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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 05-01-2012 , 2012, and ending 04-30-2013

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

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
Suite

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 $ 73,984,956

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) ☐ 501(c) ( ) ◀ (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

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	10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	649
6	Total number of volunteers (estimate if necessary)	6	333
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,330
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-39,795

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	303,177	117,549
9	Program service revenue (Part VIII, line 2g)	68,343,052	72,520,573
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,233,315	321,804
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	664,081	1,025,030
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,543,625	73,984,956
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,334,804	1,469,342
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)	30,379,279	33,905,776
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	27,885,114	29,781,927
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	59,599,197	65,157,045
19	Revenue less expenses Subtract line 18 from line 12	10,944,428	8,827,911

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	100,607,338	97,892,656
21	Total liabilities (Part X, line 26)	18,331,472	6,956,170
22	Net assets or fund balances Subtract line 21 from line 20	82,275,866	90,936,486

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

****** | 2013-12-09
Signature of officer | Date

MICHAEL T HANSEN CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Adam C Stark				
Firm's name ▶ KPMG LLP			Firm's EIN ▶	
Firm's address ▶ 1212 North 96th Street Suite 300 Omaha, NE 68114			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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 61,819,521 including grants of $ 60,383) (Revenue $ 73,265,127)

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 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, in house or on call 24/7 -To make the patient's stay successful and comfortable, CCH offers icu, medical surgical, OB, and an orthopedic service line along with a variety of complimentary ancillary services (wound care, diabetic education, cardiac rehab) and clinical pharmacy services provided CCH uses barcoded medication administrated smart pumps and computerized physician order entry to enhance safety -CCH offers rehabilitative services such as physical therapy, speech therapy, occupational therapy and drive rehab therapy, so patients don't have to travel so far to get adult therapy Pediatric physical therapy, speech therapy, and occupational therapy are offered at our off-site location, Wiggles & Giggles Therapy (includes physical, speech, and occupational therapies) for Kids CCH has PTs, OTs and STs with specialized certification in cancer rehab We launched our certified STAR Program at Columbus Community Hospital in November of 2012 We are one of only three hospitals in Nebraska to have achieved the STAR Program certification for cancer rehabilitation STAR stands for Survivorship Training and Rehab We have had at least 39 formal STAR Program referrals resulting in consultations for potential rehabilitation needs Many of our STAR Program participants have needed physical therapy, speech therapy or occupational therapy and some have needed nutritional consults as well as psychosocial referrals Some patients who have participated have had pulmonary concerns and cardiovascular factors There also have been some STAR Program graduates that have transitioned to medical wellness here at CCH STAR Program co-coordinators are Jill Jakub MOTR/L, CLT, and Michell Ruskamp MS, CCC-SLP They are joined by 23 other clinicians including physicians, nurses, respiratory therapists, dieticians, social workers, and therapists who are STAR Program certified at CCH The STAR Program Cancer Rehab Certification at CCH is funded by the Columbus Community Hospital Foundation Our Certified Provider Team for the STAR Program is made up of 3 physicians, 6 physical therapists, 4 occupational therapists, 2 speech therapists, 4 nurses, 1 respiratory therapist, 3 social workers and 2 nutritionists CCH HAS A specialized parkinsens treatment approach, which facilitates support groups for parkinsens, TBI and stroke patients -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, also infusions and chemotherapy infusions -CCH offers some of the most advanced imaging services including MRI, CT, Digital Mammography, Ultrasound, etc Radiologists are on campus and/or 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 12,000 tests on average per month, for both inpatients and outpatients -CCH has highly trained, employed emergency physicians and nurses in their Emergency Department (ed) and offers 24-7 care The Department includes support from qualified staff in respiratory care, social work, laboratory, medical interpreting, 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 The trauma program provides systematic review of the trauma care and participates in injury prevention activities throughout the community -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 Columbus community hospital currently sees over 100 patients per month for wound care -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 H) social work care management 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 This home visiting program covers families in a four county area 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 900 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 (pcp) 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, an in home emergency response program, 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 in their home It operates with a bracelet worn by the patient with a button that can be pressed if help is needed predetermined responders are summoned to their home or emergency transfer can be called if 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 natural disasters and pandemic drills CCH is a member of a larger preparedness team, RROMRS This allows CCH to assist or receive assiStance from this regions medicare providers CCH feels we are well prepared to handle a natural disaster or pandemic should one

4b (Code) (Expenses $ 1,403,561 including grants of $ 1,403,561) (Revenue $)

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 Reduce to $1,200, adjustments will be done from oldest to newest

