

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning and ending

| | | |
|--|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 945 19TH STREET City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50314 | D Employer identification number 42-0942273 E Telephone number 515-241-0982 |
| F Name and address of principal officer: CYNTHIA STEIDL-BISHOP SAME AS C ABOVE | | G Gross receipts \$ 18,985,161. |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| J Website: ▶ WWW.EYERLYBALL.ORG | | H(c) Group exemption number ▶ |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1966 M State of legal domicile: IA |

Part I Summary

| | | | | |
|------------------------------------|----------------|--|--|---|
| | 1 | Briefly describe the organization's mission or most significant activities: EMPOWERING INDIVIDUALS AND FAMILIES TO LIVE HEALTHY, SUCCESSFUL LIVES IN THE COMMUNITY. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 11 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 9 |
| | 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 327 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 9 |
| | 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. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year 2,459,954. |
| 9 | | Program service revenue (Part VIII, line 2g) | 13,321,878. | 13,711,756. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 16,141. | 177,345. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 94,454. | 454,165. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 15,892,427. | 17,395,872. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 11,275,301. | 12,453,840. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,950,933. | 2,752,757. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,226,234. | 15,206,597. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,666,193. | 2,189,275. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year 6,073,393. | End of Year 8,261,585. |
| | 21 | Total liabilities (Part X, line 26) | 1,548,824. | 1,554,036. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 4,524,569. | 6,707,549. |

Part II Signature Block

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

| | | |
|-------------------------------|---|--|
| Sign Here | ▶ Signature of officer CYNTHIA STEIDL-BISHOP, CEO Type or print name and title | Date |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature |
| | Firm's name ▶ | Date |
| | Firm's address ▶ | Check if self-employed <input type="checkbox"/> PTIN |
| | | Firm's EIN ▶ |
| | | Phone no. |

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: INNOVATIVE SOLUTIONS FOR TODAY'S MENTAL HEALTH CHALLENGES.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 14,549,736. including grants of \$ 0.) (Revenue \$ 14,165,921.) EYERLY-BALL IS A NON-PROFIT ORGANIZATION THAT PROVIDES MENTAL HEALTH SERVICES TO INDIVIDUALS IN POLK, DALLAS, WARREN, STORY, FRANKLIN, MADISON, HAMILTON, HARDIN, MARSHALL, JASPER, POWESHIEK, GREENE AND BOONE COUNTIES. THE WORK OF EYERLY-BALL IS CRITICAL TO THE HEALTH AND WELFARE OF OUR COMMUNITY. WE ARE WORKING TO IMPROVE THE LIVES AND WELL-BEING OF OVER FIVE THOUSAND INDIVIDUALS WHOSE LIVES TOUCH MANY INDIVIDUALS AND FAMILIES IN OUR COMMUNITY. MANY OF THE INDIVIDUALS SEEN BY OUR ORGANIZATION ARE EXPERIENCING SIGNIFICANT MENTAL HEALTH CHALLENGES THAT DISRUPT THEIR LIVES AND TRIGGER PROBLEMS OF LIVING WITH THEIR FAMILIES OR ENVIRONMENT. THE PRIMARY OBJECTIVE OF EYERLY-BALL IS TO RESPOND TO CRISES AND MOVE INDIVIDUALS AND THEIR FAMILIES TOWARDS STABILIZATION, PRODUCTIVITY AND PERSONAL INDEPENDENCE.

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 14,549,736.

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|---|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | X |
| 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | X |
| c 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> | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | X |

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|-----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | 131 |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

| | | Yes | No |
|--|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 327 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X | X | |
| Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? 13a | | |
| Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 | | X |
| If "Yes," see the instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 | | X |
| If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | | |
| If "Yes," complete Form 6069. | | | |

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

| | | | Yes | No |
|--|-----------|----|----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 1a | 11 | | |
| b Enter the number of voting members included on line 1a, above, who are independent | 1b | 9 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 Did the organization have members or stockholders? | 6 | | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | X | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | | X |

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

| | | | Yes | No |
|---|------------|--|----------|----------|
| 10a Did the organization have local chapters, branches, or affiliates? | 10a | | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X | |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | 12c | | X | |
| 13 Did the organization have a written whistleblower policy? | 13 | | X | |
| 14 Did the organization have a written document retention and destruction policy? | 14 | | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| a The organization's CEO, Executive Director, or top management official | 15a | | X | |
| 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. | | | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 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 ▶
MARK FEILMEIER - 515-235-8842
945 19TH STREET, DES MOINES, IA 50314

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ERIC LOTHE BOARD MEMBER | 1.00 40.00 | X | | | | | 0. | 553,017. | 130,873. | |
| CYNTHIA STEIDL-BISHOP CEO | 40.00 0.00 | | | X | | | 175,874. | 0. | 28,924. | |
| MARK FEILMEIER DIRECTOR OF ACCOUNTING | 40.00 0.00 | | | | X | | 143,034. | 0. | 29,049. | |
| SAJO THOMAS, ARNP, PMHNP-BC PSYCHIATRIC NURSE PRACTITIONER | 40.00 0.00 | | | | X | | 126,465. | 0. | 25,141. | |
| VERONICA HOLLOWAY, ARNP, PMHNP-BC PSYCHIATRIC NURSE PRACTITIONER | 40.00 0.00 | | | | X | | 130,128. | 0. | 8,831. | |
| REBECCA PARKER DIRECTOR OF HUMAN RESOURCES | 40.00 0.00 | | | | X | | 121,204. | 0. | 4,512. | |
| KENNEDY THOREN, DNP, ARNP, PMHNP-BC PSYCHIATRIC NURSE PRACTITIONER | 40.00 0.00 | | | | X | | 115,413. | 0. | 4,485. | |
| CORRINE GANSKE BOARD CHAIR | 1.00 1.00 | X | | X | | | 0. | 86,364. | 0. | |
| DAVID ALBRECHT BOARD SECRETARY | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| TISHA CARTER-SMITH BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| ROBERT DANIELS BOARD MEMBER (FR 10/21) | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| E. J. GIOVANNETTI BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| SARA LEMKE BOARD MEMBER (TO 03/21) | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| CIARA LEWIS BOARD MEMBER (FR 09/21) | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| DAVE MOENCH BOARD VICE CHAIR | 1.00 0.00 | X | | X | | | 0. | 0. | 0. | |
| BLAIR RYAN BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |
| TERRY SLINDE BOARD MEMBER | 1.00 0.00 | X | | | | | 0. | 0. | 0. | |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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 | | | |
| JANET MILLER STRAUB BOARD MEMBER (TO 06/21) | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| GRETCHEN TEGELER BOARD TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 812,118. | 639,381. | 231,815. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 812,118. | 639,381. | 231,815. |

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 8

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| RSM FORMERLY MCGLADREY & PULLEN 331 W 3RD ST, STE 200, DAVENPORT, IA 52801 | CONSULTING SERVICES | 201,212. |
| EDGE COMMERCIAL 3155 SE MIEHE DR, STE 2, GRIMES, IA 50111 | CONSTRUCTION SERVICES | 198,909. |
| DONNER DEWDNEY, 3000 GRAND AVE., APT. 1016, DES MOINES, IA 50312 | PSYCHIATRY SERVICES | 137,830. |
| | | |
| | | |

