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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 05-01-2009 and ending 04-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COLUMBUS COMMUNITY HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 1800

City or town, state or country, and ZIP + 4
COLUMBUS, NE 68602

D Employer identification number
47-0542043

E Telephone number
(402) 562-3357

G Gross receipts $ 65,520,937

F Name and address of principal officer
J Joseph Barbaglia
4600 38th Street
Columbus, NE 68601

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www columbushosp org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1972 | **M** State of legal domicile NE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	602
6	Total number of volunteers (estimate if necessary)	6	279
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	26,285
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-35,627

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	202,334	126,881
9	Program service revenue (Part VIII, line 2g)	59,312,457	62,997,230
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,509,235	1,901,096
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	649,690	495,730
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	62,673,716	65,520,937
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,852,201	10,958,670
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)	26,133,800	27,775,081
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–24f)	25,557,520	24,951,419
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,543,521	63,685,170
19	Revenue less expenses Subtract line 18 from line 12	130,195	1,835,767

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	95,513,868	95,225,903
21	Total liabilities (Part X, line 26)	32,643,294	31,164,870
22	Net assets or fund balances Subtract line 21 from line 20	62,870,574	64,061,033

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

****** | 2010-09-02
Signature of officer | Date

J JOSEPH BARBAGLIA CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ LORRAINE A EGGER	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP Two Central Park Plaza Suite 1501 Omaha, NE 681021626			EIN ▶ Phone no ▶ (402) 348-1450

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

OUR MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 61,317,624 including grants of $ 10,194,065) (Revenue $ 63,242,176)

General Hospital and Health Care Columbus Community Hospital ("CCH") is a 47 bed acute care Hospital which currently employs over 600 people It is a significant, positive economic force for Columbus and the area, returning dollars into the economy through local purchases by the organization, and salaries that return to the community It is also a needed asset for the local communities where patients can obtain quality healthcare without the need to drive over 50 miles for care In providing the care necessary for local communities, CCH has a variety of services Following is a brief summary of some of the areas of service provided by CCH -The main focus is acute care services For patients needing an extended recovery and who may not have adequate help at home, the beds at CCH are also certified as swing beds -To assist our non-English speaking patients, CCH uses competent, dedicated medical interpreters as a liaison between the care providers and the patient Since this is the interpreters' full time job at the Hospital, they are available when needed -To make the patient's stay successful and comfortable, CCH offers medical surgical, OB, and orthopedic services along with a variety of complimentary ancillary services -CCH offers rehabilitative services such as physical therapy, speech therapy, and occupational therapy for adults Pediatric physical therapy, speech therapy, and occupational therapy are offered at our off-site location, Wiggles & Giggles Therapy for Kids -Nurses in the Same Day Services Department prepare patients for surgery and if going home the same day, care for them after surgery The department oversees several outpatient procedures, including seventy to ninety endoscopy procedures each month -CCH offers some of the most advanced imaging services including MRI, CT, Digital Mammography, Ultrasound, etc Radiologists on campus and available 24-7 to read the various scans The dictation used by the radiologists is voice recognized and becomes part of the digital image All images are digital, meaning there are no films -CCH has an up to date Laboratory which performs over 10,500 tests on average per month, for both inpatients and outpatients -CCH has highly trained, employed emergency physicians and nurses in their Emergency Department and offers 24-7 care The Department includes support from qualified staff in respiratory care, social work, laboratory and diagnostic imaging The ED was designated as a Level III Trauma Center in May, 2006 The Medical Staff and personnel in the Trauma Center have received specialized training to resuscitate and stabilize trauma patients -CCH opened wound care services in August of 2008 with three patients The identified service area includes a 45-mile radius around Columbus By January, 2009 a second day was added to support the demand This service has taken off far beyond what was expected Previously, patients seeking this specialized treatment were required to travel on average 75 miles to see a wound clinic specialist It was a much needed service for the local communities -Centering on services outside the Hospital, the larger services are Home Health and Hospice services Home Health is skilled health services for patients at their place of residence The program is medically directed, therefore, it must be ordered by the attending physician The program is Medicare and Medicaid certified and meets the requirements of the Joint Commission Services provided within the program are A) Supervision and administration of medications B) Intravenous therapy C) Teaching diabetic management D) Nutritional assessments E) Home Health Aides F) Personal Care services G) Occupational, Speech and Physical Therapies Hospice services are provided to persons who are no longer receiving curative treatment and whose life expectancy is six months or less Care is provided by an interdisciplinary team which consists of the physician, nurse, social worker, therapist, home health aide, spiritual advisor, volunteer and other health professionals -Our local Healthy Family Nebraska Program (HFN) targets young, primarily single, pregnant mothers and their families Our voluntary HFN home visitation program targets the most vulnerable young women and their families by offering them, intense, in home education, support and resources The HFN requires each mother/family to actively participate in building an individualized family plan This strength based approach promotes self-improvement, and enhances self-esteem and independence for our young parents that will help them make better decisions, and break out of destructive cycles -CCH's Sleep Lab offers complete polysomnographic sleep testing for the purpose of diagnosing obstructive/central sleep apnea by trained and licensed sleep technicians -Occupational Health Services (OHS) offers a menu of health care services designed to prevent and treat injuries in the workplace Partnering with employers in more than 500 companies and with other health care professionals, OHS provides a comprehensive health and safety program specific to the needs of each business A comprehensive testing procedure called the Physical Capacity Profile matches employees to the job and is designed to accommodate individuals with handicaps The PCP system was developed by an orthopedic physician Through use of this testing, musculoskeletal imbalances are detected which helps employers place employees in the appropriate job to minimize the potential of injury -Lifeline provides the vital safety net that many people need to continue living at home in familiar and comforting surroundings The program is completely focused on ensuring the patient's independence, safety and well-being It operates with a bracelet worn by the patient with a button that can be pressed if help is needed This gives security to the patient and comfort to the patient's relatives -Meals on Wheels are prepared by the Nutrition Services Department and are delivered by community volunteers Seniors and physically handicapped adults qualify for the program Special diets can also be accommodated Financial assistance is available through the Nebraska Department of Social Services -The Hospital participates in and has hosted county wide pandemic drills CCH feels we are well prepared to handle a pandemic should one arise