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** ▶ 63,223,082

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts II and IV*	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 United States? *If "Yes," complete Schedule F, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 lines 24b through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	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**	Yes	
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 11b 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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	44		
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	649		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	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 instructions for 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?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 10		
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**		No
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**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		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**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES PILLEN DVM CHAIR	1 0 0 0	X		X				0	0	0
(2) ANTHONY RAIMONDO JR TREASURER	1 0 0 0	X		X				0	0	0
(3) JEFFREY GOTSCHALL MD VICE CHAIR	1 0 0 0	X		X				0	0	0
(4) RONALD ERNST MD DIRECTOR	1 0 0 0	X						0	0	0
(5) JOHN C MCCLURE DIRECTOR	1 0 0 0	X						0	0	0
(6) REBECCA RAYmond DIRECTOR	1 0 0 0	X						0	0	0
(7) BONNIE MCPHILLIPS DIRECTOR	1 0 0 0	X						0	0	0
(8) BRIAN SCHMIDT DIRECTOR	1 0 0 0	X						0	0	0
(9) CLARK LEHR DIRECTOR	1 0 0 0	X						0	0	0
(10) BETH PRZYMUS DIRECTOR	1 0 0 0	X						0	0	0
(11) MARK HOWERTER MD DIRECTOR/PHYSICIAN	40 0 0 0	X						430,238	0	17,254
(12) MICHAEL HANSEN PRESIDENT/CEO/SECRETARY	39 0 1 0			X				285,748	0	15,096
(13) AMY BLASER VP BUSINESS DEVELOPMENT	40 0 0 0			X				117,753	0	12,122
(14) J JOSEPH BARBAGLIA VP FINANCE	40 0 0 0			X				206,436	0	18,584
(15) LINDA WALLINE VP NURSING	40 0 0 0			X				177,977	0	16,505
(16) JAMES GOULET VP OPERATIONS	40 0 0 0			X				174,841	0	19,653
(17) ROBERT MILLER MD PHYSICIAN	40 0 0 0					X		232,484	0	15,626

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL MCGUIRE MD	40 0					X		417,357	0	4,997
PHYSICIAN	0 0									
(19) RICHARD CIMPL MD	40 0					X		382,843	0	6,885
PHYSICIAN	0 0									
(20) EDWARD FEHRINGER MD	40 0					X		340,192	0	5,108
PHYSICIAN	0 0									
(21) ALEX KAZOS MD	40 0					X		229,409	0	10,082
PHYSICIAN	0 0									
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,995,278	0	141,912

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 26

			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**		No
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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INPATIENT PHYSICIAN ASSOC , 3200 PINE LAKE RD STE A LINCOLN NE 68516	HOSPITALIST SVCS	819,497
FOCUSONE SOLUTIONS LLC , 13609 California St 300 OMAHA NE 68154	STAFFING AGENCY	201,879
TSP CONSTRUCTION SERVICES INC , 1112 N WEST AVE SIOUX FALLS SD 571041333	CONSTRUCTION SVCS	1,743,118
SUNQUEST INFORMATION SYSTEMS , 250 South Williams Blvd TUCSON AZ 85711	IT SERVICES	151,341
MCKESSON TECHNOLOGIES INC , PO Box 98347 CHICAGO IL 60693	IT Consulting	1,265,326

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 9

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	117,549			
	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		117,549			
Program Service Revenue			Business Code				
	2a	NET PATIENT SVC REVENUE	621110	72,313,254	72,313,254		
	b	MEANINGFUL USE PAYMENT	900099	207,319	207,319		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		72,520,573			
	3	Investment income (including dividends, interest, and other similar amounts)		318,431			318,431
	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)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,373				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	3,373				
	d	Net gain or (loss)		3,373			3,373
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	MEALS ON WHEELS	900099	50,021	50,021		
	b	CAFETERIA	722100	263,146			263,146
	c	OTHER REVENUE	900099	711,863	694,533	17,330	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,025,030			
	12	**Total revenue.** See Instructions		73,984,956	73,265,127	17,330	584,950

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	65,781	65,781		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,403,561	1,403,561		
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	962,755		962,755	
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	27,012,666	27,012,666		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	920,503	920,503		
9 Other employee benefits	3,101,733	3,101,733		
10 Payroll taxes	1,908,119	1,908,119		
11 Fees for services (non-employees)				
a Management	0			
b Legal	72,106		72,106	
c Accounting	163,123		163,123	
d Lobbying	5,786		5,786	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,713,479	2,713,479		
12 Advertising and promotion	188,284		188,284	
13 Office expenses	9,060,357	8,811,024	249,333	
14 Information technology	1,420,413	1,420,413		
15 Royalties . .	0			
16 Occupancy	1,151,503	1,151,503		
17 Travel	192,992		192,992	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	99,584		99,584	
20 Interest	216,286	216,286		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,341,079	5,341,079		
23 Insurance	259,560	259,560		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROVISION FOR BAD DEBTS	3,963,281	3,963,281		
b MINOR EQUIP & FINANCING AGRMT	2,027,258	2,027,258		
c PURCHASED SERVICES	1,290,364	1,290,364		
d RECRUITING	282,795	282,795		
e All other expenses	1,333,677	1,333,677		
25 **Total functional expenses.** Add lines 1 through 24e	65,157,045	63,223,082	1,933,963	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,507,494	1	1,933,467
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		8,997,202	4	9,233,671
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		1,454,475	8	1,077,673
	9	Prepaid expenses and deferred charges		1,418,337	9	1,512,950
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 86,726,440			
	b	Less accumulated depreciation	10b 49,024,725	37,861,816	10c	37,701,715
	11	Investments—publicly traded securities		45,055,102	11	46,218,318
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		312,912	15	214,862
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		100,607,338	16	97,892,656
Liabilities	17	Accounts payable and accrued expenses		6,699,617	17	6,956,170
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		11,631,855	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		18,331,472	26	6,956,170
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		82,275,866	27	90,936,486
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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		82,275,866	33	90,936,486
	34	Total liabilities and net assets/fund balances		100,607,338	34	97,892,656