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 3

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 3,047,606. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 5,000. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | |
| | h Total. Add lines 1a-1f | | | 3,052,606. | | | |
| Program Service Revenue | 2 a NET PATIENT REVENUE | Business Code | | | | | |
| | | 900099 | 13,635,345. | 13635345. | | | |
| | b MGMT & SUPPORT SVCS | 561000 | 52,819. | 52,819. | | | |
| | c RENTAL INCOME | 531390 | 23,592. | 23,592. | | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 13,711,756. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 43,852. | | | 43,852. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 1,722,782. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 1,589,289. | | | | |
| | c Gain or (loss) | 7c | 133,493. | | | | |
| | d Net gain or (loss) | | | 133,493. | | 133,493. | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS | Business Code | | | | | |
| | | 900099 | 360,320. | 360,320. | | | |
| | b SHARED SAVINGS REVENUE | 900099 | 93,845. | 93,845. | | | |
| | c _____ | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 454,165. | | | | |
| 12 Total revenue. See instructions | | | 17,395,872. | 14165921. | 0. | 177,345. | |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 175,874. | | 175,874. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 9,943,946. | 9,635,277. | 308,669. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 335,453. | 319,391. | 16,062. | |
| 9 Other employee benefits | 1,319,221. | 1,256,056. | 63,165. | |
| 10 Payroll taxes | 679,346. | 646,819. | 32,527. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 30,088. | 30,088. | | |
| c Accounting | 11,850. | 11,850. | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 14,004. | 10,454. | 3,550. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 1,386,772. | 1,380,291. | 6,481. | |
| 12 Advertising and promotion | 2,132. | 237. | 1,895. | |
| 13 Office expenses | 440,698. | 440,485. | 213. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 412,603. | 412,603. | | |
| 17 Travel | 207,616. | 205,639. | 1,977. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 85,328. | 38,880. | 46,448. | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 113,695. | 113,695. | | |
| 23 Insurance | 32,404. | 32,404. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS EXPENSE | 11,959. | 11,959. | | |
| b MEDICAL SUPPLIES | 3,608. | 3,608. | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 15,206,597. | 14,549,736. | 656,861. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 3,362,747. | 1 | 2,837,807. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 742,795. | 4 | 943,186. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 146,547. | 7 | 248,654. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 92,955. | 9 | 206,860. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3,108,039. | | |
| | b Less: accumulated depreciation | 1,968,402. | | |
| | 11 Investments - publicly traded securities | 538,093. | 10c | 1,139,637. |
| | 12 Investments - other securities. See Part IV, line 11 | | 11 | 2,697,356. |
| | 13 Investments - program-related. See Part IV, line 11 | 25,621. | 12 | |
| | 14 Intangible assets | | 13 | 37,919. |
| | 15 Other assets. See Part IV, line 11 | 105,323. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 6,073,393. | 15 | 150,166. | |
| 17 Accounts payable and accrued expenses | 1,208,452. | 16 | 8,261,585. | |
| 18 Grants payable | | 17 | 1,272,214. | |
| 19 Deferred revenue | 235,049. | 18 | | |
| 20 Tax-exempt bond liabilities | | 19 | 131,461. | |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 20 | | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 21 | | |
| 23 Secured mortgages and notes payable to unrelated third parties | | 22 | | |
| 24 Unsecured notes and loans payable to unrelated third parties | | 23 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 105,323. | 24 | | |
| 26 Total liabilities. Add lines 17 through 25 | 1,548,824. | 25 | 150,361. | |
| 27 Net assets without donor restrictions | 4,524,569. | 26 | 1,554,036. | |
| 28 Net assets with donor restrictions | | | | |
| 29 Capital stock or trust principal, or current funds | | | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | | | |
| 32 Total net assets or fund balances | 4,524,569. | 27 | 6,707,549. | |
| 33 Total liabilities and net assets/fund balances | 6,073,393. | 28 | | |
| Net Assets or Fund Balances | | | | |
| Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| 29 Capital stock or trust principal, or current funds | | 29 | | |
| 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | | |
| 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | | |
| 32 Total net assets or fund balances | 4,524,569. | 32 | 6,707,549. | |
| 33 Total liabilities and net assets/fund balances | 6,073,393. | 33 | 8,261,585. | |

**EYERLY-BALL COMMUNITY MENTAL HEALTH
SERVICES**

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 17,395,872. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,206,597. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,189,275. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 4,524,569. |
| 5 | Net unrealized gains (losses) on investments | 5 | -6,295. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 6,707,549. |

Part XII Financial Statements and Reporting

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

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | ► <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | ► <input type="checkbox"/> |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|-------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 747,724. | 760,406. | 1,073,971. | 2,459,954. | 3,052,606. | 8,094,661. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 5,381,908. | 11,970,096. | 13,181,747. | 13,321,878. | 13,711,756. | 57,567,385. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | 6,129,632. | 12,730,502. | 14,255,718. | 15,781,832. | 16,764,362. | 65,662,046. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 13,440. | 24,539. | 28,250. | 27,252. | 23,592. | 117,073. |
| 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 | | | | | | 0. |
| c Add lines 7a and 7b | 13,440. | 24,539. | 28,250. | 27,252. | 23,592. | 117,073. |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 65,544,973. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|-------------|-------------|-------------|-------------|-------------|
| 9 Amounts from line 6 | 6,129,632. | 12,730,502. | 14,255,718. | 15,781,832. | 16,764,362. | 65,662,046. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 13,783. | 2,204. | 6,513. | 4,650. | 43,852. | 71,002. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 13,783. | 2,204. | 6,513. | 4,650. | 43,852. | 71,002. |
| 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 242,668. | 205,781. | 94,454. | 454,165. | 997,068. |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 6,143,415. | 12,975,374. | 14,468,012. | 15,880,936. | 17,262,379. | 66,730,116. |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---------|
| 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | 98.22 % |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | 98.85 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-------|
| 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) | 17 | .11 % |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | .10 % |

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<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 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <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). | | |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

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

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

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2018 AMOUNT: \$ 242,668.

2019 AMOUNT: \$ 205,781.

2020 AMOUNT: \$ 54,689.

2021 AMOUNT: \$ 360,320.

SHARED SAVINGS REVENUE

2020 AMOUNT: \$ 39,765.

2021 AMOUNT: \$ 93,845.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Employer identification number

42-0942273

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number 42-0942273 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ <u>1,333,989.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ <u>1,222,905.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ <u>454,115.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number 42-0942273 |
|---|---|

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

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

| | |
|---|---|
| Name of organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number 42-0942273 |
|---|---|

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES Employer identification number 42-0942273

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITY | 150,166. |
| (3) DUE TO AFFILIATES | 195. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 150,361. |

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 ...

**EYERLY-BALL COMMUNITY MENTAL HEALTH
SERVICES**

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 17,387,000. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -6,295. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 973. |
| e | Add lines 2a through 2d | 2e | -5,322. |
| 3 | Subtract line 2e from line 1 | 3 | 17,392,322. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,550. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 3,550. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 17,395,872. |

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

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

| | | | |
|----------|---|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 15,204,000. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 953. |
| e | Add lines 2a through 2d | 2e | 953. |
| 3 | Subtract line 2e from line 1 | 3 | 15,203,047. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 3,550. |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 3,550. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 15,206,597. |

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE ORGANIZATION ACTS AS THE "REPRESENTATIVE PAYEE" FOR CLIENTS INCAPABLE OF SUCCESSFULLY HANDLING THEIR OWN FUNDS. IN THESE CASES, THE ORGANIZATION PAYS LIVING EXPENSE BILLS ON BEHALF OF THE CLIENT. EACH CLIENT'S FUNDS ARE SEGREGATED IN A SEPARATE BANK ACCOUNT. THE ORGANIZATION RECOGNIZES A LIABILITY THAT OFFSETS THE AGGREGATE BANK BALANCE OF THE REP PAYEE ACCOUNTS.