4b (Code) (Expenses $ 764,605 including grants of $ 764,605) (Revenue $ 0)

Charity Care CCH offers a Charity/Financial Aid Program to provide uncompensated services to people who are unable to pay CCH Charity/Financial Aid Policy reflects the mission, vision and values of CCH It is intended to assist low-income, underinsured, and uninsured individuals whose financial status, under the hospital's qualification criteria, makes it impractical or impossible to pay for necessary medical services CCH has a fiduciary responsibility to seek payment for services from those who can pay, and every effort will be made to apply consistent, fair and equitable financial aid practices in a manner consistent with all applicable federal and state laws and regulations CCH follows the Federal Poverty Guidelines (FPG) to determine both eligibility for free care, 100% of FPG, and discounted care, 200% FPG CCH also offers catastrophic charity assistance If the applicant qualifies for partial Charity/Financial Assistance and the total balance after all write-off's is $1,200 or greater, an additional write-off will be done as outlined below $1,200 - $5,000 Reduce to $1,200 adjustments will be done from oldest to newest $5,001 - $10,000 Reduce to $1,400 >$10,001 Reduce to $1,800

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 62,082,229

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No)	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	31		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
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	602		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
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			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a			No
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			No
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			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	11		
b	Enter the number of voting members that are independent	1b	11		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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 in Schedule O		9	Yes	

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MIKE ADAMY
4600 38TH STREET
COLUMBUS, NE 68601
(402) 562-3382

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

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 Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,881,230	0	130,445

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 17

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
AMERISOURCE BERGEN 22103 NETWORK PLACE CHICAGO, IL 606731221	PHARMACEUTICALS	1,617,584
SHARED SERVICE SYSTEMS 1725 SOUTH 20 STREET OMAHA, NE 681083889	MEDICAL SUPPLY	1,381,945
MCKESSON PO BOX 98347 CHICAGO, IL 606938347	MEDICAL SUPPLY	1,032,695
STRYKER ORTHOPAEDICS PO BOX 93213 CHICAGO, IL 606733213	MEDICAL EQUIPMENT	982,170
BIOMET INC 75 REMITTANCE DRIVE SUITE 3283 CHICAGO, IL 606753283	MEDICAL EQUIPMENT	713,221
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 32		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	126,881			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		126,881			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REVENUE	621,110	62,997,230	62,997,230		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		62,997,230			
	3	Investment income (including dividends, interest and other similar amounts)		1,895,371			1,895,371
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		5,725			
	b	Less cost or other basis and sales expenses		0			
	c	Gain or (loss)		5,725			
	d	Net gain or (loss)		5,725			5,725
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	900,099	271,231	244,946	26,285	
	b	CAFETERIA	722,100	224,499			224,499
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		495,730			
	12	**Total revenue.** See Instructions		65,520,937	63,242,176	26,285	2,125,595

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	10,194,065	10,194,065		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	764,605	764,605		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	529,554		529,554	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	22,129,587	22,129,587		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	724,667	724,667		
9 Other employee benefits	2,764,788	2,764,788		
10 Payroll taxes	1,626,485	1,626,485		
11 Fees for services (non-employees)				
a Management	190,080		190,080	
b Legal	99,860		99,860	
c Accounting	127,032		127,032	
d Lobbying	5,126		5,126	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	3,046,997	3,046,997		
12 Advertising and promotion	114,440		114,440	
13 Office expenses	7,613,641	7,376,017	237,624	
14 Information technology	733,676	733,676		
15 Royalties	0			
16 Occupancy	963,665	963,665		
17 Travel	163,351		163,351	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	135,874		135,874	
20 Interest	1,577,520	1,577,520		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,424,773	4,424,773		
23 Insurance	347,449	347,449		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROVISION FOR BAD DEBTS	2,963,259	2,963,259		
b PURCHASED SERVICES	897,299	897,299		
c MINOR EQUIPMENT	453,938	453,938		
d COLLECTION FEES	378,574	378,574		
e RECRUITING	338,161	338,161		
f All other expenses	376,704	376,704		
25 **Total functional expenses.** Add lines 1 through 24f	63,685,170	62,082,229	1,602,941	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,883,521	1	2,153,622
	2	Savings and temporary cash investments		3,678,495	2	3,692,157
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		6,149,068	4	7,672,436
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		349,784	7	210,007
	8	Inventories for sale or use		824,384	8	799,428
	9	Prepaid expenses and deferred charges		791,201	9	1,075,539
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 63,531,057			
	b	Less accumulated depreciation	10b 36,101,168	29,004,697	10c	27,429,889
	11	Investments—publicly traded securities		50,301,829	11	51,156,258
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,530,889	15	1,036,567
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		95,513,868	16	95,225,903
Liabilities	17	Accounts payable and accrued expenses		5,903,294	17	5,049,890
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		26,740,000	20	26,114,980
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		32,643,294	26	31,164,870
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		62,870,574	27	64,061,033
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		62,870,574	33	64,061,033
	34	Total liabilities and net assets/fund balances		95,513,868	34	95,225,903