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,984,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	65,157,045
3	Revenue less expenses Subtract line 2 from line 1	3	8,827,911
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,275,866
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-167,291
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,936,486

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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

2012

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 described in **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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2012

Open to Public Inspection

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

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

If the organization answered "Yes" 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, Part V, line 35c (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 function activities ▶ $ _____

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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?	Yes		5,786
j	Total Add lines 1c through 1i			5,786
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 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 $3,126 DUES PAID TO NEBRASKA HOSPITAL ASSOCIATION ALLOCATED TO LOBBYING $2,660

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 the arrangement in Part XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,667,736	1,573,063	1,506,660	1,426,826	1,299,402
b	Contributions	74,389	94,673	66,403	79,844	127,424
c	Net investment earnings, gains, and losses				-10	
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,742,125	1,667,736	1,573,063	1,506,660	1,426,826

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

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

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

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

		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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		639,544		639,544
b Buildings		43,742,952	18,261,210	25,481,742
c Leasehold improvements				
d Equipment		37,107,980	29,053,953	8,054,027
e Other		5,235,964	1,709,562	3,526,402
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				37,701,715

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must 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) must 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) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	0

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII 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	Other losses	2c			
d	Other (Describe in Part XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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 In Fiscal Years Ending 2013 and 2012, management determined that there are no income tax positions requiring recognition in the financial statements
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

2012

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		693	745,712		745,712	1 220 %
b Medicaid (from Worksheet 3, column a)			4,065,048	1,387,451	2,677,597	4 380 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		693	4,810,760	1,387,451	3,423,309	5 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		63,565	492,166	1,955	490,211	0 800 %
f Health professions education (from Worksheet 5)		811	1,218,981	17,111	1,201,870	1 960 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			1,612		1,612	
i Cash and in-kind contributions for community benefit (from Worksheet 8)		601	11,649		11,649	0 020 %
j **Total.** Other Benefits		64,977	1,724,408	19,066	1,705,342	2 780 %
k **Total.** Add lines 7d and 7j		65,670	6,535,168	1,406,517	5,128,651	8 380 %

Part II Community Building Activities Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	1		1,250		1,250	
2	Economic development	1	650	2,295		2,295	
3	Community support						
4	Environmental improvements	1		2,624		2,624	
5	Leadership development and training for community members						
6	Coalition building	2	3,935	51,909	6,700	45,209	0 070 %
7	Community health improvement advocacy						
8	Workforce development	2	799	9,157	600	8,557	0 010 %
9	Other						
10	**Total**	7	5,384	67,235	7,300	59,935	0 080 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	3,963,281		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	21,114,039
6	Enter Medicare allowable costs of care relating to payments on line 5	6	22,457,569
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,343,530
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	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	HEALTHPARK LLC	PROPERTY MANAGEMENT			71 000 %
2	ZARZ LLC	PROPERTY MANAGEMENT			50 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Columbus Community Hospital INC 4600 38th Street Columbus, NE 686011800	X	X					X		47 Bed acute care Hospital w/ 24 HR ER Services	

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group COLUMBUS COMMUNITY HOSPITAL INC

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 100% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 % If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☑ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
9

	Name and address	Type of Facility (describe)
1	PREMIER PHYSICAL THERAPY OF CCH US 30 CTR BLDG 3100-23RD st ste 15 COLUMBUS,NE 686013161	PHYSICAL & AQUATIC THERAPY, SPORTS TRAINING SERVICES
2	WIGGLES & GIGGLES THERAPY FOR KIDS 2108-13TH STREET COLUMBUS,NE 686015100	PEDIATRIC THERAPY SERVICES
3	OCCUPATIONAL HEALTH SERVICES OF CCH 3005-19TH ST SUITE 300 COLUMBUS,NE 686014252	EMP HEALTH CARE SVCS TO PREVENT & TREAT WORK INJURIES
4	WOUND HEALING CENTER 4600-38TH STREET SUITE 165 COLUMBUS,NE 68601	WOUND TREATMENT CENTER
5	HUMPHREY CLINIC OF CCH 3003 MAIN STREET HUMPHREY,NE 686423155	CLINIC IN SMALL TOWN TO OFFER MEDICAL SVCS TO RESIDENTS
6	HOSPICE OF COLUMBUS COMMUNITY HOSPITAL 3005-19TH STREET SUITE 600 COLUMBUS,NE 686014248	HOSPICE SERVICES
7	COLUMBUS COMMUNITY HOSPITAL SLEEP LAB 3020-19TH STREET SUITE 100 COLUMBUS,NE 686014252	POLYSOMNOGRAPHIC SLEEP TESTING
8	HOME HEALTH OF COLUMBUS COMMUNITY HOSP 3005-19TH STREET SUITE 600 COLUMBUS,NE 686014248	HOME HEALTH SERVICES
9	COLUMBUS ORTHOPEDIC & SPORTS MED CLINIC 4508 38TH STREET STE 133 COLUMBUS,NE 686011668	FREE STANDING CLINIC
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
PART I, LINE 3C		N/A
PART I, LINE 6A		A Community Benefit report is included each year in the Hospital's quarterly newsletter "Housecall" with an electronic version of the newsletter housed on the Hospital's website A separate landing page on the website was also created for the report to provide easy access to the report