PART V, LINE 4:

THE ORGANIZATION RETAINS FUNDS FOR INTENDED FUTURE USES, INCLUDING PURCHASE OF EQUIPMENT, INDIGENT CARE, FUNDING OF MISSION RELATED OPERATIONS, AND HEALTH EDUCATION. IN ADDITION, SOME FUNDS ARE HELD FOR

Part XIII Supplemental Information (continued)

INVESTMENT IN PERPETUITY.

PART X, LINE 2:

UNITYPOINT HEALTH AND MOST OF ITS SUBSIDIARIES ARE CLASSIFIED AS
TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 501(C)(2)
OF THE INTERNAL REVENUE CODE (THE CODE). TAX-EXEMPT ORGANIZATIONS ARE NOT
SUBJECT TO FEDERAL AND STATE INCOME TAXES ON RELATED INCOME, PURSUANT TO
SECTION 501(A) OF THE CODE. THESE ORGANIZATIONS ARE SUBJECT TO FEDERAL AND
STATE INCOME TAXES TO THE EXTENT THEY HAVE UNRELATED BUSINESS INCOME AS
DESCRIBED UNDER PROVISIONS OF SECTION 511 OF THE CODE.

THE SYSTEM FILES FORM 990 FOR SUBSTANTIALLY ALL OF ITS OPERATING ENTITIES
IN THE U.S. FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO EXAMINATION
BY TAX AUTHORITIES FOR THE YEARS BEFORE 2018. THE SYSTEM HAS NO MATERIAL
UNCERTAIN TAX POSITIONS.

CERTAIN SUBSIDIARIES ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. SOME
OF THESE CORPORATIONS HAVE ACCUMULATED NET OPERATING LOSS CARRYFORWARDS
THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME, IF ANY, DURING THE
CARRYFORWARD PERIOD. DEFERRED TAX ASSETS AND LIABILITIES RELATED TO THESE
SUBSIDIARIES WERE NOT MATERIAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 973.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING 953.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES** Employer identification number **42-0942273**

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 |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

**EYERLY-BALL COMMUNITY MENTAL HEALTH
SERVICES**

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 | | | | |
| ERIC LOTHE BOARD MEMBER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 419,254. | 122,188. | 11,575. | 102,352. | 28,521. | 683,890. | 0. |
| CYNTHIA STEIDL-BISHOP CEO | (i) | 134,079. | 41,795. | 0. | 5,397. | 23,527. | 204,798. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| MARK FEILMEIER DIRECTOR OF ACCOUNTING | (i) | 124,374. | 18,660. | 0. | 6,777. | 22,272. | 172,083. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| SAJO THOMAS, ARNP, PMHNP-BC PSYCHIATRIC NURSE PRACTITIONER | (i) | 125,465. | 1,000. | 0. | 5,386. | 19,755. | 151,606. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (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 4B:

NONQUALIFIED RETIREMENT PLAN CONTRIBUTIONS:

THE FOLLOWING INDIVIDUAL(S) PARTICIPATED IN AND RECEIVED CONTRIBUTIONS IN A

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN: CORRINE GANSKE \$86,364; ERIC

LOTHE \$87,852.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

EYERLY-BALL COMMUNITY MENTAL HEALTH
SERVICES

Employer identification number
42-0942273

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EYERLY-BALL OFFERS SEVERAL DIFFERENT MENTAL HEALTH AREAS: OUTPATIENT
CLINICS, RESIDENTIAL, COMMUNITY BASED, COORDINATION SERVICES AND CRISIS
SERVICES. DUE TO THE DYNAMIC NATURE OF MENTAL ILLNESS, EACH PROGRAM IS
SPECIFICALLY DESIGNED TO SUCCESSFULLY TREAT CLIENTS ON AN INDIVIDUAL
BASIS.

COORDINATION SERVICES INCLUDE: INTEGRATED HEALTH HOME (IHH) AND SERVICE
COORDINATION (SC).

CRISIS SERVICES INCLUDE: MOBILE CRISIS RESPONSE TEAM (MCRT)

COMMUNITY BASED SERVICES INCLUDE: INTEGRATED SERVICES PROJECT (ISP),
SUPPORTED COMMUNITY LIVING (SCL), CONNECTIONS PROGRAMS, COMMUNITY
SUPPORT SERVICES (CSS), FORENSIC ASSERTIVE COMMUNITY TREATMENT (FACT),
ASSERTIVE COMMUNITY TREATMENT (ACT), JAIL DIVERSION (JD), WARREN AND
MADISON OUTREACH, THE PROGRAM FOR ASSERTIVE COMMUNITY TREATMENT (FACT),
SUPPORTED COMMUNITY LIVING (SCL), AND SENIOR OUTREACH COUNSELING (SOC).

OUTPATIENT CLINIC SERVICES INCLUDE (BOTH CHILDREN AND ADULTS):

OUTPATIENT PSYCHIATRIC SERVICES, INDIVIDUAL/GROUP THERAPY, MEDICATION
EVALUATIONS, MEDICATION MANAGEMENT, PROJECT RESTORE, SUBSTANCE ABUSE
EVALUATIONS AND TREATMENT, AND OWI SCREENINGS. THE CLINICAL FACILITIES
ARE ALSO ABLE TO PROVIDE CLIENTS WITH INJECTIONS AS WELL AS LAB
TESTING.

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number | 42-0942273 |
|--------------------------|--|--------------------------------|------------|

RESIDENTIAL SERVICES INCLUDE: TWO RESIDENTIAL FACILITIES (RCF'S), ALONG WITH THREE HABILITATION HOMES AND A TRANSITIONAL LIVING CENTER (TLC).

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

CENTRAL IOWA HEALTH SYSTEM, A TAX-EXEMPT IOWA NONPROFIT CORPORATION, IS SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SOLE MEMBER, CENTRAL IOWA HEALTH SYSTEM, APPOINTS ONE MEMBER TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE SOLE MEMBER, CENTRAL IOWA HEALTH SYSTEM, HAS THE FINAL AUTHORITY TO APPROVE MERGERS, CONSOLIDATIONS OR CORPORATE RE-STRUCTURE AND SELECTION OR REMOVAL OF ANY EXISTING CEO, WHO SHALL ALSO SERVE AS THE CEO OF THE CORPORATE AFFILIATES.

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

THE FORM 990 IS PREPARED INTERNALLY BY THE IOWA HEALTH SYSTEM TAX DEPARTMENT USING INFORMATION GATHERED FROM VARIOUS FUNCTIONAL AREAS OF THE ORGANIZATION. EACH SECTION OF THE RETURN IS REVIEWED BY THE RESPONSIBLE FUNCTIONAL AREA ALONG WITH THE TAX DEPARTMENT. A DRAFT COPY OF THE RETURN IS PROVIDED TO THE CFO FOR REVIEW. A FULL COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY. ANNUALLY ALL OFFICERS,

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number | 42-0942273 |
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DIRECTORS, KEY EMPLOYEES AND REPORTING PHYSICIANS ARE REQUESTED TO COMPLETE A QUESTIONNAIRE TO REPORT POTENTIAL CONFLICTS OF INTEREST. PERSONS WHO HAVE NOT RETURNED QUESTIONNAIRES ARE CONTACTED ADDITIONAL TIMES IN AN EFFORT TO RECEIVE COMPLETE AND ACCURATE RESPONSES FROM ALL PERSONS.