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
COLUMBUS COMMUNITY HOSPITAL INC	47-0542043

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		5,126
j	Total lines 1c through 1i			5,126
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
OTHER ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I	DUES PAID TO AMERICAN HOSPITAL ASSOCIATION ALLOCATED TO LOBBYING $3,160 DUES PAID TO NEBRASKA HOSPITAL ASSOCIATION ALLOCATED TO LOBBYING $1,966

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	1,426,826				
b	Contributions	79,844				
c	Investment earnings or losses	-10				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,506,660				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		587,930		587,930
b Buildings		30,090,486	13,066,273	17,024,213
c Leasehold improvements				
d Equipment		29,450,514	21,919,441	7,531,073
e Other		3,402,127	1,115,454	2,286,673
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				27,429,889

Part VII Investments—Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	0

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
FIN 48 FOOTNOTE	SCHEDULE D, PART X	The Hospital adopted Financial Accounting Standards Board (FASB) Interpretation No 48, Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 (FIN 48) FIN 48 provides specific guidance on how to address uncertainty in accounting for income tax assets and liabilities, prescribing recognition thresholds and measurement attributes The adoption of FIN 48 by Columbus Community Hospital did not have a material impact on the Hospital's financial position, results of operations, or cash flows
SCHEDULE D	PART V, LINE 4	ENDOWMENT FUNDS ARE HELD AND MAINTAINED BY COLUMBUS COMMUNITY HOSPITAL FOUNDATION THE ENDOWMENT FUNDS EXIST IN SUPPORT OF IMPROVED HEALTH SERVICES BY COLUMBUS COMMUNITY HOSPITAL

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			433,303		433,303	0 710 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			4,030,555	2,700,251	1,330,304	2 190 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			9,000	9,000		
d **Total** Charity Care and Means-Tested Government Programs			4,472,858	2,709,251	1,763,607	2 900 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			327,704		327,704	0 540 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			80,935	64,109	16,826	0 030 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			132,050		132,050	0 220 %
j **Total** Other Benefits			540,689	64,109	476,580	0 790 %
k **Total.** Add lines 7d and 7j			5,013,547	2,773,360	2,240,187	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,710,139		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	19,097,371		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	20,147,548		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,050,177		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Occupational Health Services of CCH 3005-18th St Ste 300 COLUMBUS, NE 686014252									EMP HEALTH CARE SVCS TO PREVENT & TREAT WORK INJURIES
Humphrey Clinic of CCH 3003 MAIN STREET HUMPHREY, NE 686423155									CLINIC IN SMALL TOWN TO OFFER MEDICAL SVCS TO RESIDENTS
Home Health of Columbus Community Hosp 3005-19th St Ste 600 COLUMBUS, NE 686014248									HOME HEALTH SERVICES
Hospice of Columbus Community Hospital 3005-19th St Ste 600 COLUMBUS, NE 686014248									HOSPICE SERVICES
Wiggles & Giggles Therapy for Kids 2108-13th Street COLUMBUS, NE 686015100									PEDIATRIC THERAPY SERVICES
Premier Physical Therapy of CCH US 30 CTR BLDG 3100-2RD STREET ST COLUMBUS, NE 686013161									PHYS & AQUATIC THERAPY, SPORTS TRAINING & SVCS
Columbus Community Hospital Sleep Lab 3020-18th Street Suite 14 COLUMBUS, NE 686014254									Polysomnographic SLEEP TESTING
Columbus Community Hospital Inc 4600-38th Street Columbus, NE 686011800	X	X					X		47 BED ACUTE CARE HOSPITAL W/ 24 HOUR ER SERVICES

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

N/A

The Hospital prepares its own community benefit report This report is printed in the local newspaper and is also listed on the Hospital's website for anyone to see

The Hospital did include costs, net of its revenue, from its Humphrey Clinic as a subsidized health service Revenue reported for the clinic was $64,109 and costs were $80,935 leaving a revenue shortfall of $16,826

Bad Debt included in functional expense Total Part IX line 25, $2,963,259, is not included in the Total Operating Expense $60,721,911 used to calculate the Table 7 percentages

The Hospital used the series of worksheets offered in the instructions for Schedule H in determining the charity care and other community benefits cost The ratio of patient care cost to charges on worksheet 2, Ratio of Patient Care Cost-to-Charges, was used to calculate the amounts on the table on line 7

Financial statements do not include any text for bad debt The amount in Line 2 was based on the bad debt charges multiplied by the ratio of patient care cost to charge from worksheet 2, Line 11 Charity care is kept separate from bad debt