Identifier	ReturnReference	Explanation
PART I, LINE 7		To determine costs associated with Charity Care and Community Benefits costs, the Hospital has used the worksheets offered in the Schedule H instructions The ratio of patient care costs to charges on Worksheet 2 was used to calculate THE amounts reported on Line 7 of the table The denominator used to calculate column (F) is the total operating expenses in Part IX, less the bad debt amount of $3,963,281 to arrive to the denomination of $61,193,764
PART II	COMMUNITY BUILDING ACTIVITIES	-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 sold land to 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 WE PROVIDE FREE FLU SHOTS TO RESIDENTS OF HARBOR OF HOPE, A HOMELESS SHELTER -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

Identifier	ReturnReference	Explanation
PART III, LINE 4		Financial statements do not include any text for bad debt The amount in Line 2 is the book bad debt amount Charity care is kept separate from bad debt
PART III, LINE 8		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

Identifier	ReturnReference	Explanation
PART III, LINE 9B		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 They will be encouraged to obtain coverage at the next eligible period 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, as well as hospital website and patient statements 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 Reduce to $1,200, 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' Part V, Section B, Line 3 Mobilizing for Action through Planning and Partnership (MAPP) process was developed by and is recommended for community assessment by the National Association of City and County Health Officials (NACCHO) and Center for Disease Control (CDC) MAPP was also a recommended community assessment by the Nebraska Rural Health Association in its "Community Health Assessment Collaborative Preliminary recommendations for Nebraska's community, nonprofit hospitals to comply with new requirements for tax exempt status enacted by the Patient Protection and Affordable Care Act" (September of 2011) MAPP was chosen in part because the process allows for input from parties who represent broad interests in the communities Input from diverse sectors including medically underserved, low-income, minority populations and individuals from diverse age groups was obtained through surveys, targeted focus groups, open public meetings and target invitations to community leaders and agencies The current MAPP assessment that CCH is involved with is the most thorough assessment to date with the most participation having over 100 individuals participate in the process to date from the district, this does not count the 1,000 individuals surveyed or the participants in focus groups Part V, Section B, Line 4 -Alegent Health Memorial Hospital, Schuyler -Genoa Community Hospital -Boone County Health Center Part V, Section B, Line 5c THE DETAILED ASSESSMENT AND RELATED COMPONENTS ARE AVAILABLE VIA LINK ON http //www columbushosp org/news_events/community_health_needs_assessment_chna aspx, AVAILABLE ON REQUEST AND AVAILABLE FOR REVIEW AT Columbus Community Hospital THE IMPLEMENTATION STRATEGY IS AVAILABLE VIA LINK ON http //www columbushosp org/news_events/chip_implementation_plan aspx Part V, Section B, Line 7 IDENTIFY THE PRIORITIES FOR AREAS THAT WE ARE NOT DIRECTLY ADDRESSING BUT THAT WE WILL MAINTAIN ACTIVE PARTNERSHIPS WITH AND REMAIN SUPPORTIVE OF THE LEAD ORGANIZATIONS FOCUSED ON THESE PRIORITIES
NEEDS ASSESSMENT		In 2010, the Columbus community Hospital's five year strategic plan was implemented The plan includes a thorough assessment of the organization's external environment in terms of opportunities and threats in order to determine its internal strengths and weaknesses The plan also includes strategic issues, goals, and related strategies for future organizational effectiveness Six Organizational Pillars were identified quality, culture, people, service, facilities, and finance 1) Quality - Quality efforts have been focused on evidence based processes and educating staff on the importance of use and integration into daily operations Cch has implemented an electronic medical record to afford ease of information access and communication across the continuum of care 2) Culture - In AN effort to achieve a high performance organization, cch is in the process of implementing a 4-part culture improvement initiative including teamstepps, just culture, studer, and lean/six sigma process improvement A 3-year implementation time frame has been established 3) People - CCH has continued to employ aggressive employee and physician recruitment efforts to attract and retain the workforce needed to support strategic growth initiatives across all service lines 4) Services - cch performs annual, comprehensive program review of existing and new services and has ranked priority to begin service line development in areas such as hospital medicine, orthopedics, cardiology, cancer, and rehab services 5) Facilities - CCH has developed a comprehensive master facilities plan that is able to adapt to current and future patient care needs An emergency department expansion was completed in 2012