THE ANNUAL QUESTIONNAIRES INCLUDE AN ACKNOWLEDGEMENT THAT THE OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN: 1) HAS ACCESS TO A COPY OF THE CONFLICT OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS THE POLICY; 3) AGREES TO COMPLY WITH THE POLICY; 4) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES AND SUBCOMMITTEES HAVING BOARD-DELEGATED POWERS; AND 5) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS TAX-EXEMPT STATUS, IT MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

SENIOR ADMINISTRATIVE STAFF AT ALL RELATED ORGANIZATIONS PROVIDE INFORMATION TO A CENTRAL COORDINATOR RELATED TO THE IDENTIFICATION OF WHICH INDIVIDUALS SHOULD RECEIVE THE QUESTIONNAIRE FOR COMPLETION. THE RESULTS ARE COMPILED CENTRALLY AND REVIEWED BY THE IOWA HEALTH SYSTEM COMPLIANCE OFFICER AND DIRECTOR OF INTERNAL AUDIT. THE DETAIL RESULTS ARE REPORTED TO A COMMITTEE OF THE SYSTEM BOARD. THE RESULTS RELATED TO SPECIFIC REGIONAL PARENT COMPANIES, THEIR HOSPITALS AND RELATED ORGANIZATIONS, ARE DISTRIBUTED IN DETAIL TO THE CHAIRPERSON OF THE REGIONAL PARENT ORGANIZATION, THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER AND COMPLIANCE MANAGER. THESE INDIVIDUALS ARE ALSO REMINDED OF THE APPROPRIATE PROCESS TO BE FOLLOWED DURING THE YEAR TO ADDRESS POTENTIAL CONFLICTS OF INTEREST THAT RELATE TO MATTERS THAT ARE BROUGHT TO THE BOARD OF DIRECTORS FOR ACTION.

| | | | |
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| Name of the organization | EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number | 42-0942273 |
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THE INFORMATION DISCLOSED IS USED TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST AND TO ASSIST IN COMPLETING IRS AND MEDICAID QUESTIONNAIRES. ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN TOGETHER WITH ALL MATERIAL FACTS, SHOULD BE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD, EITHER THROUGH AN ANNUAL PROCEDURE OR WHEN THE INTEREST OCCURS OR BECOMES A MATTER OF BOARD ACTION. ANY ORGANIZATIONAL OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN HAVING A CONFLICT OF INTEREST IN ANY MATTER SHOULD NOT BE PRESENT DURING GENERAL DISCUSSION NOR VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER, AND HE OR SHE SHOULD NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM FOR PURPOSES OF THE MATTER OR ITEM AS TO WHICH A CONFLICT EXISTS. THE BOARD SHOULD EXCLUDE THE INDIVIDUAL FROM ANY DISCUSSION OR VOTE IN WHICH THE BOARD DECIDES WHETHER OR NOT A CONFLICT OF INTEREST EXISTS.

IN CASES IN WHICH AN OFFICER, DIRECTOR, KEY EMPLOYEE, REPORTING PHYSICIAN OR THE INDIVIDUAL'S HOUSEHOLD MEMBER HAS A CONFLICT OF INTEREST IN AN ARRANGEMENT OR TRANSACTION, THE FOLLOWING ADDITIONAL STEPS MAY BE TAKEN AT THE DIRECTION OF THE BOARD OF DIRECTORS: 1) AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL 1) DECIDE IF A CONFLICT OF INTEREST EXISTS, 2) A DISINTERESTED PERSON OR COMMITTEE MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED ARRANGEMENT OR TRANSACTION; 3) IN ORDER TO APPROVE THE ARRANGEMENT OR TRANSACTION, THE BOARD MUST FIRST FIND, BY MAJORITY VOTE OF DISINTERESTED MEMBERS, THAT THE

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number | 42-0942273 |
|--------------------------|--|--------------------------------|------------|

ARRANGEMENT OR TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE TO THE ORGANIZATION, AND, AFTER REASONABLE INVESTIGATION, THE DISINTERESTED MEMBERS HAVE DETERMINED THAT A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT CANNOT BE OBTAINED WITH REASONABLE EFFORTS UNDER THE CIRCUMSTANCES;

THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN: 1) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED; 2) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH;

IN ORDER TO PROTECT THE ORGANIZATION'S BEST INTERESTS, APPROPRIATE DISCIPLINARY ACTION MAY BE TAKEN WITH RESPECT TO AN OFFICER, DIRECTOR, KEY EMPLOYEE OR REPORTING PHYSICIAN WHO VIOLATES THE CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE COMMITTEE OF THE IOWA HEALTH SYSTEM BOARD OF DIRECTORS ("COMMITTEE") CONDUCTS A COMPREHENSIVE REVIEW OF ALL COMPENSATION AND BENEFITS PROVIDED TO THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, INCLUDING THE IHS CHIEF EXECUTIVE OFFICER (THE "CEO"). THIS REVIEW COMPARES THE TOTAL COMPENSATION AND VALUE OF BENEFITS PROVIDED TO EACH

| | |
|--|--|
| Name of the organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number 42-0942273 |
|--|--|

EXECUTIVE, ON A POSITION BY POSITION BASIS, TO THAT PROVIDED TO FUNCTIONALLY SIMILAR POSITIONS IN SIMILARLY SITUATED ORGANIZATIONS. THIS REVIEW IS CONDUCTED BY THE COMMITTEE WITH THE ASSISTANCE OF A NATIONAL, INDEPENDENT COMPENSATION CONSULTANT REPORTING DIRECTLY TO THE COMMITTEE. THE COMMITTEE HAS BEEN DELEGATED THE RESPONSIBILITY FOR OVERSIGHT OF EXECUTIVE COMPENSATION AND IS MADE UP ENTIRELY OF INDEPENDENT DIRECTORS WITHIN THE MEANING OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL INCOME TAX INTERMEDIATE SANCTIONS RULES. THE COMPENSATION CONSULTANT HOLDS ITSELF OUT TO THE PUBLIC AS A COMPENSATION CONSULTANT, PERFORMS THESE VALUATIONS ON A REGULAR BASIS, IS QUALIFIED TO MAKE THE VALUATIONS OF THE SERVICES INVOLVED, AND HAS SO INDICATED IN A WRITTEN CERTIFICATION TO THE COMMITTEE.

BASED UPON THE ADVICE OF THE COMPENSATION CONSULTANT, AND APPLYING THE BOARD'S COMPENSATION PHILOSOPHY, THE COMMITTEE ESTABLISHES THE OVERALL ADJUSTMENT IN COMPENSATION AND BENEFITS FOR THE TOP EXECUTIVES IN THE ENTIRE HEALTH SYSTEM (SEVERAL OF WHICH ARE EMPLOYEES OF THE FILING ORGANIZATION) AND DELEGATES TO THE CEO THE AUTHORITY TO MAKE ADJUSTMENTS, CONSISTENT WITH THE COMMITTEE'S DIRECTION, FOR THE OTHER EXECUTIVES. THE COMMITTEE DETERMINES ALL ASPECTS OF THE COMPENSATION AND BENEFITS OF THE CEO. THE COMMITTEE INTENTIONALLY TAKES ALL THE STEPS NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES, INCLUDING CONTEMPORANEOUS SUBSTANTIATION OF ALL COMMITTEE MEETINGS AND ACTIONS. THE ORGANIZATION BELIEVES IT IS IN FULL COMPLIANCE WITH SECTION 4958 OF THE IRC, PROVIDES NO MORE THAN REASONABLE AND FAIR MARKET VALUE COMPENSATION AND BENEFITS FOR ITS EMPLOYEES AND DOES NOT PROVIDE ANY EXCESS COMPENSATION OR BENEFITS AS PROHIBITED BY SECTION 4958.

