,814
Receivables		
Patient	15,529,190	12,275,067
Contributions, net	63,285	260,100
Insurance recoveries	6,000	6,000
Other	2,019,325	2,267,759
Estimated third-party payor settlements	2,958,794	1,635,482
Supplies	1,724,514	1,822,216
Prepaid expenses and other	759,354	670,976
Total current assets	<u>31,111,817</u>	<u>26,954,854</u>
Assets Limited as to Use		
By Board for deferred compensation plan	3,212,300	2,515,492
By Board for designated purposes	1,062,184	725,073
By donors and Board for endowment funds	5,956,419	5,051,438
Total assets limited as to use	<u>10,230,903</u>	<u>8,292,003</u>
Long-Term Investments	<u>13,846,936</u>	<u>17,513,032</u>
Property and Equipment, Net	<u>41,832,237</u>	<u>42,301,910</u>
Other Assets		
Operating lease right-of-use assets	327,272	473,723
Contributions receivable	13,928	9,730
Other assets	118,237	118,237
Total other assets	<u>459,437</u>	<u>601,690</u>
Total assets	<u>\$ 97,481,330</u>	<u>\$ 95,663,489</u>



Livingston HealthCare and Subsidiary

Consolidated Balance Sheets

June 30, 2024 and 2023

	2024	2023
Liabilities and Net Assets		
Current Liabilities		
Current maturities of long-term debt	\$ 1,964,208	\$ 1,885,209
Current maturities of operating lease liabilities	118,010	148,315
Accounts payable	2,950,212	2,758,831
Accrued expenses		
Salaries and wages	965,148	582,341
Vacation	1,220,784	1,147,285
Professional liability claims	46,000	66,000
Self-insurance claims	587,237	668,297
Interest	26,069	51,277
Payroll taxes and other	241,372	238,195
Total current liabilities	<u>8,119,040</u>	<u>7,545,750</u>
Long-Term Liabilities		
Long-term debt, net of current maturities, and unamortized debt issuance costs	30,371,933	32,328,242
Operating lease liabilities, less current maturities	215,329	335,057
Deferred compensation liability	<u>3,212,300</u>	<u>2,515,492</u>
Total long-term liabilities	<u>33,799,562</u>	<u>35,178,791</u>
Total liabilities	<u>41,918,602</u>	<u>42,724,541</u>
Net Assets		
Without donor restrictions	50,011,596	47,836,603
With donor restrictions	<u>5,551,132</u>	<u>5,102,345</u>
Total net assets	<u>55,562,728</u>	<u>52,938,948</u>
Total liabilities and net assets	<u>\$ 97,481,330</u>	<u>\$ 95,663,489</u>

Livingston HealthCare and Subsidiary  
Consolidated Statements of Operations and Changes in Net Assets  
Years Ended June 30, 2024 and 2023

	2024	2023
Revenues, Gains, and Other Support Without Donor Restrictions		
Patient service revenue	\$ 88,582,442	\$ 74,533,565
Other revenue	1,856,670	1,795,314
Net assets released from restrictions for operations	56,106	43,069
Total revenues, gains, and other support	90,495,218	76,371,948
Expenses		
Salaries and benefits	44,291,545	39,141,803
Supplies	22,694,918	14,582,153
Purchased services	12,579,649	13,679,601
Depreciation and amortization	3,846,962	3,462,102
Other	2,751,664	3,009,244
Repairs and maintenance	1,332,378	939,247
Interest	1,227,870	1,291,172
Rent and utilities	941,368	917,948
Insurance	879,148	780,574
Total expenses	90,545,502	77,803,844
Operating Loss	(50,284)	(1,431,896)
Other Income		
Other income	427,554	305,125
Contributions	122,737	41,000
Investment income	1,406,127	310,507
Other income	1,956,418	656,632
Revenues in Excess of (Less Than) Expenses	1,906,134	(775,264)
Net Assets Released from Restrictions for Capital Acquisition	268,859	500,144
Change in Net Assets Without Donor Restrictions	\$ 2,174,993	\$ (275,120)

Livingston HealthCare and Subsidiary  
Consolidated Statements of Operations and Changes in Net Assets  
Years Ended June 30, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
Net Assets Without Donor Restrictions		
Revenues in excess of (less than) expenses	\$ 1,906,134	\$ (775,264)
Net assets released from restrictions for capital acquisition	<u>268,859</u>	<u>500,144</u>
Change in net assets without donor restrictions	<u>2,174,993</u>	<u>(275,120)</u>
Net Assets With Donor Restrictions		
Contributions and grants	391,294	452,006
Investment income	382,458	250,358
Change in value of split-interest agreement	-	(38,452)
Net assets released from restrictions	<u>(324,965)</u>	<u>(543,213)</u>
Change in net assets with donor restrictions	<u>448,787</u>	<u>120,699</u>
Change in Net Assets	2,623,780	(154,421)
Net Assets, Beginning of Year	<u>52,938,948</u>	<u>53,093,369</u>
Net Assets, End of Year	<u><u>\$ 55,562,728</u></u>	<u><u>\$ 52,938,948</u></u>