In accordance with 42 CFR 413 24, Columbus Community Hospital uses the "Step-down Method" as its costing methodology Departments within a provider are usually divided into two types 1) Those that produce patient care revenue (e g , routine services, radiology), and 2) Those that do not directly generate patient care revenue but are utilized as a service by other departments (e g , laundry and linen, dietary) The two types of departments are commonly referred to as "revenue-producing cost centers" and "nonrevenue-producing cost centers," respectively Although nonrevenue-producing cost centers do not directly produce patient care revenue, they contribute indirectly to patient care revenue generated by "serving" as a service to the revenue-producing centers and also to other nonrevenue-producing centers Therefore, for the purpose of proper matching of revenue and expenses, the cost of the revenue-producing centers should include both its direct expenses and its proportionate share of the costs of each nonrevenue-producing center (indirect costs) based on the amount of services received The process of allocating the cost of a particular nonrevenue-producing center to other nonrevenue-producing centers and revenue-producing centers is performed by utilizing a set of statistics (e g , pounds of laundry for allocating "laundry and linen" costs, square feet for allocating "depreciation building" costs) Every nonrevenue-producing cost center has the potential of being allocated to every other nonrevenue-producing cost center in addition to the revenue-producing cost centers This precludes a simple allocation of the direct expense of the nonrevenue-producing cost center because the indirect costs derived from allocation of other nonrevenue-producing cost centers must be computed in determining the "full cost" (direct and indirect costs) of the nonrevenue-producing cost center being allocated The "Step-down Method" recognizes that services furnished by certain nonrevenue-producing departments are utilized by certain other nonrevenue-producing centers as well as by the revenue-producing centers All costs of nonrevenue-producing centers are allocated to all centers that they serve, regardless of whether or not these centers produce revenue The cost of the nonrevenue-producing center serving the greatest number of other centers, while receiving benefits from the least number of centers, is apportioned first Following the apportionment of the cost of the nonrevenue-producing center, that center will be considered "closed" and no further costs are apportioned to that center This applies even though it may have received some service from a center whose cost is apportioned later Generally, if two centers furnish services to an equal number of centers while receiving benefits from an equal number, that center which has the greatest amount of expense should be allocated first

CHARITY (FINANCIAL AID) PROGRAM POLICY/PROCEDURE Columbus Community Hospital (CCH) offers a Charity/Financial Aid Program to provide uncompensated services to people who are unable to pay CCH Charity/Financial Aid Policy reflects the mission, vision and values of CCH It is intended to assist low-income, underinsured, and uninsured individuals whose financial status, under the hospital's qualification criteria, makes it impractical or impossible to pay for necessary medical services CCH has a fiduciary responsibility to seek payment for services from those who can pay, and every effort will be made to apply consistent, fair and equitable financial aid practices in a manner consistent with all applicable federal and state laws and regulations 1 Charity Policy a Our Charity/Financial Aid Policy does not eliminate the personal responsibility and financial discounts are always secondary to other government-sponsored programs However, CCH is committed to serve those without the means to pay and work with Good Neighbor Community Health Center and Medicaid services 2 Health Insurance a If a patient or guarantor has access to employer-based or government-sponsored health insurance, yet elected not to enroll or failed to maintain eligibility, they may be considered on a one-time basis However, they will be expected to obtain coverage at the next eligible period or they may be excluded from financial assistance provided by CCH b If patient or guarantor has a Medical Savings Account, this needs to be expended before they are eligible for assistance c "Presumptive" financial assistance may be taken into consideration when a patient has expired and there is no estate An incomplete financial assistance form may be on file because documentation was lacking that would support the provision of financial aid In this case i A family member is contacted to insure no estate exits ii Family member may be asked to sign and date a statement to the effect that no estate exits iii The county in which the deceased patient resided is contacted to verify that no estate exits d CCH's Charity/Financial Aid is not a substitute for employer-sponsored, public or individually-purchased insurance, nor is CCH's financial aid policy a substitute for the responsibility of government and employers to expand access to health care coverage for all persons 3 Accounts with a Balance a Charity/Financial Aid may apply to balances due from insured patients for deductibles, co-payments, or co-insurance, or other types of patient payment responsibility 4 Receiving an application a CCH is diligent in its efforts to determine, at the earliest point in time, the patient's ability to pay Information on Charity/Financial Assistance is available in key areas of the hospital on how to apply or obtain further information i Hospital staff members who work closely with patients are educated on how to communicate financial aid availability and how to direct patients to staff responsible for the financial aid application process ii Staff members are trained to treat financial aid applicants with courtesy, confidentiality, and cultural sensitivity iii These principles and guidelines are for those patients who truly cannot afford health care services b Any person requesting financial aid information will be directed to the Patient Accounts or Social Services Departments An application for the Charity/Financial Aid Program needs to be completed before an eligibility determination can be made The application is also available in Spanish Once the application is submitted with written proof of income, a determination will be made in a timely manner One or more of the following are required as verification of income i A letter of rejection from the Department of Social Services (Medicaid) if applicable ii Signed copy of previous year's tax return iii Copy of most recent pay stub, with accumulative earnings iv Copy of recent three months of bank statements with an explanation of all deposits v Copy of any compensation received, i e , unemployment, if applicable vi Social Security determination if applicable c A family is defined as anyone living together in a household, this will include college students, regardless of their residence, who are supported by their parents 5 Review Process a All completed applications are reviewed and approved by the Patient Financial Services Director and overseen by the Vice-President of Finance b Any applications that are in need of further assistance are taken to the Vice-President of Finance c All write-offs greater than $5,000 are reviewed by Vice President of Finance d Monthly the Vice-President of Finance oversees the Charity and Medicare Bad Debt statistical reports e If the applicant's income is above Poverty Guidelines, but is still in need of assistance, a sliding scale will be used This scale is adjusted according to the current year's Poverty Guidelines If the applicant qualifies for partial Charity/Financial Assistance, acceptable monthly payment arrangements must be agreed upon f If the applicant qualifies for partial Charity/Financial Assistance and the total balance after all write-off's is $1,200 or greater, an additional write-off will be done as outlined below $1,200 - $5,000 Reduce to $1,200 $5,001 - $10,000 Reduce to $1,400 >$10,001 Reduce to $1,800 Adjustments will be done from oldest to newest g A letter will be sent to the Guarantor informing them of the determination for charity/financial assistance along with a Monthly Payment Agreement for those who qualified for partial approval or denied applicants This Agreement needs to be signed and returned to the Patient Accounts Department within 10 days 6 Documentation of Processed Accounts a The Patient Financial Services Director will maintain a yearly log of all applicants Documentation of approved accounts that have been written off or denied will be maintained 7 Archived Applications a All charity applications are scanned into HBF under Document Type 'Charity Applications'