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| Name of the organization EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES | Employer identification number 42-0942273 |
|--|---|

THE REVIEW OF COMPENSATION AND BENEFITS WAS LAST PERFORMED IN DECEMBER 2021 FOR THE FOLLOWING INDIVIDUALS: ERIC LOTHE

THE COMPENSATION AND BENEFITS OF THE OTHER PERSONS LISTED ON FORM 990, PART VII WAS ESTABLISHED BY AN INDEPENDENT PERSON/COMMITTEE USING AN INDEPENDENT COMPENSATION CONSULTANT AND/OR COMPENSATION SURVEY OR STUDY FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. COMPENSATION AND BENEFITS ARE BASED ON THE FAIR MARKET VALUE OF THE SERVICES PROVIDED TO THE ORGANIZATION.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST THROUGH THE IOWA HEALTH SYSTEM, OUR PARENT ORGANIZATION, LEGAL DEPARTMENT. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ON THE IOWA HEALTH SYSTEM WEBSITE, WWW.UNITYPOINT.ORG.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES** Employer identification number **42-0942273**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
| ABBE CENTER FOR COMMUNITY MENTAL HEALTH, INC. - 42-1045257, 740 N 15TH AVE., NO. A, HIAWATHA, IA 52233 | MENTAL HEALTH CARE | IOWA | 501(C)(3) | 509(A)(2) | ABBEHEALTH, INC. | | X |
| ABBEHEALTH, INC. - 42-1373123 740 N 15TH AVE., NO. A HIAWATHA, IA 52233 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE III | ST. LUKE'S HEALTHCARE | | X |
| AGING SERVICES, INC. - 23-7085316 740 N 15TH AVE., NO. A HIAWATHA, IA 52233 | SENIOR SERVICES | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | ABBEHEALTH, INC. | | X |
| ALLEN COLLEGE - 42-1351526 1825 LOGAN AVENUE WATERLOO, IA 50703 | EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS | IOWA | 501(C)(3) | 170(B)(1) (A)(II) | ALLEN HEALTH SYSTEMS, INC. | | X |