# Livingston HealthCare and Subsidiary

## Consolidated Statements of Cash Flows

Years Ended June 30, 2024 and 2023

	2024	2023
Operating Activities		
Change in net assets	\$ 2,623,780	\$ (154,421)
Adjustments to reconcile change in net assets to net cash from operating activities		
Depreciation and amortization	3,846,962	3,462,102
Interest expense attributable to amortization of debt issuance costs	5,349	5,349
Change in value of split-interest agreement	-	(38,452)
Net realized and unrealized (gain) loss on investments	(1,125,096)	12,806
Changes in assets and liabilities		
Receivables	(2,813,072)	(503,443)
Supplies	97,702	(235,298)
Estimated third-party payor settlements	(1,323,312)	15,129
Prepaid expenses and other	(88,378)	(117,783)
Operating lease assets and liabilities	(3,582)	9,649
Accounts payable	191,381	562,465
Accrued expenses and deferred compensation	1,030,023	185,239
Net Cash from Operating Activities	2,441,757	3,203,342
Investing Activities		
Purchases of investments and assets limited as to use	(7,620,576)	(15,580,947)
Sales and maturities of investments and assets limited as to use	10,282,496	16,988,874
Purchase of property and equipment	(3,377,289)	(4,968,111)
Net Cash used for Investing Activities	(715,369)	(3,560,184)
Financing Activities		
Repayment of long-term debt	(1,882,659)	(1,731,268)
Net Cash used for Financing Activities	(1,882,659)	(1,731,268)
Net Change in Cash, Cash Equivalents, and Restricted Cash and Cash Equivalents	(156,271)	(2,088,110)
Cash, Cash Equivalents, and Restricted Cash and Cash Equivalents, Beginning of Year	4,783,176	6,871,286
Cash, Cash Equivalents, and Restricted Cash and Cash Equivalents, End of Year	\$ 4,626,905	\$ 4,783,176

# Livingston HealthCare and Subsidiary

Consolidated Statements of Cash Flows  
Years Ended June 30, 2024 and 2023

Reconciliation of Cash, Cash Equivalents, and Restricted Cash and Cash Equivalents to the Balance Sheets		
Cash and cash equivalents in current assets	\$ 2,910,028	\$ 3,380,440
Restricted cash and cash equivalents in assets limited as to use	<u>1,716,877</u>	<u>1,402,736</u>
Total cash, cash equivalents, and restricted cash and cash equivalents	<u>\$ 4,626,905</u>	<u>\$ 4,783,176</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid during the year for interest	<u>\$ 1,247,729</u>	<u>\$ 1,330,389</u>
Supplemental Disclosure of Non-cash Investing and Financing Activities		
Right-of-use assets recognized in exchange for lease liabilities		
Operating leases	<u>\$ -</u>	<u>\$ 54,382</u>

## **Note 1 - Organization and Significant Accounting Policies**

### **Organization and Principles of Consolidation**

Livingston Memorial Hospital, Inc. dba Livingston HealthCare (the Hospital) is a 25-bed critical access hospital located in Livingston, Montana, providing inpatient, outpatient, and emergency services primarily for the residents of Livingston, Montana and the surrounding area. Livingston HealthCare Foundation (the Foundation) was established exclusively for the benefit of, to perform the functions of, or to carry out the purposes of the Hospital.

The consolidated financial statements include the accounts of the Hospital and the Foundation, collectively referred to as (the Organization). The Hospital is the sole corporate member of the Foundation. All significant intercompany accounts and transactions have been eliminated in the consolidation.

### **Income Taxes**

The Hospital and the Foundation are organized as Montana 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). Each entity is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, the entities are subject to income tax on net income that is derived from business activities that are unrelated to their exempt purpose. Management has determined that each entity is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS.

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 consolidated 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 are incurred.

### **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.

### **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.

**Restricted Cash and Cash Equivalents**

Amounts included in restricted cash and cash equivalents represent funds limited as to use by the Board of Directors for designated purposes, and funds limited as to use by the Board of Directors and donors within the endowment funds.

**Investments and Investment Income**

Short-term investments include certificates of deposit with an original maturity of three to twelve months, government securities, equity securities, accrued interest, and cash and cash equivalents, excluding assets limited as to use. Long-term investments include certificates of deposit with an original maturity greater than twelve months, excluding assets limited as to use. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the performance indicator unless the income or loss is restricted by donor or law.

**Patient Receivables**

Patient receivables are uncollateralized patient and third-party payor obligations. The Organization does not charge interest on past due accounts. Payments of patient receivables are allocated to the specific claims identified in the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

Management believes that the historical loss information it has compiled is a reasonable base on which to determine expected credit losses for patient receivables held at June 30, 2024 and 2023 because the composition of the patient receivables at those dates are consistent with that used in developing the historical credit-loss percentages (i.e., the similar risk characteristics of its patients and its lending practices have not changed significantly over time). Additionally, management has determined that the current, reasonable and supportable forecasted economic conditions are consistent with the economic conditions included in the historical information. As a result, the historical loss rates have not been adjusted for differences in current conditions or forecasted changes. The Organization does not maintain a material allowance for credit losses, nor did it have significant write offs related to credit losses during the years ended June 30, 2024 and 2023.

The Organization has elected to not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financial component due to the Organization's expectation that the period between the time the service is provided to a patient and the time that the patient or third-party payor pays for that service will be one year or less. However, the Organization does, in certain instances, enter into payment arrangements with patients and residents that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

The Organization's patient receivables balance as of July 1, 2022, was \$12,248,921.

**Contributions Receivable**

Unconditional promises to give expected to be collected within one year are recorded at net realizable value. Unconditional promises to give expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the statements of operations. The Organization determines the allowance for uncollectible promises to give based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Promises to give are written off when deemed uncollectible.