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE		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 AND/OR SOCIAL WORKERS for information regarding Charity/Financial Assistance Further information about Medicare/Medicaid / Charity Care is provided in both English and Spanish The state has their Medicaid applications available online Our patient accounts and social services staff have financial/charity applications available in both English and Spanish to provide to our patients 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 Services staff who will see patients individually and counsel on specific circumstances Monthly statements have information on 1)Payment plans 2)Charity/financial assistance program 3)24/7 online business office, which includes information on payment plans, charity/financial assistance, and downloadable financial/charity applications (available in English and Spanish)
COMMUNITY INFORMATION		The local economy- OUR HOSPITAL SERVICE AREA REMAINS IN A SMALL POCKET THAT HAS BEEN RELATIVELY PROTECTED FROM THE RECESSION AS WE CURRENTLY HAVE OVER 300 SKILLED LEVEL POSITIONS AVAILABLE IN SEVERAL MANUFACTURING COMPANIES, INCLUDING PLASTICS, MEDICAL EQUIPMENT, ETHANOL AND THE LOCAL BEEF PACKING PLANT COLUMBUS COMMUNITY HOSPITAL IS LOCATED IN COLUMBUS, NEBRASKA, WHICH IS THE LARGEST CITY IN PLATTE COUNTY WITH A GROWING POPULATION OF 32,000, PLATTE COUNTY IS THE LARGEST OF THE SEVEN COUNTY SERVICE AREA FROM JUNE 30, 2008 TO DECEMBER 31, 2009, UNEMPLOYMENT IN THE CITY OF COLUMBUS INCREASED SLIGHTLY FROM 3 0% OR 566 JOBLESS TO 3 7% OR 693 JOBLESS DURING THIS SAME PERIOD OF TIME, THE NEBRASKA JOBLESS RATE WAS 4 6% AND THE NATIONAL AVERAGE WAS REPORTED AT 10% SINCE NOVEMBER, 2008 JOB AVAILABILITY IN COLUMBUS HAS INCREASED BY 23% THE UNEMPLOYMENT RATE REPORTED FOR COLUMBUS IN MAY, 2010 WAS 4 6%, WHILE THE STATE REPORTED 4 8% AND THE NATIONAL AVERAGE WAS 9 5% AS REPORTED IN MONEY MAGAZINE, COLUMBUS IS LISTED AS THE THIRD BEST PLACE IN THE U S TO FIND EMPLOYMENT AND IN THE "TOP 100 BEST SMALL TOWNS TO LIVE" THREE COUNTIES IN NEBRASKA WERE LISTED IN THE TOP TEN COUNTIES IN THE U S TO LIVE AND WORK, INCLUDING PLATTE, MADISON (WHICH IS CONTIGUOUS TO PLATTE COUNTY) AND SARPY COUNTY NEAR LINCOLN, NEBRASKA OUR LOCAL ECONOMY IS BASED ON AGRICULTURE AND MANUFACTURING, WITH MANY INDUSTRIAL COMPANIES ATTRACTED BY PLENTIFUL, LOW-PRICED HYDROELECTRIC POWER AMONG THE MAJOR EMPLOYERS ARE ARCHER DANIELS MIDLAND (ADM), AN ETHANOL MANUFACTURING COMPANY, FLEX-CON, CENTRAL CONFINEMENT SERVICE, PILLEN FAMILY FARMS, VISHAY, BD MEDICAL PLANTS, A MEDICAL EQUIPMENT COMPANY, BEHLEN MANUFACTURING, WHICH MANUFACTURES STEEL BUILDINGS, AND NEBRASKA PUBLIC POWER, WITH HEADQUARTERS LOCATED IN COLUMBUS DUE TO SUCCESSFUL ECONOMIC AND INDUSTRIAL DEVELOPMENT IN OUR AREA, THIS LARGE MANUFACTURING BASE REMAINS INTACT A HARD-WORKING, WELL-EDUCATED WORKFORCE, LOW ENERGY COSTS AND A LOCAL ENVIRONMENT FRIENDLY TO BUSINESS, PROVIDE ENCOURAGEMENT FOR STRONG ECONOMIC AND INDUSTRIAL DEVELOPMENT WITHIN OUR SERVICE ACCORDING TO THE NEBRASKA DEPARTMENT OF LABOR, COLUMBUS IS CONSIDERED A MAJOR HUB FOR THE MANUFACTURING INDUSTRY AND HAS A GREATER SHARE OF MANUFACTURING EMPLOYMENT THAN OTHER NEBRASKA METROPOLITAN AREAS WE CONTINUE TO SEE AN INFLUX OF SINGLE AND YOUNG FAMILIES MOVING INTO OUR AREA SEEKING EMPLOYMENT OUR COMMUNITY GROWTH CORRELATES TO OUR CONTINUING INCREASE IN HOSPITAL OUTPATIENT VISITS OUTPATIENT VISITS REACHED 45,403 VISITS FOR THE FISCAL YEAR ENDING APRIL, 2013 THIS REPRESENTS A 0 6% INCREASE IN VISITS OVER THE SAME TWELVE MONTH PERIOD THE PRIOR YEAR IN 2005, OUR OUTPATIENT VISITS OVER A TWELVE MONTH PERIOD TOTALED 38,129 THIS 19% INCREASE IN OUR OUTPATIENT VISITS OVER THE PAST SIX YEARS IS A REFLECTION OF THE SIGNIFICANT IMPACT THE DEMONSTRATION PROJECT HAS HAD ON OUR HOSPITAL SERVICE CAPACITY THE WOUND CENTER OPENED AUGUST OF 2008 WITH THREE PATIENTS IT HAS GROWN TO 1,141 PATIENTS/VISITS AS OF APRIL 30, 2013 THE IDENTIFIED SERVICE AREA INCLUDES A 45-MILE RADIUS AROUND COLUMBUS THE WOUND CENTER IS LOCATED IN THE VISITING PHYSICIAN OFFICE SUITE OF THE ATTACHED MEDICAL OFFICE BUILDING THE CENTER OPERATES TWO DAYS PER WEEK