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

Schedule R (Form 990) 2021

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|--|--|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| ALLEN HEALTH SYSTEMS, INC. - 42-1201924 1825 LOGAN AVENUE WATERLOO, IA 50703 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE II | IOWA HEALTH SYSTEM | | X |
| ALLEN MEMORIAL HOSPITAL CORPORATION - 42-0698265, 1825 LOGAN AVENUE, WATERLOO, IA 50703 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | ALLEN HEALTH SYSTEMS, INC. | | X |
| ANAMOSA AREA AMBULANCE SERVICE - 42-1466284 101 GRANT WOOD DRIVE ANAMOSA, IA 52205 | PROVIDE AMBULANCE SERVICES | IOWA | 501(C)(3) | 509(A)(3), TYPE III | ST. LUKE'S/JONES REGIONAL MEDICAL CENTER | | X |
| BLACK HAWK-GRUNDY MENTAL HEALTH CENTER, INC. - 42-0733463, 3251 WEST NINTH STREET, WATERLOO, IA 50702 | MENTAL HEALTH CARE | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | ALLEN HEALTH SYSTEMS, INC. | | X |
| CENTER FOR ALCOHOL AND DRUG SERVICES, INC. - 42-1134273, 4869 FOREST GROVE DRIVE, BETTENDORF, IA 52722 | SUBSTANCE ABUSE SERVICES | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL | | X |
| CENTRAL IOWA HEALTH PROPERTIES CORPORATION - 42-1233759, 1200 PLEASANT STREET, DES MOINES, IA 50309 | PROPERTY HOLDING COMPANY | IOWA | 501(C)(2) | | CENTRAL IOWA HEALTH SYSTEM | | X |
| CENTRAL IOWA HEALTH SYSTEM - 42-1189791 1200 PLEASANT STREET DES MOINES, IA 50309 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE II | IOWA HEALTH SYSTEM | | X |
| CENTRAL IOWA HOSPITAL CORPORATION - 42-0680452, 1200 PLEASANT STREET, DES MOINES, IA 50309 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | CENTRAL IOWA HEALTH SYSTEM | | X |
| CHATHAM OAKS - 42-1302928 740 N 15TH AVE., NO. A HIAWATHA, IA 52233 | MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES | IOWA | 501(C)(3) | 509(A)(2) | ABBEHEALTH, INC. | | X |
| DES MOINES AREA MEDICAL EDUCATION CONSORTIUM, INC. - 42-1412497, 1415 WOODLAND AVE., SUITE 130, DES MOINES, IA 50309 | COORDINATION OF MEDICAL EDUCATION PROGRAMS | IOWA | 501(C)(3) | 509(A)(3), TYPE III | | | X |
| EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES - 42-0942273, 945 19TH STREET, DES MOINES, IA 50314 | MENTAL HEALTH CARE | IOWA | 501(C)(3) | 509(A)(2) | CENTRAL IOWA HEALTH SYSTEM | | X |
| FINLEY TRI-STATES HEALTH GROUP, INC. - 42-1307495, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE II | IOWA HEALTH SYSTEM | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| FRIENDS OF THE BLACK HAWK-GRUNDY MENTAL HEALTH CENTER - 42-1372380, 3820 HILLSIDE DRIVE, CEDAR FALLS, IA 50613 | CHARITABLE FUNDRAISING | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | ALLEN HEALTH SYSTEMS, INC. | | X |
| GRINNELL REGIONAL MEDICAL CENTER - 42-0933383, 210 FOURTH AVENUE, GRINNELL, IA 50112 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | CENTRAL IOWA HEALTH SYSTEM | | X |
| GRINNELL REGIONAL MEDICAL CENTER AUXILIARY - 23-7075505, 210 FOURTH AVENUE, GRINNELL, IA 50112 | CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES | IOWA | 501(C)(3) | 509(A)(3), TYPE I | GRINNELL REGIONAL MEDICAL CENTER | | X |
| GRINNELL REGIONAL MEDICAL CENTER FOUNDATION - 42-1454737, 210 FOURTH AVENUE, GRINNELL, IA 50112 | CHARITABLE FUNDRAISING | IOWA | 501(C)(3) | 509(A)(3), TYPE I | GRINNELL REGIONAL MEDICAL CENTER | | X |
| HULT CENTER FOR HEALTHY LIVING, INC. - 36-3510390, 5409 N KNOXVILLE AVE, PEORIA, IL 61614 | HEALTH EDUCATION TO THE COMMUNITY | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | PROCTOR HOSPITAL | | X |
| HUMAN SERVICE CENTER - 37-1004882 600 FAYETTE, PO BOX 1346 PEORIA, IL 61654 | MENTAL HEALTH CARE | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | UNITYPOINT HEALTH - UNITYPLACE | | X |
| IOWA HEALTH FOUNDATION - 42-1467682 1415 WOODLAND AVE., SUITE E-200 DES MOINES, IA 50309 | CHARITABLE FUNDRAISING | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | CENTRAL IOWA HEALTH SYSTEM | | X |
| IOWA HEALTH SYSTEM - 42-1435199 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE III | | | X |
| IOWA PHYSICIANS CLINIC MEDICAL FOUNDATION - 42-1411630, 1776 WEST LAKES PKWY, #400, WEST DES MOINES, IA 50266 | PRIMARY HEALTH CARE SERVICES | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | IOWA HEALTH SYSTEM | | X |
| MEMORIAL FOUNDATION OF ALLEN HOSPITAL - 42-1201138, 1825 LOGAN AVENUE, WATERLOO, IA 50703 | CHARITABLE FUNDRAISING | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | ALLEN HEALTH SYSTEMS, INC. | | X |
| MERITER FOUNDATION, INC. - 23-7098688 202 SOUTH PARK STREET MADISON, WI 53715 | CHARITABLE FUNDRAISING | WISCONSIN | 501(C)(3) | 170(B)(1) (A)(VI) | MERITER HEALTH SERVICES, INC. | | X |
| MERITER HEALTH SERVICES, INC. - 39-1412318 202 SOUTH PARK STREET MADISON, WI 53715 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | WISCONSIN | 501(C)(3) | 509(A)(3), TYPE III | IOWA HEALTH SYSTEM | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|--|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| MERITER HOSPITAL, INC. - 39-0806367 202 SOUTH PARK STREET MADISON, WI 53715 | HOSPITAL | WISCONSIN | 501(C)(3) | 170(B)(1) (A)(III) | MERITER HEALTH SERVICES, INC. | | X |
| METHODIST HEALTH SERVICES CORPORATION - 37-1111135, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | ILLINOIS | 501(C)(3) | 509(A)(3), TYPE III | IOWA HEALTH SYSTEM | | X |
| METHODIST MEDICAL CENTER FOUNDATION - 51-0186460, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636 | CHARITABLE FUNDRAISING | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | METHODIST HEALTH SERVICES CORPORATION | | X |
| METHODIST MEDICAL CENTER OF ILLINOIS - 37-0661223, 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636 | HOSPITAL | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(III) | METHODIST HEALTH SERVICES CORPORATION | | X |
| METHODIST SERVICES, INC. - 37-1111134 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 | OFFICE RENTAL | ILLINOIS | 501(C)(3) | 509(A)(2) | METHODIST HEALTH SERVICES CORPORATION | | X |
| NELLIE R. SHERWOOD TRUST - 42-6061621 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 | PAY MEDICAL BILLS OF RETIRED TEACHERS UNABLE TO PAY | IOWA | 501(C)(3) | 509(A)(3), TYPE I | ST. LUKE'S METHODIST HOSPITAL | | X |
| NORTH CENTRAL IOWA MENTAL HEALTH CENTER, INCORPORATED - 42-0937390, 720 KENYON DRIVE, FORT DODGE, IA 50501 | MENTAL HEALTH CARE | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | TRINITY HEALTH SYSTEMS, INC. | | X |
| NORTHWEST IOWA HOSPITAL CORPORATION - 42-1019872, 2720 STONE PARK BLVD., SIOUX CITY, IA 51104 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | ST. LUKE'S HEALTH SYSTEM, INC. | | X |
| PARK COURT LIMITED - 37-1178386 600 SOUTH 13TH STREET PEKIN, IL 61554 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | ILLINOIS | 501(C)(3) | 509(A)(3), TYPE II | METHODIST HEALTH SERVICES CORPORATION | | X |
| PEKIN MEMORIAL HOSPITAL - 37-0692351 600 SOUTH 13TH STREET PEKIN, IL 61554 | HOSPITAL | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(III) | METHODIST HEALTH SERVICES CORPORATION | | X |
| PENN CENTER, INC. - 42-1421803 740 N 15TH AVE., NO. A HIAWATHA, IA 52233 | RESIDENTIAL TREATMENT SERVICES FOR INDEPENDENT LIVING | IOWA | 501(C)(3) | 509(A)(2) | ABBEHEALTH, INC. | | X |
| PRAIRIE VIEW VILLAS NO. 1 - 26-1755679 1900 SPRING ROAD, STE 300 OAK BROOK, IL 60523 | MENTAL HEALTH AND/OR DISABILITY RESIDENTIAL TREATMENT SERVICES | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | TAZWOOD MENTAL HEALTH CENTER, INC. | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|---|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| PROCTOR HEALTH SYSTEMS - 36-4147437 5409 N KNOXVILLE AVE PEORIA, IL 61614 | PRIMARY HEALTH CARE SERVICES | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(III) | METHODIST HEALTH SERVICES CORPORATION | | X |