**Supplies**

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

**Assets Limited as to Use**

Assets limited as to use include assets set aside by the Board of Directors for designated purposes, over which the Board retains control and may at its discretion subsequently use for other purposes. Assets limited as to use also includes assets to fund deferred compensation liabilities, and assets in an endowment. 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 \$5,000 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	5-40 years
Buildings and improvements	5-40 years
Equipment	3-10 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 the performance indicator, 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 restricted net assets. 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 June 30, 2024 and 2023.



**Professional Liability Claims**

The Organization insures for professional liability claims under a claims-made policy. Under the policy, insurance premiums cover only those claims actually reported during the policy term, up to \$1 million of coverage for each occurrence and \$6.5 million in the aggregate. The first \$20,000 is retained by the Organization. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims related to occurrences during their terms but reported subsequent to their termination may be uninsured. An estimate of losses from the insurer for reported and unreported incidents has been used by management to record a liability.

**Debt Issuance Costs**

Debt issuance costs are amortized over the period the related obligation is outstanding using the straight-line method, which does not differ materially from results that would be produced under the effective interest method. Debt issuance costs are included within long-term debt on the consolidated balance sheets. Amortization of debt issuance costs is included in interest expense in the accompanying consolidated financial statements.

**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, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

**Liabilities Under Split-Interest Agreements***Charitable Gift Annuities*

Under charitable gift annuity contracts, the Foundation receives immediate title to contributed assets and agrees to make fixed recurring payments over the stipulated period. Contributed assets are recorded at fair value on the date of receipt. The related liability for future payments to be made to the specified beneficiaries is recorded at fair value using present value techniques and risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the liability. The excess of contributed assets over the annuity liability is recorded as a contribution with donor restrictions. In subsequent years, the liability for future annuity payments is reduced by payments made to the specified beneficiaries and is adjusted to reflect amortization of the discount and changes in actuarial assumptions at the end of the year. Upon termination of the annuity contract, the remaining liability is removed and recognized as income.

**Patient Service Revenue**

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, 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 and third-party payors several days after the services are performed and/or the patient is discharged from the facilities. Revenue is recognized as performance obligations are satisfied.

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 satisfied over time relate to patients in the hospital receiving inpatient acute 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. 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.

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

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 regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients 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 the amounts the Organization expects to collect based on its collection history with those patients.

The Organization provides health care services to patients 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 service revenue. The estimated cost of providing these services was \$662,000 and \$439,000 for the years ended June 30, 2024 and 2023, 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 its patients. The Organization does not receive funds to offset or subsidize charity care services.

**Performance Indicator**

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

**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 assets without donor restrictions and reported in the consolidated statements of operations and the consolidated statements 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.

**Functional Allocation of Expenses**

The costs of program and supporting services activities have been summarized on a functional basis in Note 15, 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.

**Advertising Costs**

Costs incurred for producing and distributing advertising are expensed as incurred. The Organization incurred \$193,380 and \$224,721 for advertising costs for the years ended June 30, 2024 and 2023, respectively.

**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.

**Subsequent Events**

Subsequent events have been evaluated through November 25, 2024, the date the consolidated financial statements were available to be issued.

**Adoption of Accounting Standard**

As of July 01, 2023, the Organization adopted Accounting Standards Update (ASU) No. 2016-13, Financial Instruments – Credit Losses (Topic 326): *Measurement of Credit Losses on Financial Instruments* (ASU 2016-13), which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The CECL model is applicable to the measurement of credit losses on financial assets measured at amortized cost, including trade and loan receivables. CECL requires entities to measure all expected credit losses for financial assets held at the reporting date based on historical experience, current conditions, and reasonable and supportable forecasts. This standard provides financial statement users with more decision-useful information about the expected losses on financial instruments.

The Organization adopted ASU 2016-13 using the modified retrospective review method for all financial assets measured at amortized cost. Results for reporting periods beginning after July 01, 2023, are presented under Topic 326 while prior period amounts continue to be reported in accordance with previously applicable GAAP. The Hospital did not recognize any cumulative effect to net assets as a result of the adoption of the new credit loss guidance upon adoption of the standard. See Note 1 for further disclosure of the Organization's patient receivables.

**Note 2 - Net Patient Service Revenue**

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates. Payments from third-party payors and patients received in advance are deferred to the applicable period in which the related services are performed. A summary of the payment arrangements with major third-party payors follows:

Medicare – The Organization is licensed as a Critical Access Hospital (CAH). The Organization is reimbursed for most inpatient and outpatient services under a cost reimbursement methodology with final settlement determined after submission of annual cost reports by the Organization and are subject to audits thereof by the Medicare intermediary. The Organization's Medicare cost reports have been audited by the Medicare Administrative Contractor through the year ended June 30, 2021. Clinical services are paid on a cost basis or fixed fee schedule.

Medicaid – Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services related to Medicaid program beneficiaries are based on the lower of customary charges, allowable costs as determined through the Organization's Medicare cost report, or rates as established by the Medicaid program. The Organization is based at a tentative rate with final settlement determined by the program based on the Organization's Medicaid cost report. The Organization's final Medicaid settlements have been processed through the year ended June 30, 2021.

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 gross revenues by major payor accounted for the following percentages of the Organization's patient service revenues for the years ended June 30, 2024 and 2023:

	2024	2023
Medicare	52%	49%
Medicaid	10%	14%
Commercial insurance and other third-party payors	33%	33%
Patients	5%	4%
	<u>100%</u>	<u>100%</u>

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. In addition, the ability to estimate the collectability of uninsured and other self-pay patients is contingent on the patient's ability or willingness to pay for the services provided. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The net patient service revenue for the years ended June 30, 2024 and 2023, increased approximately \$0- and \$45,000, 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 and changes in estimated settlements.