ADDITIONAL NURSE STAFF TIME IS SPENT EACH WEEK ASSISTING CLIENTS WITH WOUND APPLICATIONS, SCHEDULING APPOINTMENTS AND OTHER RESPONSIBILITIES SUCH AS ORDERING SUPPLIES AND MAINTAINING COMPLIANCE WITH NATIONAL STANDARDS PREVIOUSLY, PATIENTS SEEKING THIS SPECIALIZED TREATMENT WERE REQUIRED TO TRAVEL ON AVERAGE 75 MILES TO SEE A WOUND CENTER SPECIALIST THE VOLUME WE ARE SEEING AT THIS WOUND CENTER 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 OUR NURSES ARE WCOM CERTIFIED, SO IN ADDITION TO WOUND CARE OUR PATIENTS WHO HAVE CHALLENGES WITH OSTOMY APPLIANCES AND SKIN CARE ARE TREATED CCH INSTALLED A NEW CT SCANNER, NEW RADIOLOGIC/FLUSUSCOPY SYSTEM AND NUCLEAR MEDICINE CAMERA THESE REPLACE EXISTING SYSTEMS WHICH ARE OUTDATED WE RECENTLY OPENED A WOMEN'S IMAGING AREA WITHIN THE HOSPITAL WHICH IS SEPERATE FROM THE RADIOLOGY DEPARTMENT A NEW REGISTRATION AREA RECENTLY OPENED WHICH PROVIDES PATIENT PRIVACY WE REDUCED OUR MAMMOGRAPHY PROCEDURE PRICING 21% ON 2/8/12 AND SOUGHT AND RECEIVED A SUSAN G KOMEN GRANT, WHICH THE HOSPITAL FOUNDATION MATCHED, TO PROMOTE MAMMOGRAPHY SCREENING FOR WOMEN IN THE COMMUNITY 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 THE DEMONSTRATION PROJECT HAS ALLOWED US TO PURCHASE ADDITIONAL EQUIPMENT, ELIMINATING THE WAIT FOR DIAGNOSIS DUE TO THE INTERMITTENT SERVICE OF MOBILE UNITS THIS REDUCES THE NEED TO TRAVEL OUT OF TOWN FOR DIAGNOSIS AND IMPROVES ACCESS TO CARE FOR OUR COMMUNITY COLUMBUS COMMUNITY HOSPITAL IS A 47 BED, ACUTE CARE HOSPITAL SERVING NEEDS OFFERING A VARIETY OF SURGICAL PROCEDURES AND SHORT TERM HOSPITALIZATIONS ALL 47 BEDS ARE LICENSED FOR EITHER ACUTE CARE OR SWING BED PATIENTS IN ADDITION, WE PROVIDE COMPREHENSIVE OUTPATIENT LABORATORY, RADIOLOGY, RESPIRATORY AND REHABILITATIVE SERVICES WE ALSO PROVIDE FREE INTERPRETER SERVICES 24/7 OUR FACILITY OFFERS COMPREHENSIVE CARE, INCLUDING INTENSIVE CARE, MEDICAL-SURGICAL CARE, INPATIENT AND OUTPATIENT SURGICAL PROCEDURES (GENERAL, ENT, UROLOGY, PODIATRY, ORTHOPEDIC), AS WELL AS OTHER COMPLIMENTARY ANCILLARY SERVICES INCLUDING RESPIRATORY, WOUND CARE, DIABETES EDUCATION, ENDOSCOPIES AND CARDIOPULMONARY REHABILITATION IN 2006, THE HOSPITAL'S EMERGENCY DEPARTMENT WAS DESIGNATED AS A LEVEL III TRAUMA CENTER WITH NURSES CERTIFIED IN TNCC, ACLS AND PALS EIGHT OF THE EMERGENCY DEPARTMENT NURSES ARE ALSO CERTIFIED IN ENPC A 30,000 SQUARE FOOT ADDITION TO THE HOSPITAL, PROVIDED THE EMERGENCY DEPARTMENT WITH EXPANDED SPACE THE EMERGENCY DEPARTMENT ADDED TWO TRAUMA BAYS, A TWO-BAY AMBULANCE GARAGE, A DEDICATED DECONTAMINATION AREA, A DEDICATED FAMILY GRIEF AND COUNSELING ROOM, COVERED DRIVE-UP ACCESS AND A NEGATIVE AIR-PRESSURE ROOM, WHICH ALLOWS PATIENTS WITH COMMUNICABLE DISEASES TO BE TREATED WHILE PROTECTING OTHER PATIENTS AND STAFF OUR HOME HEALTH/HOSPICE INTERDISCIPLINARY SERVICES ARE PROVIDED TO PATIENTS WITHIN A 30 MILE RADIUS OF COLUMBUS AND CAN PROVIDE IN HOME TELEHEALTH MONITORING THE HOSPITAL'S SLEEP LAB PROVIDES POLYSOMNOGRAPHIC SLEEP TESTING IN ADDITION, WE ARE EXPLORING THE POSSIBILITY OF MAKING AVAILABLE BOTH DAYTIME AND HOME SLEEP TESTS IN JANUARY 2010, THE HOSPITAL HIRED A FULLTIME RN AS THE ORTHOPEDIC SERVICE LINE COORDINATOR A MULTI-DISCIPLINARY TEAM WAS ORGANIZED TO REVIEW, STANDARDIZE AND IMPROVE THE PATIENT'S TOTAL JOINT PROCESS FROM DIAGNOSIS TO POST-SURGICAL RECOVERY AND IN NOVEMBER 2010 A NEW ORTHOPEDIC SERVICE LINE WAS IMPLEMENTED IN MARCH, 2012 THE HOSPITAL ACQUIRED COLUMBUS ORTHOPEDIC AND SPORTS MEDICINE CLINIC, ENABLING THE HOSPITAL TO EXPAND THE SERVICE LINE AND ENSURE THE COMMUNITY'S AGING POPULATION ORTHOPEDIC SERVICES CLOSE TO HOME THREE CARDIOLOGISTS HAVE RELOCATED TO COLUMBUS, PROVIDING FULL TIME CARDIOLOGY SERVICES TO THE AREA SINCE 2010, 59 PHYSICIANS IN TOTAL HAVE BEEN RECRUITED TO SERVE THE NEEDS OF OUR PRIMARY AND SECONDARY SERVICE AREAS TO INCLUDE 54 MD'S AND 5 MIDLEVELS, 39 ARE FULL TIME PROVIDERS AND THE OTHER 28 ARE SERVING THE COMMUNITY IN A VISITING CAPACITY THE HOSPITAL HAS COMPLETED CONSTRUCTION ON THREE ROAD PROJECTS ON AND AROUND THE CAMPUS TO INCREASE ACCESS TO THE FACILITY TWO CLINIC BUILDINGS, ONE FOR A FAMILY PRACTICE GROUP AND ONE FOR A PHARMACY HAVE BEEN COMPLETED AS WELL