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Strategic Planning Process - Columbus Hospital has been working on a comprehensive five year strategic plan for some time which has been completed in September of 2009 This new Strategic Plan is being rolled out and aggressively implemented in early 2010 Our plan consists of five Organizational Pillars with goals and strategies associated with each The five pillars consist of 1) Quality -The first of two Quality goals is to be recognized for providing high quality evidenced based care Secondly to successfully implement, utilize and improve a comprehensive information management system that enhances operations 2) Culture - The first of two Culture goals is to provide a positive work environment through everyday use of CCH core values Secondly, we will strive to manage change in a way that is consistent, credible, timely and sustainable 3) People - Our People goal is "to attract, develop and retain high quality employees and physicians " 4) Services - Our Service goal is "to excel at providing high quality services that meet community needs in an economically sustaining manner " 5) Facilities - Our facilities Goal is "to provide facilities that accommodate the relevant needs of the community, patients, physicians and employees, while remaining fiscally responsible "

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Here is a sample of what is available on our CCH Web Site with detailed links as well as hard copy information in a special wall unit located inside each patient room as well as outpatient areas in brochures There is also a tutorial listed for each step of the way letting the patient know what they will need to bring along or have available to show for coping purposes Monthly Payment Option If you are unable to pay your balance in full, please call Patient Accounts Department to set up an acceptable payment arrangement Patient Charity/Financial Assistance Program If you feel your income is not sufficient to pay for your services at Columbus Community Hospital, please contact Patient Accounts Department for information regarding Charity/Financial Assistance Further information about Medicare/Medicaid / Charity Care is provided in both English and Spanish, along with State Medicaid applications and CCH Charity Care applications that our Patient accounts & Social Work Staff have available in both languages to hand to patients as needed Additionally, signage is posted directing patients to call as needed for financial help, and referrals are built into the Medical Admission software, so if patients voice concerns about the cost, or their lack of coverage a referral is generated to Social Work staff who will see patients individually and counsel on specific circumstances