CMS has implemented a Recovery Audit Contractor (RAC) program under which claims are reviewed by contractors for validity, accuracy, and proper documentation. If selected for audit, the potential exists that the Organization may incur a liability for a claims overpayment at a future date. The Organization is unable to determine if it will be audited and, if so, the extent of liability of overpayments, if any. As the outcome of such potential reviews are unknown and cannot be reasonably estimated, it is the Organization's policy to adjust revenue for deductions from overpayment amounts or additions from underpayment amounts determined under the RAC audits at the time a change in reimbursement is agreed upon between the Organization and CMS.

The Organization's estimated third-party payor settlement receivable balance as of July 1, 2022, was \$1,650,611.

Generally, patients 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 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 adjustments, 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 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 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 ability to pay are recorded as bad debt expense. Bad debt expense for the years ended June 30, 2024 and 2023, 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, have different reimbursement/payment methodologies
- Length of the patient'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.)

For the years ended June 30, 2024 and 2023, the Organization recognized revenue of \$-0- at the time the services were provided and \$88,582,442 and \$74,533,565, respectively, from services and goods provided over time.

Other revenue is recognized at an amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing goods and services. The amounts recognized reflect consideration due from customers, third-party payors, and others. Primary categories of other revenue include 340b program revenue, rental revenue, and other.

**Note 3 - Liquidity and Availability**

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

	2024	2023
Cash and cash equivalents	\$ 2,910,028	\$ 3,380,440
Investments	5,141,327	4,636,814
Receivables	17,617,800	14,808,926
Assets limited to use		
Board designated cash and investments	1,062,184	725,073
	<u>\$ 26,731,339</u>	<u>\$ 23,551,253</u>

Assets limited to use that are considered available for general expenditure consist of amounts designated by the board to function as capital improvement funds. Although the Organization does not intend to spend from the capital improvement reserves, these amounts could be made available if necessary.

Included in long-term investments in the consolidated balance sheet are endowment funds consisting of donor-restricted endowments and funds designated by the Board as endowments. Income from donor-restricted endowments is restricted for specific purposes. Donor restricted endowment funds are not available for general expenditure.

The Organization has a board-designated endowment, considered available for general expenditure, of \$3,416,033 as of June 30, 2024. Although the Organization does not currently intend to spend from the board-designated endowment, these amounts could be made available if necessary.

As part of the liquidity management plan, cash in excess of daily requirements is periodically invested in certificates of deposit. This fund established by the Board of Directors may be drawn upon, if necessary, to meet unexpected liquidity needs. Additionally, the Organization maintains a line of credit, as discussed in Note 8. As of June 30, 2024, \$500,000 remained available on the Organization's line of credit.

**Note 4 - Contributions Receivable**

Contributions receivable are unconditional promises to give that the Organization has received from organizations and individuals in the community. Certain promises are receivable over a period of time.

The following is a summary of contributions receivable:

	2024	2023
Within one year	\$ 103,356	\$ 386,356
In one to five years	15,000	10,100
	118,356	396,456
Less discount to net present value - 3.8%	(1,072)	(370)
Less allowance for uncollectible amounts	(40,071)	(126,256)
Contributions receivable, net	77,213	269,830
Less current portion of promises to give	(63,285)	(260,100)
Long term promises to give, net	\$ 13,928	\$ 9,730

The following schedule sets forth expected future collections on contributions receivable as of June 30, 2024:

Year Ending June 30,	Amount
2025	\$ 103,356
2026	5,000
2027	5,000
2028	5,000
	\$ 118,356



**Note 5 - Investments and Fair Value Measurements**

The composition of investments and assets limited as to use at June 30, 2024 and 2023, is shown in the following table. Cash and cash equivalents are stated at historical cost and all other investments are stated at fair value.

	2024	2023
Investments		
Certificates of deposit	\$ 14,755,608	\$ 18,394,169
Corporate bonds	100,297	112,451
Mutual funds	2,123,430	2,040,023
Cash and cash equivalents	354,802	96,282
Equity securities	1,131,028	1,066,763
US Treasuries	503,316	416,621
Accrued interest	19,782	23,537
	<u>18,988,263</u>	<u>22,149,846</u>
Less current portion	<u>(5,141,327)</u>	<u>(4,636,814)</u>
	<u><u>\$ 13,846,936</u></u>	<u><u>\$ 17,513,032</u></u>
Assets Limited as to Use		
By Board for deferred compensation plan		
Mutual funds	<u><u>\$ 3,212,300</u></u>	<u><u>\$ 2,515,492</u></u>
By Board for designated purposes		
Cash and cash equivalents	<u><u>\$ 1,062,184</u></u>	<u><u>\$ 725,073</u></u>
By donors and Board for Endowment fund		
Mutual funds	\$ 4,786,910	\$ 3,904,803
Cash and cash equivalents	654,693	677,663
Equity securities	507,933	462,257
Corporate bonds	<u>6,883</u>	<u>6,715</u>
	<u><u>\$ 5,956,419</u></u>	<u><u>\$ 5,051,438</u></u>

**Fair Value Measurements**

The Organization reports certain assets and liabilities at fair value in the consolidated financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the best information available. A three-tier hierarchy categorizes the inputs as follows:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that can be accessed at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.