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH		-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 SIX Organizational Pillars with goals and strategies associated with each The SIX Pillars of Excellence consist of *Quality *Culture *People *Services *Facilities *FINANCE 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
AFFILIATED HEALTH CARE SYSTEM		N/A

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT		NONE
PART V, LINE 14G		INFORMATION BROCHURES ON FINANCIAL/CHARITY ASSISTANCE (F/C) ARE AVAILABLE IN KEY AREAS OF THE HOSPITAL THE CCH WEBSITE HAS INFORMATION REGARDING F/C ASSISTANCE, AS WELL AS APPLICATIONS IN BOTH SPANISH AND ENGLISH THE PATIENT STATEMENTS HAS INFORMATION REGARDING F/C ASSISTANCE THE F/C APPLICATIONS ARE AVAILABLE TO ALL STAFF ON THE H DRIVE UNDER FORMS THE EMERGENCY REGISTRATION, MAIN REGISTRATION, PATIENT ACCOUNTS AND SOCIAL SERVICES DEPARTMENTS HAVE THE F/C APPLICATIONS IN BOTH ENGLISH AND SPANISH AVAILABLE

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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

2012

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. Part II can be duplicated 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
(1) COLUMBUS COMMUNITY HOSPITAL FOUNDATION 4600 38TH STREET COLUMBUS,NE 68601	47-0836747	501(C)(3)	60,383				TO SUPPORT EXEMPT
(2) American Heart Association Inc 7272 Greenville Ave Dallas,TX 75231	13-5613797	501(c)(3)	5,398				To support exempt

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CHARITY CARE TO PATIENTS	693		1,403,561	BOOK	WRITE-OFF OF MED EXP

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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.

OMB No 1545-0047

2012

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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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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**		No
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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

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

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MARK HOWERTER MD	(I)	430,238	0	0	10,000	12,523	452,761	0
	(II)	0	0	0	0	0	0	0
MICHAEL HANSEN	(I)	268,748	0	17,000	10,000	9,661	305,409	0
	(II)	0	0	0	0	0	0	0
J JOSEPH BARBAGLIA	(I)	189,440	0	16,996	8,730	12,936	228,102	0
	(II)	0	0	0	0	0	0	0
LINDA WALLINE	(I)	161,727	0	16,250	6,651	12,476	197,104	0
	(II)	0	0	0	0	0	0	0
JAMES GOULET	(I)	156,751	0	18,090	7,399	15,113	197,353	0
	(II)	0	0	0	0	0	0	0
ROBERT MILLER MD	(I)	232,484	0	0	9,374	10,226	252,084	0
	(II)	0	0	0	0	0	0	0
MICHAEL MCGUIRE MD	(I)	417,357	0	0	0	8,983	426,340	0
	(II)	0	0	0	0	0	0	0
RICHARD CIMPL MD	(I)	382,843	0	0	0	10,871	393,714	0
	(II)	0	0	0	0	0	0	0
EDWARD FEHRINGER MD	(I)	327,452	0	12,740	0	8,354	348,546	0
	(II)	0	0	0	0	0	0	0
ALEX KAZOS MD	(I)	229,409	0	0	5,130	8,926	243,465	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
COLUMBUS COMMUNITY HOSPITAL INC