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

The local economy- Currently our hospital service area remains in a small pocket that has been somewhat protected from the recession, as we continue to have over 300 skilled level positions open in wind generating manufacturing companies, plastics, medical equipment companies, ethanol plants and local beef packing Our hospital is located in Platte County, the largest of the seven county service area, with a growing population of over 32,000 people Columbus is the largest city in Platte County, Nebraska, 90 miles west by north of Omaha on the Loup River The unemployment in the City of Columbus increased from a very low 3 0% (566 jobless) in June 30, 2008 to 3 7% (693 jobless) on December 31, 2008, surprisingly, unemployment only increased to 3 9% by December 31, 2009 This was at a time when Nebraska's state unemployment average was 4 6% with the national average still very high at 10% Currently, as of May 2010 Columbus has an unemployment rate of 4 6%, compared to 4 8% statewide in Nebraska and 9 5% national average Since November 2008, available jobs in Columbus NE have increased by 23% Our area unemployment remains significantly lower than other State and National averages In fact, Columbus is the third best place to find employment in the U S and in the "Top 100 Best Small Town to Live" according to Money Magazine Of the top ten Counties in the U S to live and work, three of them were in Nebraska Platte, Madison, (which is contiguous to our County of Platte) and Sarpy County near Lincoln Nebraska Our local area features an economy based on agriculture and manufacturing, with many industrial companies attracted by cheap, plentiful hydroelectric power Among the major employers are Archer Daniels Midland, (ADM) which runs a corn milling ethanol plant, Flex-Con, Central Confinement Service, Vishay, Becton Dickinson, a medical equipment company, Behlen Manufacturing, a maker of steel buildings, and the Nebraska Public Power District, which is headquartered in Columbus This large manufacturing base still remains intact, due to successful economic and industrial development in our area The perfect blend of a hardworking and well-educated work force, low energy costs and a local environment friendly to business has led to strong economic and industrial development within our service area According to the Nebraska Department of Labor, the Columbus economy has a greater share of manufacturing employment than other Nebraska metropolitan areas, and Columbus is considered a major hub for the manufacturing industry We continue to see an influx of young families and singles moving into our area to seek the open skilled positions This community growth correlates with our continued increase in hospital outpatient visits which hit an all time high of 48,509 YTD visits for the last fiscal year ending April 2010 This represents a 2% increase in visits over the same twelve month period compared to the prior year More significant is the increase in outpatient visits over the past five years since the demonstration project began In 2005, our outpatient visits for the year totaled 38,129, representing a 27 % increase in the past five years Service capacity Our new Wound Clinic which was opened August of 2008 with three patients has grown to 296 patients as of July 31, 2010 The identified service area includes a 45-mile radius around Columbus The wound clinic moved to there new permanent home in the visiting physician office suite of the attached Medical Office Building By Dec 2009 the clinic was operating two days per week and had added a Nurse Practitioner to support greater demand Additional nurse staff time is spent each week assisting clients with wound appliance applications Previously, patients seeking this specialized treatment were required to travel on average 75 miles to see a wound clinic specialist The volume we are seeing at this Wound Clinic reinforces the amount of community need that exist for this service and has greatly increased the local access to service for so many of our higher acuity patients and their families Bone Density, upgraded from contracting with a mobile service unit to purchasing our own Bone Density stationary equipment and the necessary support equipment and staff which was added in early 2010 This is a great added benefit to the community, increasing access for our patients and providers who no longer have to await diagnosis with the mobile units' intermittent service This is another new program that increases access and eliminates the need to travel to out of town units for prompt diagnosis that is made possible by the Demonstration project Orthopedic Service Line, hired a new F/T RN as the Orthopedic Services Coordinator in Jan 2010 Since early this year have launched a multi disciplinary team to review, standardize and improve the patient's total joint process from diagnosis to post surgical recovery Expect complete new Orthopedic Services Line rollout by November 2010 This process is challenged with probable decrease in volume due to relocation of one of two existing Orthopedic Surgeons from local practice office in August 2010 Aggressively recruiting two new Orthopedic Surgeons for replacement and expanded Ortho Service Line In the interim, planning to contract with Locum Tenens Physicians to assist with local orthopedic practice coverage as well as handle surgical cases Cardiologist - Two new Cardiologists have recently relocated to Columbus to live and work full time This replaces the only F/T Cardiologist who lived and worked in the community for the past eleven years and relocated in 2009 Multiple Cardiologist groups from Omaha and Lincoln have worked to begin providing full time coverage in the Columbus area, following this opening Outpatient Allergy Clinic - that has provided an intermittent service at a local Specialist office in our MOB, has stopped coming as of July 2010 In their office space an Oral Surgeon who is double boarded in oral surgery and plastics will begin providing outpatient clinic and surgical procedures beginning in August 2010

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

-Hospital continues to collaborate with local Chamber of Commerce to recruit skilled professionals to fill job openings in the community Provides support and staff time to assist in highlighting the health care community, providing specific department or hospital tours in order to recruit skilled professions to live and work here in the community -Hospital continues to collaborate with the City to provide space for a twelve-acre urban lake and 20 acres of land for a future fire station on this property The urban lake is equipped with a nice wooden dock that makes it very accessible for strollers, wheelchairs and other assistive devices to roll down the dock to fish or watch the waterfowl on the lake Local assisted living and nursing care centers bring their wheel chair vans with residents to the lake as they can drive right up to the accessible dock This urban lake, waterfowl area provides a community space within the city limits for the whole community, young and old alike -Hospital continues to partner in several projects and community disease prevention initiatives with our local District Public Health Department and Community Health Center (CHC) The hospital provides financial support and much professional staff time as liaisons to these community partnerships throughout the year working on multiple chronic disease and accident prevention strategies Some of these community initiatives include type II diabetes, hypertension and heart disease, pre- and post natal newborn care, physical activity and exercise, colon cancer prevention and early detection as well as community preparedness to natural and manmade disasters Several other initiatives are addressed throughout the year as community health issues arise Thousands of community members are reached with these community initiative campaigns each year and these make a real difference in people's lives that are living with chronic health issues - Additionally CCH is in attendance in over a dozen Community Health Fairs/Community events each year, providing medical screenings and information for all community members -CCH also partners with local day cares, schools and colleges to provide speakers and hands on learning events for students to encourage entry into the medical professions