Level 3 – Unobservable inputs for the asset or liability. In these situations, inputs are developed using the best information available in the circumstances.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to the entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset within the hierarchy is based upon the pricing transparency of the asset and does not necessarily correspond to an assessment of the quality, risk or liquidity profile of the asset or liability.

Certain investments are classified within Level 1 because they are comprised of equity securities and mutual funds with readily determinable fair values based on daily redemption values. Certain certificates of deposit are considered invested and traded in the financial markets. Certificates of deposit, corporate bonds and government securities are valued by the custodians of the securities using pricing models based on credit quality, time to maturity, stated interest rates and market-rate assumptions, and are classified within Level 2.

# Livingston HealthCare and Subsidiary

## Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The following table presents assets measured at fair value on a recurring basis, except those measured at cost, as identified in the following at June 30, 2024:

	Total	Fair Value Measurements at Report Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Certificates of deposit - traded	\$ 14,405,608	\$ -	\$ 14,405,608	\$ -
Certificates of deposit (at cost)	350,000	-	-	-
Corporate bonds	100,297	-	100,297	-
Mutual funds	2,123,430	2,123,430	-	-
Cash and cash equivalents (at cost)	354,802	-	-	-
US Treasuries	503,316	-	503,316	-
Equity securities	1,131,028	1,131,028	-	-
Accrued interest	19,782	-	-	-
	18,988,263	\$ 3,254,458	\$ 15,009,221	\$ -
Less amount shown as current	(5,141,327)			
	<u>\$ 13,846,936</u>			
Assets Limited as to Use				
By Board for deferred compensation plan				
Mutual funds	\$ 3,212,300	\$ 3,212,300	\$ -	\$ -
By Board for designated purposes				
Cash and cash equivalents (at cost)	\$ 1,062,184	\$ -	\$ -	\$ -
By donors and Board for Endowment funds				
Mutual funds	\$ 4,786,910	\$ 4,786,910	\$ -	\$ -
Cash and cash equivalents (at cost)	654,693	-	-	-
Equity securities	507,933	507,933	-	-
Corporate bonds	6,883	-	6,883	-
	<u>\$ 5,956,419</u>	<u>\$ 5,294,843</u>	<u>\$ 6,883</u>	<u>\$ -</u>

# Livingston HealthCare and Subsidiary

## Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The following table presents assets measured at fair value on a recurring basis, except those measured at cost, as identified in the following at June 30, 2023:

	Total	Fair Value Measurements at Report Date Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Certificates of deposit - traded	\$ 17,794,169	\$ -	\$ 17,794,169	\$ -
Certificates of deposit (at cost)	600,000	-	-	-
Corporate bonds	112,451	-	112,451	-
Mutual Funds	2,040,023	2,040,023	-	-
Cash and cash equivalents (at cost)	96,282	-	-	-
US Treasuries	416,621	-	416,621	-
Equity securities	1,066,763	1,066,763	-	-
Accrued interest	23,537	-	-	-
	<u>22,149,846</u>	<u>\$ 3,106,786</u>	<u>\$ 18,323,241</u>	<u>\$ -</u>
Less amount shown as current	<u>(4,636,814)</u>			
	<u>\$ 17,513,032</u>			
Assets Limited as to Use				
By Board for deferred compensation plan				
Mutual funds	<u>\$ 2,515,492</u>	<u>\$ 2,515,492</u>	<u>\$ -</u>	<u>\$ -</u>
By Board for designated purposes				
Cash and cash equivalents (at cost)	<u>\$ 725,073</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
By donors and Board for Endowment funds				
Mutual funds	\$ 3,904,803	\$ 3,904,803	\$ -	\$ -
Cash and cash equivalents (at cost)	677,663	-	-	-
Equities	462,257	462,257	-	-
Corporate bonds	6,715	-	6,715	-
	<u>\$ 5,051,438</u>	<u>\$ 4,367,060</u>	<u>\$ 6,715</u>	<u>\$ -</u>

**Note 6 - Property and Equipment**

A summary of property and equipment at June 30, 2024 and 2023, follows:

	2024	2023
Land	\$ 5,951,320	\$ 5,951,320
Land improvements	1,540,700	1,540,700
Buildings and improvements	36,700,750	36,694,829
Equipment	24,739,996	22,920,129
Finance lease right-of-use assets	1,230,913	1,523,987
Construction in progress	2,269,307	424,732
	<u>72,432,986</u>	<u>69,055,697</u>
Less accumulated depreciation	<u>(30,600,749)</u>	<u>(26,753,787)</u>
Property and equipment, net	<u><u>\$ 41,832,237</u></u>	<u><u>\$ 42,301,910</u></u>

Construction in progress consists of various projects not yet placed in service. The estimated costs to complete the projects are not significant.

**Note 7 - Leases**

The Organization leases certain office leases and equipment for various terms under non-cancelable, long-term operating and finance lease agreements. The leases expire at various dates through 2035 and provide for renewal options ranging from one to four years. The Organization included in the determination of the right-of-use assets and lease liabilities any renewal options when the options are reasonably certain to be exercised.

The Organization has elected the option to use the risk-free rate determined using a period comparable to the lease terms as the discount rate for leases where the implicit rate is not readily determinable. The Organization has applied the risk-free rate option to the operating right-of-use assets.

The Organization has elected the short-term lease exemption for all leases with a term of 12 months or less for both existing and ongoing operating leases to not recognize the asset and liability for these leases. Lease payments for short-term leases are recognized on straight-line basis.