| PROCTOR HOSPITAL - 37-0681540 5409 N KNOXVILLE AVE PEORIA, IL 61614 | HOSPITAL | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(III) | METHODIST HEALTH SERVICES CORPORATION | | X |
| SELF INSURANCE TRUST AGREEMENT EST. BY METHODIST MEDICAL CENTER OF ILLINOIS , 221 NORTHEAST GLEN OAK AVENUE, PEORIA, IL 61636 | FUND SELF-INSURANCE PLAN | ILLINOIS | 501(C)(3) | 509(A)(3), TYPE I | METHODIST MEDICAL CENTER OF ILLINOIS | | X |
| SIouxLAND PACE, INC. - 26-1120134 1200 TRI VIEW AVE SIoux CITY, IA 51103 | ALL-INCLUSIVE CARE FOR THE ELDERLY | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | ST. LUKE'S HEALTH SYSTEM, INC. | | X |
| ST. LUKE'S HEALTH RESOURCES - 42-1059182 2720 STONE PARK BLVD. SIoux CITY, IA 51104 | OUTPATIENT CLINICS AND HEALTHCARE SERVICES | IOWA | 501(C)(3) | 509(A)(2) | ST. LUKE'S HEALTH SYSTEM, INC. | | X |
| ST. LUKE'S HEALTH SYSTEM, INC. - 42-1294091 2720 STONE PARK BLVD. SIoux CITY, IA 51104 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE III | IOWA HEALTH SYSTEM | | X |
| ST. LUKE'S HEALTHCARE - 42-1487968 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE II | IOWA HEALTH SYSTEM | | X |
| ST. LUKE'S METHODIST HOSPITAL - 42-0504780 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | ST. LUKE'S HEALTHCARE | | X |
| ST. LUKE'S/JONES REGIONAL MEDICAL CENTER - 42-1487967, 1795 HIGHWAY 64 EAST, ANAMOSA, IA 52205 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | ST. LUKE'S HEALTHCARE | | X |
| STL CARE COMPANY - 42-1276632 1026 A AVENUE NE CEDAR RAPIDS, IA 52402 | IMPROVE PUBLIC HEALTH SERVICES | IOWA | 501(C)(3) | 509(A)(2) | ST. LUKE'S HEALTHCARE | | X |
| TAZWOOD MENTAL HEALTH CENTER, INC. - 37-1278969, 3248 VANDEVER AVE, PEKIN, IL 61554 | MENTAL HEALTH CARE | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | UNITYPOINT HEALTH - UNITYPLACE | | X |
| THE DUBUQUE VISITING NURSE ASSOCIATION - 42-0680410, 350 NORTH GRANDVIEW AVENUE, DUBUQUE, IA 52001 | PUBLIC HEALTH SERVICES/HOME CARE | IOWA | 501(C)(3) | 509(A)(2) | FINLEY TRI-STATES HEALTH GROUP, INC. | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|---|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| THE FINLEY HOSPITAL - 42-0680354 350 NORTH GRANDVIEW AVENUE DUBUQUE, IA 52001 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | FINLEY TRI-STATES HEALTH GROUP, INC. | | X |
| THE ROBERT YOUNG CENTER FOR COMMUNITY MENTAL HEALTH - 36-3678909, 2701 17TH STREET, ROCK ISLAND, IL 61201 | MENTAL HEALTH CARE | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | TRINITY REGIONAL HEALTH SYSTEM | | X |
| TRIMARK PHYSICIANS GROUP - 45-3791448 802 KENYON ROAD FORT DODGE, IA 50501 | SUPPORT SERVICES FOR MEDICAL CARE AND HEALTH SERVICES | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | TRINITY HEALTH SYSTEMS, INC. | | X |
| TRINITY COLLEGE OF NURSING & HEALTH SCIENCES - 81-0994377, 2122 25TH AVE, ROCK ISLAND, IL 61201 | EDUCATE AND DEVELOP HEALTHCARE PROFESSIONALS | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(II) | TRINITY MEDICAL CENTER | | X |
| TRINITY HEALTH FOUNDATION - 42-1222381 802 KENYON ROAD FORT DODGE, IA 50501 | CHARITABLE FUNDRAISING | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | TRINITY HEALTH SYSTEMS, INC. | | X |
| TRINITY HEALTH FOUNDATION - 36-3321751 2701 17TH STREET ROCK ISLAND, IL 61201 | CHARITABLE FUNDRAISING | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(VI) | TRINITY REGIONAL HEALTH SYSTEM | | X |
| TRINITY HEALTH SYSTEMS, INC. - 42-1222877 802 KENYON ROAD FORT DODGE, IA 50501 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE II | IOWA HEALTH SYSTEM | | X |
| TRINITY MEDICAL CENTER - 36-2739299 2701 17TH STREET ROCK ISLAND, IL 61201 | HOSPITAL | ILLINOIS | 501(C)(3) | 170(B)(1) (A)(III) | TRINITY REGIONAL HEALTH SYSTEM | | X |
| TRINITY REGIONAL HEALTH SYSTEM - 36-3351952 2701 17TH STREET ROCK ISLAND, IL 61201 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | ILLINOIS | 501(C)(3) | 509(A)(3), TYPE II | IOWA HEALTH SYSTEM | | X |
| TRINITY REGIONAL HOSPITAL AUXILIARY - 42-6081474, 802 KENYON ROAD, FORT DODGE, IA 50501 | CHARITABLE FUNDRAISING AND VOLUNTEER SERVICES | IOWA | 501(C)(3) | 509(A)(2) | TRINITY REGIONAL MEDICAL CENTER | | X |
| TRINITY REGIONAL MEDICAL CENTER - 42-1009175 802 KENYON ROAD FORT DODGE, IA 50501 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | TRINITY HEALTH SYSTEMS, INC. | | X |
| UNITY HEALTHCARE - 42-0680337 1518 MULBERRY AVENUE MUSCATINE, IA 52761 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | TRINITY REGIONAL HEALTH SYSTEM | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 organization? | |
|---|--|---|-------------------------------|---|---|--|----|
| | | | | | | Yes | No |
| UNITY HEALTHCARE FOUNDATION - 42-1525031 1518 MULBERRY AVENUE MUSCATINE, IA 52761 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | IOWA | 501(C)(3) | 509(A)(3), TYPE I | UNITY HEALTHCARE | | X |
| UNITYPOINT HEALTH - MARSHALLTOWN - 81-5034179, 1825 LOGAN AVENUE, WATERLOO, IA 50703 | HOSPITAL | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | ALLEN HEALTH SYSTEMS, INC. | | X |
| UNITYPOINT HEALTH - MARSHALLTOWN FOUNDATION - 42-1388518, 3 SOUTH 4TH AVE, MARSHALLTOWN, IA 50158 | CHARITABLE FUNDRAISING | IOWA | 501(C)(3) | 170(B)(1) (A)(VI) | ALLEN HEALTH SYSTEMS, INC. | | X |
| UNITYPOINT HEALTH - UNITYPLACE - 83-4051901 221 NORTHEAST GLEN OAK AVENUE PEORIA, IL 61636 | SUPPORT AFFILIATES' MISSION TO IMPROVE HEALTH CARE | ILLINOIS | 501(C)(3) | 509(A)(3), TYPE II | METHODIST HEALTH SERVICES CORPORATION | | X |
| UNITYPOINT AT HOME - 42-1477471 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266 | HOME HEALTH CARE | IOWA | 501(C)(3) | 509(A)(2) | IOWA HEALTH SYSTEM | | X |
| UNITYPOINT HEALTH AT WORK - 81-0872241 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266 | EMPLOYER ONSITE MEDICAL SERVICES AND OCCUPATIONAL MEDICINE | IOWA | 501(C)(3) | 170(B)(1) (A)(III) | IOWA HEALTH SYSTEM | | X |
| WISCONSIN DIALYSIS, INC. - 30-0072647 3034 FISH HATCHERY ROAD MADISON, WI 53713 | OUTPATIENT KIDNEY DIALYSIS | WISCONSIN | 501(C)(3) | 509(A)(3), TYPE III | | | X |
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EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| ADVANCED IMAGING CENTER, LLC - 36-4356301, 615 VALLEY VIEW DRIVE, MOLINE, IL 61265 | DIAGNOSTIC RADIOLOGY CENTER | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| ANKENY MEDICAL PARK SURGERY CENTER, L.C. - 83-1281114, 3625 NORTH ANKENY BLVD., STE. J, ANKENY, IA 50021 | AMBULATORY SURGERY CENTER | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| CENTRAL IOWA CARDIOVASCULAR CO-MANAGEMENT CO., L.L.C. - 27-3625869, 1200 PLEASANT ST, DES MOINES, IA 50309 | CARDIOVASCULAR MANAGEMENT & ADMINISTRATIVE SERVICES | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| CENTRAL IOWA ONCOLOGY CO-MANAGEMENT COMPANY - 45-3017991, 1200 PLEASANT STREET, DES MOINES, IA 50309 | ONCOLOGY MANAGEMENT & ADMINISTRATIVE SERVICES | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| ABBE MANAGEMENT CORPORATION - 42-1361755 740 N 15TH AVE., NO. A HIAWATHA, IA 52233 | MANAGEMENT SERVICES | IA | N/A | C CORP | N/A | N/A | N/A | | X |
| BELCREST SERVICES LTD - 37-1196307 5409 N KNOXVILLE AVE PEORIA, IL 61614 | MEDICAL SERVICES | IL | N/A | C CORP | N/A | N/A | N/A | | X |
| BROADBAND, INC. - 27-3819741 1776 WEST LAKES PKWY. #400 WEST DES MOINES, IA 50266 | INFORMATION TECHNOLOGY MGMT. | IA | N/A | C CORP | N/A | N/A | N/A | | X |
| DELHI POINT CONDO ASSOCIATION - 42-1467002 350 N. GRANDVIEW DUBUQUE, IA 52001 | REAL ESTATE MANAGEMENT | IA | N/A | C CORP | N/A | N/A | N/A | | X |
| HCP CORPORATION - 39-1177562 202 SOUTH PARK STREET MADISON, WI 53715 | REAL ESTATE RENTAL | WI | N/A | C CORP | N/A | N/A | N/A | | X |