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 Promotion of Health in the Community -The Hospital reinvests capital to improve patient care, attract the best qualified staff to provide quality care for our patients, provide medical education and prevention activities in the community -Our Hospital is living our Mission and Vision within the community *OUR MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE *OUR VISION IS TO COMPASSIONATELY DELIVER THE STATE'S HIGHEST QUALITY PATIENT CARE -CORE VALUES CCH Core Values are *INTEGRITY *COMPASSION (changed from "Commitment" as part of the communication of this strategic plan) *ACCOUNTABILITY *RESPECT *EXCELLENCE -The Hospital has prioritized our capital reinvestment by aligning it to the Strategic Plan Our plan consists of five Organizational Pillars with goals and strategies associated with each The five Pillars of Excellence consist of *Quality -The first of two goals is to be recognized for providing high quality evidenced based care Secondly to successfully implement, utilize and improve a comprehensive information management system that enhances operations *Culture - The first of two Culture goals is to provide a positive work environment through everyday use of CCH core values Secondly, we will strive to manage change in a way that is consistent, credible, timely and sustainable *People - Our goal is "to attract, develop and retain high quality employees and physicians " *Services - Our Service goal is "to excel at providing high quality services that meet community needs in an economically sustaining manner " *Facilities - Our facilities Goal is "to provide facilities that accommodate the relevant needs of the community, patients, physicians and employees, while remaining fiscally responsible " Measurement of ongoing operational performance is organized around these Pillars of Excellence These pillars were strategically identified as common measures around which operational performance is organized in many health care institutions and adapted for CCH COLUMBUS COMMUNITY HOSPITAL HAS AN INDEPENDENT BOARD OF DIRECTORS MADE UP OF COMMUNITY LEADERS WITH DIVERSE BACKGROUNDS COLUMBUS COMMUNITY HOSPITAL HAS AN OPEN EMERGENCY ROOM AVAILABLE TO ALL IN NEED NO MATTER OF RACE, CREED, AGE, OR ABILITY TO PAY THE HOSPITAL ALSO HAS AN OPEN MEDICAL STAFF

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

N/A

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEIGHBOR COMMUNITY HEALTH CENTER2282 EAST 32ND AVENUE COLUMBUS,NE 68601	134249732	501(C)(3)		100,000	FMV	PRENATAL CARE	COVERAGE FOR
COLUMBUS COMMUNITY HOSPITAL FOUNDATION INC4600 38TH STREET COLUMBUS,NE 68601	470836747	501(C)(3)	10,094,065				TO SUPPORT EXEMPT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 2

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHARITY CARE TO PATIENTS	603		764,605	BOOK	WRITE-OFF OF MED EXP
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
GENERAL INFORMATION ON GRANTS AND ASSISTANCE	Schedule I, Part I, Line 2	COLUMBUS COMMUNITY HOSPITAL does not typically give out donations, but occasionally a request is brought forward and the Board determines that it is in the best interest of the community to provide a particular grant Prior to providing the grant, the Hospital determines that the organization it gives to is a 501(c)(3) organization or a government agency The Hospital will also make grants to their related organizations as necessary to support their exempt purpose

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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" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

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2009

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Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
J JOSEPH BARBAGLIA	(i)	147,008		16,495	6,665	12,890	183,058	
	(ii)	0	0	0	0	0	0	0
JAMES GOULET	(i)	159,278	0	3,800	6,674	14,250	184,002	0
	(ii)	0	0	0	0	0	0	0
LINDA WALLINE	(i)	129,121	0	16,500	5,405	11,468	162,494	0
	(ii)	0	0	0	0	0	0	0
AMY VERTIN MD	(i)	224,260	0	0	7,590	8,291	240,141	0
	(ii)	0	0	0	0	0	0	0
PHIL POWERS CRNA	(i)	192,118	0	3,662	8,025	14,999	218,804	0
	(ii)	0	0	0	0	0	0	0
MARK HOWERTER MD	(i)	365,381	0	0	9,003	11,625	386,009	0
	(ii)	0	0	0	0	0	0	0
JOHN SAFRANEK MD	(i)	195,437	0	0	5,748	10,455	211,640	0
	(ii)	0	0	0	0	0	0	0
ROBERT MILLER MD	(i)	243,423	0	0	9,693	10,941	264,057	0
	(ii)	0	0	0	0	0	0	0
Claude Chatterton	(i)	0	0	163,254	0	6,630	169,884	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
QUESTIONS REGARDING COMPENSATION	PART I, LINE 1A	THE ORGANIZATION PAID FOR SOCIAL AND HEALTH CLUB DUES AS PART OF THE CEO'S EMPLOYMENT AGREEMENT These amounts were reflected on the CEO's W-2
QUESTIONS REGARDING COMPENSATION	PART I, LINE 4A	A severance payment of $163,254 was made to Claude Chatterton
QUESTIONS REGARDING COMPENSATION	PART I, LINE 4B	Claude Chatterton was a participant in the Hospital's 457(f) plan but did not receive contributions to the account during 2009

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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Employer identification number
47-0542043

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
LUKE AND ASSOCIATES INC	BILL LUKE BM & OWNER	203,663	CONTRACTED CEO		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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47-0542043

Identifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT, AND DISCLOSURE	PART VI, LINE 9	Bill Luke IS NO LONGER WITH THE ORGANIZATION AND MAY BE CONTACTED AT THE FOLLOWING ADDRESS 11 Camelot Way Kearney, NE 68845-4248
GOVERNANCE, MANAGEMENT AND DISCLOSURE	FORM 990, PART VI, LINE 15A	The Hospital's Executive Compensation Committee, made up of independent Hospital Board members, reviews the CEO's compensation annually The wage range is compared to information provided by third party consultants, from salary surveys and from other Forms 990 Decisions are documented
GOVERNANCE, MANAGEMENT AND DISCLOSURE	Form 990, Part VI, Line 19	At Columbus Community Hospital, a 3-ring binder exists in the Executive Assistant's office labeled "For Public Disclosure" which includes the most current of the following -Governing Documents which are the Hospital Bylaws -Conflict of Interest Policy -Audited Financial Statements -Forms 990 and 990-T
GOVERNANCE, MANAGEMENT AND DISCLOSURE	Form 990, Part VI, Line 12C	Columbus Community Hospital does monitor any conflict of interests based on their conflict of interest policy Individuals are required to fully disclose any conflict of interest that may exist or appears to exist Hospital reviews any of these conflicts and works with the Compliance Officer and the Vice President or CEO to determine if a conflict exists If one does exist, the Hospital initiates actions to manage, reduce, or eliminate the conflict
COMPENSATION OF INTERIM CEO/PRESIDENT	FORM 990,PART VII AND PART VI, LINE 3	THE HOSPITAL CONTRACTED FOR SERVICES WITH A MANAGEMENT COMPANY TO TEMPORARILY PROVIDE THE ORGANIZATION WITH A CHIEF EXECUTIVE OFFICER DURING THE YEAR BILL LUKE SERVED AS INTERIM CEO AND PRESIDENT OF THE HOSPITAL BEGINNING AT THE END OF 2008 until December 14, 2009 The Hospital hired a permanent President/CEO, Michael Hansen on November 30, 2009 THE HOSPITAL DIRECTLY PAID THE MANAGEMENT COMPANY FOR Bill Luke's SERVICES RENDERED TO THE HOSPITAL
COMPENSATION OF OFFICERS	FORM 990,PART VII	BOTH Bill Luke (OUTGOING Interim PRESIDENT/CEO) AND Michael Hansen (President/CEO) DEVOTED ON AVERAGE 2 HOURS PER WEEK TO THE COLUMBUS COMMUNITY HOSPITAL FOUNDATION (RELATED ORGANIZATION) IN ADDITION TO THEIR TIME SPENT AS CEO/PRESIDENT OF COLUMBUS COMMUNITY HOSPITAL BOTH PERSONS WERE PAID BY THE HOSPITAL FOR THEIR SERVICES
GOVERNANCE, MANAGEMENT AND DISCLOSURE	PART VI, LINE 11A	The Form 990 will be available for all members of the finance committee to review Upon committee review, the 990 will then be submitted to the Board for review and the Board will make any corrections if applicable If changes are made, a final copy of the 990 will be emailed to the Board members (via secure email) prior to filing with the IRS
GOVERNANCE, MANAGEMENT AND DISCLOSURE	Part VI, Line 2	Jeffrey Gotschall and Edward Discoe have a business relationship

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
COLUMBUS COMMUNITY HOSPITAL FOUNDATION 4600 38TH STREET COLUMBUS, NE 68601 47-0836747	FUNDRAISING	NE	501(c)(3)	LINE 11	NA
HEALTHPARK TITLE CO 4600 38TH STREET COLUMBUS, NE 68601 47-0830945	HOLDING CO	NE	501(c)(2)	N/A	NA

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	COLUMBUS COMMUNITY HOSPITAL FOUNDATION	1B	10,094,065
(2)	COLUMBUS COMMUNITY HOSPITAL FOUNDATION	1C	94,726
(3)	COLUMBUS COMMUNITY HOSPITAL FOUNDATION	1L	183,005
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROVISION FOR BAD DEBTS	2,963,259	2,963,259		
PURCHASED SERVICES	897,299	897,299		
MINOR EQUIPMENT	453,938	453,938		
COLLECTION FEES	378,574	378,574		
RECRUITING	338,161	338,161		

Additional Data

Software ID:
Software Version:
EIN: 47-0542043
Name: COLUMBUS COMMUNITY HOSPITAL INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES PILLEN DVM VICE CHAIR	2 0	X		X				0	0	0
RONALD ERNST MD DIRECTOR	3 0	X						0	0	0
JEFFREY JOHNSON DIRECTOR	3 0	X						0	0	0
JOHN C MCCLURE DIRECTOR	3 0	X						0	0	0
ANNE HALL CHAIR PERSON	4 0	X		X				0	0	0
ANTHONY RAIMONDO JR DIRECTOR	2 0	X						0	0	0
REBECCA RAYMAN DIRECTOR	3 0	X						0	0	0
JEFFREY GOTSCHALL MD TREASURER	3 0	X		X				0	0	0
EDWARD D DISCOE MD DIRECTOR	2 0	X						0	0	0
BONNIE MCPHILLIPS DIRECTOR	1 0	X						0	0	0
BRIAN SCHMIDT DIRECTOR	1 0	X						0	0	0
J JOSEPH BARBAGLIA VP FINANCE	40 0			X				163,503	0	16,935
JAMES GOULET VP OPERATIONS	40 0			X				163,078	0	18,304
LINDA WALLINE VP NURSING	40 0			X				145,621	0	14,427
BILL LUKE OUTGOING INTERIM PRESIDENT/CEO	40 0			X				0	0	0
MICHAEL HANSEN INCOMING PRESIDENT/CEO	40 0			X				21,493	0	360
AMY VERTIN MD PHYSICIAN	40 0					X		224,260	0	11,230
PHIL POWERS CRNA CRNA	40 0					X		195,780	0	18,555
MARK HOWERTER MD PHYSICIAN	40 0					X		365,381	0	15,633
JOHN SAFRANEK MD PHYSICIAN	40 0					X		195,437	0	12,388
ROBERT MILLER MD PHYSICIAN	40 0					X		243,423	0	15,983
Claude Chatterton Former CEO/President	1 0						X	163,254	0	6,630