# Livingston HealthCare and Subsidiary

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Total right-of-use assets and liabilities at June 30, 2024 and 2023, is as follows:

Lease Assets - Classification in the Balance Sheets	2024	2023
Operating lease right-of-use assets - other assets	\$ 327,272	\$ 473,723
Finance lease right-of-use assets - property, plant and equipment	1,230,913	1,523,987
Total leased right-of-use assets	<u>\$ 1,558,185</u>	<u>\$ 1,997,710</u>
Lease Liabilities - Classification in the Balance Sheets	2024	2023
Current:		
Operating lease liabilities - current operating lease liabilities	\$ 118,010	\$ 148,315
Finance lease liabilities - current maturities of long-term debt	348,534	337,571
Total current lease liabilities	<u>466,544</u>	<u>485,886</u>
Noncurrent:		
Operating lease liabilities - operating lease liabilities	215,329	335,057
Finance lease liabilities - long-term debt	826,151	1,174,685
Total noncurrent lease liabilities	<u>1,041,480</u>	<u>1,509,742</u>
Total lease liabilities	<u>\$ 1,508,024</u>	<u>\$ 1,995,628</u>

Total lease costs for the year ended June 30, 2024 and 2023, were as follows:

	2024	2023
Operating lease cost	\$ 161,555	\$ 163,621
Short-term lease cost	150,415	127,992
Finance lease cost:		
Interest expense	43,475	39,593
Amortization of right-of-use assets	58,615	58,615

# Livingston HealthCare and Subsidiary

Notes to Consolidated Financial Statements

June 30, 2024 and 2023

The following table summarizes the supplemental cash flow information for the year ended June 30, 2024 and 2023:

	2024	2023
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	\$ 163,419	\$ 165,341
Operating cash flows from finance leases	43,475	39,593
Financing cash flows from finance leases	337,571	246,191
Right-of-use assets obtained in exchange for liabilities		
Operating leases	\$ -	\$ 54,382

The following summarizes the weighted-average remaining lease term and weighted average discount rate at June 30, 2024 and 2023:

	2024	2023
Weighted-average remaining lease term:		
Operating leases	6.82 Years	6.30 Years
Financing leases	3.25 Years	4.25 Years
Weighted-average discount rate:		
Operating leases	2.88%	2.88%
Financing leases	3.20%	3.20%

The future minimum lease payments under noncancellable operating and finance leases with terms greater than one year are listed below as of June 30, 2024:

Year Ending June 30,	Operating	Finance
2025	\$ 125,761	\$ 381,046
2026	45,148	381,046
2027	30,688	381,046
2028	23,812	95,261
2029	23,959	-
Thereafter	118,469	-
Total lease payments	367,837	1,238,399
Less interest	(34,498)	(63,714)
Present value of lease liabilities	\$ 333,339	\$ 1,174,685

**Note 8 - Line of Credit**

The Organization has a \$500,000 variable rate (9.25% at June 30, 2024) revolving line of credit with a bank, which expires in August 2025. The line of credit is secured by supplies, patient receivables, and equipment. The Organization had no amounts outstanding under this line of credit as of June 30, 2024 and 2023.

**Note 9 - Long-Term Debt**

Long-term debt at June 30, 2024 and 2023, consists of the following:

	2024	2023
3.62% term loan payable to bank, due in monthly installments of \$152,120, including interest through January 2050, secured by a mortgage on real estate	\$ 30,417,953	\$ 31,125,037
5.0% contract for deed, due in annual installments of \$923,899, including interest through February 2025, secured by real estate	879,904	1,717,908
Unamortized debt issuance costs	(136,401)	(141,750)
Finance lease obligation (effective interest rate of 3.2%) - See Note 7	1,174,685	1,512,256
	32,336,141	34,213,451
Less current maturities	(1,964,208)	(1,885,209)
Long-term debt, net of current maturities and unamortized debt issuance costs	<u>\$ 30,371,933</u>	<u>\$ 32,328,242</u>

Long-term debt maturities are as follows:

Year Ending June 30,	Amount
2025	\$ 1,964,208
2026	1,122,722
2027	1,162,506
2028	914,851
2029	850,299
Thereafter	26,457,956
Unamortized debt issuance costs	(136,401)
	<u>\$ 32,336,141</u>



The term loan agreement places limits on the incurrence of additional borrowings and requires that the Organization satisfy certain measures of financial performance. Management believes all of these requirements were complied with or waived as of June 30, 2024 and 2023.

#### Note 10 - Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes at June 30, 2024 and 2023:

	2024	2023
Subject to expenditure for a specified purpose		
Hospice	\$ 879,939	\$ 91,556
Various projects and services	661,025	834,203
Surgical Services	501,792	250,250
Clinical excellence and Innovation	467,968	465,167
Grateful Patient	207,888	1,045,484
Building	172,134	193,034
Moonlight and Mountains Alpenglöw Gala	120,000	120,000
	<u>3,010,746</u>	<u>2,999,694</u>
Endowments		
Subject to endowment spending policy and appropriation		
Education and equipment	2,069,546	1,631,811
Gateway Hospice	470,840	470,840
	<u>2,540,386</u>	<u>2,102,651</u>
	<u>\$ 5,551,132</u>	<u>\$ 5,102,345</u>

During 2024 and 2023, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes and the expiration of time restrictions in the amounts of \$324,965 and \$543,213, respectively. These amounts are included in net assets released from restrictions in the accompanying consolidated financial statements.