**EYERLY-BALL COMMUNITY MENTAL HEALTH
SERVICES**

Schedule R (Form 990)

42-0942273

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|--|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| CENTRAL IOWA PHYSIO, LLC - 36-4799633, 4714 GETTYSBURG ROAD, MECHANICSBURG, PA 17055 | PHYSICAL THERAPY SERVICES | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| CENTRAL IOWA SURGICAL SERVICES CO-MANAGEMENT CO., L.L.C. - 47-1608704, 1200 PLEASANT ST, DES MOINES, IA | SURGICAL MANAGEMENT & ADMINISTRATIVE SERVICES | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| DUBUQUE ENDOSCOPY CENTER, L.C. - 20-1597161, 1515 DELHI STREET, SUITE 500, DUBUQUE, IA 52001 | AMBULATORY SURGERY CENTER | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| EASTERN IOWA SLEEP SUPPLY, LLC - 85-1990451, 275 10TH STREET SE, STE 1130-B, CEDAR RAPIDS, IA 52403 | MEDICAL EQUIPMENT RETAIL SALES | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| HEALTH CARE AFFILIATES OF THE TRI-STATES, L.L.C. - 42-1428503, 350 N. GRANDVIEW AVE, DUBUQUE, IA 52001 | PROVIDE ACCESS TO LICENSED SOFTWARE | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| IOWA DIAGNOSTIC IMAGING AND PROCEDURE CENTER, L.C. - 03-0482623, 1200 PLEASANT STREET, DES MOINES, IA 50309 | OUTPATIENT DIAGNOSTIC IMAGING | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| IOWA HEALTH SYSTEM CONTRACTING SERVICES LC - 42-1511142, 1776 WEST LAKES PKWY, #400, WEST DES MOINES, | GROUP PURCHASING | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| LAKEVIEW SURGERY CENTER, L.C. - 42-1516120, 1200 PLEASANT STREET, DES MOINES, IA 50309 | SURGERY CENTER | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| MIDWEST ORTHOPAEDIC HOSPITAL AT UNITYPOINT HEALTH-PROCTOR, LLC - 84-3733879, 5409 N. KNOXVILLE AVE, PEORIA, IL | OUTPATIENT ORTHOPEDIC SERVICE LINE MANAGEMENT | IL | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| MR ASSOCIATES, LLP - 42-1260463, 1956 1ST AVENUE NE, CEDAR RAPIDS, IA 52402 | OWN AND OPERATE MR UNIT | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| ORTHOPAEDIC OUTPATIENT SURGERY CENTER, L.C. - 42-1508092, 1200 PLEASANT STREET, DES MOINES, IA 50309 | AMBULATORY SURGERY CENTER | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| REHABILITATION THERAPY SERVICES, L.L.C. - 81-0584193, 416 ST. MARK'S CT, #110, PEORIA, IL 61603 | REHABILITATION THERAPY | IL | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| THE OUTPATIENT SURGERY CENTER OF CEDAR RAPIDS, L.L.C. - 72-1550812, 1075 FIRST AVENUE SE, CEDAR RAPIDS, IA 52403 | AMBULATORY SURGERY CENTER. | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| UNITED MEDICAL PARK ASC, LLC D/B/A THE SURGERY CENTER AT UNITED MEDICAL PARK, 1825 LOGAN AVE, WATERLOO, IA | AMBULATORY SURGERY CENTER | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| UPHT-SCA HOLDINGS, LLC - 47-3564984, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209 | AMBULATORY SURGERY CENTER INVESTMENT | DE | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| WEST HOSPITAL ORTHOPEDIC CO-MANAGEMENT COMPANY, LLC - 27-1414600, 1660 60TH STREET, WEST DES MOINES, IA 50266 | ORTHOPEDIC SERVICE LINES MANAGEMENT | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
| WEST LAKES SLEEP CENTER, LLC - 26-3193923, 5950 UNIVERSITY AVENUE SUITE 2, WEST DES MOINES, IA 50266 | SLEEP DISORDER DIAGNOSTIC TESTING FACILITY | IA | N/A | N/A | N/A | N/A | | X | N/A | X | | N/A |
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EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

Schedule R (Form 990)

42-0942273

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| HANSEN CHARITABLE REMAINDER ANNUITY TRUST - 39-6770806, 210 FOURTH AVENUE, GRINNELL, IA 50112 | INVESTMENT | IA | N/A | TRUST | N/A | N/A | N/A | | X |
| HANSEN CHARITABLE REMAINDER UNITRUST - 39-6770807, 210 FOURTH AVENUE, GRINNELL, IA 50112 | INVESTMENT | IA | N/A | TRUST | N/A | N/A | N/A | | X |
| HEALTH ADVANTAGE PLUS, INC. - 42-1436490 210 4TH AVENUE GRINNELL, IA 50112 | PHYSICAL THERAPY | IA | N/A | C CORP | N/A | N/A | N/A | | X |
| HEALTH PLUS INC - 37-1295532 5409 N KNOXVILLE AVE PEORIA, IL 61614 | MANAGED CARE ADMINISTRATION | IL | N/A | C CORP | N/A | N/A | N/A | | X |
| HNC SERVICES - 27-0987243 1776 WEST LAKES PKWY, #400 WEST DES MOINES, IA 50266 | FIBER OPTIC NETWORK SERVICES | IA | N/A | C CORP | N/A | N/A | N/A | | X |
| HOME HEALTH PLUS SERVICES, INC. - 36-4053068 P.O. BOX 87 PEORIA, IL 61650 | HOME HEALTH SERVICES | IL | N/A | C CORP | N/A | N/A | N/A | | X |
| MARIGOLD CITY LAND TRUST NO. ONE - 27-2750273, 2956 COURT STREET, PEKIN, IL 61554 | PROPERTY MANAGEMENT | IL | N/A | TRUST | N/A | N/A | N/A | | X |
| MEDIMORE, INC. - 42-1414390 1776 WEST LAKES PKWY. #400 WEST DES MOINES, IA 50266 | MANAGED CARE | IA | N/A | C CORP | N/A | N/A | N/A | | X |
| MERITER HEALTH ENTERPRISES, INC. - 39-1293620, 202 SOUTH PARK STREET, MADISON, WI 53715 | MANAGEMENT SERVICES | WI | N/A | C CORP | N/A | N/A | N/A | | X |
| MERITER MANAGEMENT SERVICES, INC. - 39-1458235, 202 SOUTH PARK STREET, MADISON, WI 53715 | ADMINISTRATIVE SERVICES | WI | N/A | C CORP | N/A | N/A | N/A | | X |
| METHODIST HEALTH VENTURES, INC. & SUB - 37-1140939, P.O. BOX 87, PEORIA, IL 61650 | PHARMACY/OFFICE STAFFING | IL | N/A | C CORP | N/A | N/A | N/A | | X |
| OPTIMUM HEALTH SOLUTIONS, INC. - 20-5430137 221 NORTHEAST GLEN OAK AVE PEORIA, IL 61636 | HEALTH & WELLNESS CONSULTING | IA | N/A | C CORP | N/A | N/A | N/A | | X |

EYERLY-BALL COMMUNITY MENTAL HEALTH SERVICES

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

SCHEDULE R, PARTS I - IV:

IOWA HEALTH SYSTEM AND SUBSIDIARIES (D/B/A UNITYPOINT HEALTH)

THIS ENTITY IS PART OF IOWA HEALTH SYSTEM (D/B/A UNITYPOINT HEALTH). AS THE NATION'S 13TH LARGEST NONPROFIT HEALTH SYSTEM, UNITYPOINT HEALTH PROVIDES PROGRESSIVE AND HIGH QUALITY SERVICES ACROSS ITS 9 REGIONS WHICH SPAN IOWA, WESTERN ILLINOIS AND SOUTHERN WISCONSIN. THIS REGIONAL CARE MODEL HAS BEEN SUCCESSFUL IN ACHIEVING STANDARDIZED LEVELS OF PERFORMANCE AND KEEPING CARE LOCAL. WITH \$4.9B IN TOTAL OPERATING REVENUE, UNITYPOINT HEALTH EMPLOYS APPROXIMATELY 33,000 TEAM MEMBERS AND OPERATES 20 REGIONAL HOSPITALS, 19 COMMUNITY NETWORK HOSPITALS AND OVER 435 CLINICS. AS A KEY COMPONENT OF UNITYPOINT HEALTH, UNITYPOINT CLINIC IS A 1,180 PROVIDER MULTISPECIALTY GROUP THAT IS BUILT ON THE FOUNDATION OF CARE DELIVERY, INNOVATION AND EXPERIENCE. REPRESENTED BY OVER 40 SPECIALTIES, UPC IS A FORWARD-THINKING DELIVERY PROVIDER AND IS ON THE LEADING EDGE OF CARE DELIVERY WITH ITS TELEHEALTH, AMBULATORY AND URGENT CARE PROGRAMS. THE DIVERSIFIED HEALTH SYSTEM ALSO INCLUDES UNITYPOINT ACCOUNTABLE CARE, UNITYPOINT HEALTH COLLEGES, UNITYPOINT AT HOME AND EXTENDS HEALTH COVERAGE THROUGH THE HEALTHPARTNERS UNITYPOINT INSURANCE PLAN.