**Note 11 - Endowment Funds**

The Organization's endowment (the Endowment) consists of numerous individual funds established by donors to provide annual funding for specific activities and general operations. The Endowment also includes certain net assets without donor restrictions designated for quasi-endowment by the Board of Directors. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. The Organization's Board of Directors has interpreted the Montana 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, unless there are explicit donor stipulations to the contrary. At June 30, 2024 and 2023, there were no such donor stipulations. As a result of this interpretation, the Organization retains in perpetuity (a) the original value of initial and subsequent gift amounts (including contributions receivable net of discount and allowance for doubtful accounts) donated to the Endowment and (b) any accumulations to the Endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. Donor-restricted amounts not retained in perpetuity are subject to appropriation for expenditure in a manner consistent with the standard of UPMIFA.

The Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- The duration and preservation of the fund
- The purposes of the Organization and the donor-restricted endowment fund
- General economic conditions
- The possible effect of inflation and deflation
- The expected total return from income and the appreciation of investments
- Other resources of the Organization
- The investment policies of the Organization

## Livingston HealthCare and Subsidiary

### Notes to Consolidated Financial Statements

June 30, 2024 and 2023

Changes in endowment net assets for the years ended June 30, 2024 and 2023, are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, June 30, 2022	\$ 2,740,820	\$ 1,890,745	\$ 4,631,565
Contributions	35,258	-	35,258
Investment return, net	172,709	250,358	423,067
Other changes			
Change in value of split interest agreement	-	(38,452)	(38,452)
Endowment net assets, June 30, 2023	2,948,787	2,102,651	5,051,438
Contributions	-	55,277	55,277
Investment return, net	272,714	382,458	655,172
Other changes			
Board designation	194,532	-	194,532
Endowment net assets, June 30, 2024	\$ 3,416,033	\$ 2,540,386	\$ 5,956,419

From time to time, the fair value of assets associated with individual endowment funds may fall below the level that the donor or the UPMIFA requires the Organization to maintain as a fund of perpetual duration. In accordance with generally accepted accounting principles, deficiencies of this nature are reported in net assets without restrictions. There were no such deficiencies as of June 30, 2024 and 2023.

### Investment and Spending Policies

The Organization has adopted investment and spending policies for the Endowment that attempt to provide a predictable stream of funding for operations while seeking to maintain the purchasing power of the endowment assets. Over time, long-term rates of return should be equal to an amount sufficient to maintain the purchasing power of the Endowment assets, to provide the necessary capital to fund the spending policies, and to cover the costs of managing the Endowment investments. To satisfy this long-term rate-of-return objective, the investment portfolio is structured on a total-return approach through which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). A significant portion of the funds are invested to seek growth of principal over time.

Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to preserve endowment capital. Funds shall be invested such that no less than 30%, and no more than 70% of such funds shall be invested in equities, with the balance invested in fixed income securities, while assuming a moderate level of investment risk. The Organization expects its endowment funds, over time, to provide a reasonable rate of return.

Ough Charitable Trust – The Organization’s Board of Directors, based on recommendations by a committee comprised of Hospital and community members, approves appropriations for distribution limited to the accumulated income of the fund.

Stafford Hospice Endowment – The Hospital's Board of Directors, based on recommendations by Hospital administration, approves appropriations for distribution limited to 7% of the total fund value in any given year.

In establishing this policy, the Organization considered the long-term expected return on its endowment. This is consistent with the Organization's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

## **Note 12 - Retirement Plan and Deferred Compensation Plan**

The Organization has established a defined contribution retirement plan under which employees become participants upon reaching a certain age and length of service. Employer contributions are discretionary. Total retirement plan expense for the years ended June 30, 2024 and 2023, was \$1,818,371 and \$1,664,599, respectively.

The Organization has a deferred compensation plan, as described in section 457(b) of the Internal Revenue Code, for certain employees. The funding of the deferred amounts is invested by the Organization in investments designated by the employees. At June 30, 2024 and 2023, the deferred compensation liability was \$3,212,300 and \$2,515,492, respectively.

## **Note 13 - Other Revenue**

Other revenue consists of the following for the years ended June 30, 2024 and 2023:

	2024	2023
340b pharmacy program	\$ 1,159,898	\$ 1,005,742
Miscellaneous	633,726	717,872
Rental revenue	63,046	71,700
	<u>\$ 1,856,670</u>	<u>\$ 1,795,314</u>

#### Note 14 - Related Party Transactions

The Organization entered into physician employment agreements with three members of the Board.

On June 20, 2002, the Organization entered into a management services agreement with Billings Clinic (BC) for a period of three years, and renewable annually after June 19, 2005, unless terminated by either party. The agreement authorizes BC to operate and manage Livingston Healthcare subject to certain conditions and limitations.

The Organization also entered into an affiliation agreement with BC on March 26, 2013. The purpose of the transaction is for BC to assume a 25% minority role in the governance of the Organization, with certain defined rights and obligations. It is the objective of the parties, among other things, to work cooperatively in the development and operation of the hospital and clinic facility in Livingston, Montana.

On October 7, 2020, the Organization entered into a Master Services Agreement (MSA) with BC for an initial term of five years, and renewable in successive three-year terms, unless terminated by either party, subject to conditions contained within the agreement. The agreement authorizes BC to operate and manage Livingston Healthcare subject to certain conditions and limitations. BC is compensated for a chief executive officer and a general management fee for its services. The MSA supersedes and replaces the affiliation agreement in all respects.

The Organization is insured for general and professional liability through Montana Healthcare Indemnity, LLC, a captive insurance company of which BC is the sole member.

Included in accounts payable, as of June 30, 2024 and 2023, was amounts due BC of \$329,410 and \$200,957, respectively.

The following is a summary of related party fees paid for the years ended June 30, 2024 and 2023:

	2024	2023
Teleradiology	\$ 1,125,610	\$ 845,692
CEO reimbursement	635,608	411,704
Management fees	567,353	565,523
Physician salary and benefits	490,276	555,228
Software	279,954	221,068
Provider reimbursement	274,573	226,544
Other	271,058	241,629
CIS project	214,513	210,694
Radiology administration fee	105,006	40,200
340b pharmacy fees	81,153	71,391
360 project	7,260	7,150
	<u>\$ 4,052,364</u>	<u>\$ 3,396,823</u>

## Note 15 - Functional Expenses

The Organization provides health care services to residents within its geographic location. Expenses related to providing these services by functional class for the year ended June 30, 2024, are as follows:

	Health Care Services		General and	Fundraising	Total
	Hospital	Medical Clinics	Administrative		
Salaries and benefits	\$ 30,177,407	\$ 7,642,529	\$ 6,323,993	\$ 147,616	\$ 44,291,545
Supplies	21,768,751	849,753	68,097	8,317	22,694,918
Purchased services	8,177,244	918,695	3,475,503	8,207	12,579,649
Depreciation and amortization	3,846,962	-	-	-	3,846,962
Other	1,472,387	177,885	1,038,969	62,423	2,751,664
Repairs and maintenance	1,292,985	10,907	28,486	-	1,332,378
Interest	1,227,870	-	-	-	1,227,870
Rent and utilities	640,626	42,924	257,818	-	941,368
Insurance	495,310	-	383,838	-	879,148
	<u>\$ 69,099,542</u>	<u>\$ 9,642,693</u>	<u>\$ 11,576,704</u>	<u>\$ 226,563</u>	<u>\$ 90,545,502</u>

Expenses related to providing these services by functional class for the year ended June 30, 2023, are as follows:

	Health Care Services		General and	Fundraising	Total
	Hospital	Medical Clinics	Administrative		
Salaries and benefits	\$ 26,181,217	\$ 6,894,704	\$ 6,015,513	\$ 50,369	\$ 39,141,803
Purchased services	9,877,327	1,352,859	2,439,756	9,659	13,679,601
Supplies	13,696,145	711,642	171,131	3,235	14,582,153
Depreciation and amortization	3,462,102	-	-	-	3,462,102
Other	1,525,154	209,873	1,236,767	37,450	3,009,244
Interest	1,291,172	-	-	-	1,291,172
Repairs and maintenance	903,764	5,105	30,378	-	939,247
Rent and utilities	654,459	57,263	206,226	-	917,948
Insurance	439,619	-	340,955	-	780,574
	<u>\$ 58,030,959</u>	<u>\$ 9,231,446</u>	<u>\$ 10,440,726</u>	<u>\$ 100,713</u>	<u>\$ 77,803,844</u>

**Note 16 - 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 \$6.5 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 has accrued a professional liability reserve of \$46,000 and \$66,000 June 30, 2024 and 2023. As of June 30, 2024 and 2023, receivable balances of \$6,000, have been recorded for expected insurance recoveries related to the professional liability claims.

**Employee Health Self-Insured Plan**

The Organization is self-insured for health insurance. The claims under this plan continue to be accrued as the incidents that give rise to them occur. Unpaid claim accruals are based on the estimated ultimate costs of the claims, including claims administration expenses, in accordance with the Organization's past experience and its losses on claims for health insurance.

The Organization has entered into reinsurance agreements with insurance companies to limit losses on claims for health insurance. Reserves for self-insured plans were \$587,237 and \$668,297 as of June 30, 2024 and 2023, respectively, and are included in accrued expenses in the accompanying consolidated financial statements.

**Litigation, Claims, and 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 the 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 with respect to investigations and allegations concerning possible violations by health care providers of regulations could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient services.

**Note 17 - Concentrations of Credit Risk**

The Organization grants credit without collateral to its patient, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at June 30, 2024 and 2023, was as follows:

	2024	2023
Medicare	32%	32%
Medicaid	11%	11%
Blue Cross	8%	7%
Commercial insurance	15%	18%
Patients	34%	32%
	<u>100%</u>	<u>100%</u>

The Organization maintains its cash in bank deposit accounts which exceed federally insured limits. Accounts are guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 per depositor, per insured bank, for each account ownership category. At June 30, 2024 and 2023, the Organization had approximately \$3,848,000 and \$3,845,000, respectively, in excess of FDIC-insured limits and amounts collateralized by the bank.

**Note 18 - Livingston Healthcare Foundation**

The financial statements of Livingston Healthcare Foundation, which are included in the consolidated financial statements for the years ended June 30, 2024 and 2023, are summarized as follows:

	2024	2023
Assets	<u>\$ 7,089,874</u>	<u>\$ 6,264,775</u>
Liabilities	<u>\$ -</u>	<u>\$ -</u>
Total net assets	<u>\$ 7,089,874</u>	<u>\$ 6,264,775</u>
Revenue		
Contributions	\$ 677,969	\$ 510,649
Other revenue	<u>636,033</u>	<u>307,648</u>
Total revenues	<u>1,314,002</u>	<u>818,297</u>
Total expenses	<u>191,644</u>	<u>101,578</u>
Revenues in excess of expenses	<u>\$ 1,122,358</u>	<u>\$ 716,719</u>