Employer identification number
47-0542043

Identifier	Return Reference	Explanation
GOVERNANCE, MANAGEMENT AND DISCLOSURE	FORM 990, PART VI, LINE 15	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 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 EMPLOYEES AND VOLUNTEERS 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
GOVERNANCE, MANAGEMENT AND DISCLOSURE	PART VI, LINE 11B	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
RECONCILIATION OF NET ASSETS	PART XI, LINE 9	CHANGE IN INTEREST IN HEALTHPARK LLC & ZARZ LLC (167,291)

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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

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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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) COLUMBUS COMMUNITY HOSPITAL FOUNDATION 4600 38TH STREET COLUMBUS, NE 68601 47-0836747	FUNDRAISING	NE	501(c)(3)	LINE 11, I	CCH	Yes	
(2) HEALTHPARK TITLE CO 4600 38TH STREET COLUMBUS, NE 68601 47-0830945	HOLDING CO	NE	501(c)(3)	N/A	CCH	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproprtionate 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	(k) Percentage ownership
(1) ZARZ LLC PO BOX 1800 COLUMBUS, NE 68602 27-3676428	PROPERTY MGMT	NE	HLTHPK TITLE CO	related	0	0		No	0		No	50 000 %
(2) HEALTHPARK LLC PO BOX 1800 COLUMBUS, NE 68602 47-0836733	PROPERTY MGMT	NE	HLTHPK TITLE CO	related	0	0		No	0		No	29 000 %

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

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the 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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COLUMBUS COMMUNITY HOSPITAL FOUNDATION	b	60,383	Cash
(2) COLUMBUS COMMUNITY HOSPITAL FOUNDATION	c	117,549	cash
(3) COLUMBUS COMMUNITY HOSPITAL FOUNDATION	e	10,387,717	BOOK
(4) COLUMBUS COMMUNITY HOSPITAL FOUNDATION	m	155,955	book
(5) HEALTHPARK TITLE COMPANY	k	285,372	BOOK

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
Part V, Line 2 (3)		COLUMBUS COMMUNITY HOSPITAL FOUNDATION IS LISTED AS BACKING THE COLUMBUS COMMUNITY HOSPITAL, INC 'S TAX EXEMPT BOND THIS IS COVERED WITH THE FOUNDATION'S NON-ENDOWED FUNDS The bonds were paid off In January, 2013

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COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidated Financial Statements
and Supplemental Schedules

April 30, 2013 and 2012

(With Independent Auditors' Report Thereon)

KPMG LLP
Suite 1501
222 South 15th Street
Omaha, NE 68102-1610

Suite 1600
233 South 13th Street
Lincoln, NE 68508-2041

Independent Auditors' Report

The Board of Directors
Columbus Community Hospital, Inc.:

We have audited the accompanying consolidated financial statements of Columbus Community Hospital, Inc. and affiliates, which comprise the consolidated balance sheets as of April 30, 2013 and 2012, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Columbus Community Hospital, Inc. and affiliates as of April 30, 2013 and 2012, and the results of their operations and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The 2013 consolidating supplementary information is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

Omaha, Nebraska
July 18, 2013

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidated Balance Sheets

April 30, 2013 and 2012

Assets		2013	2012
Current assets:			
Cash and cash equivalents	$	2,121,184	5,669,695
Patient accounts receivable, net of allowance for doubtful accounts of approximately $4,585,000 in 2013 and $4,195,000 in 2012		8,780,656	8,633,891
Other receivables		453,015	363,311
Inventories		1,092,001	1,470,225
Prepaid expenses		1,512,950	1,418,337
Total current assets		13,959,806	17,555,459
Assets limited as to use:			
Board-designated investments		80,325,365	74,895,935
Total assets limited as to use		80,325,365	74,895,935
Property and equipment:			
Land and improvements		4,298,131	4,180,445
Buildings		41,701,943	39,896,812
Equipment and furnishings		38,126,738	35,935,865
Medical office property and equipment		2,520,625	2,520,624
Construction in progress		79,008	572,824
Total property and equipment		86,726,445	83,106,570
Less accumulated depreciation		49,024,728	45,244,754
Total property and equipment, net		37,701,717	37,861,816
Investment in Healthpark, LLC and ZARZ, LLC		1,047,503	880,211
Other assets		328,630	427,727
Total assets	$	133,363,021	131,621,148

(Continued)

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidated Balance Sheets

April 30, 2013 and 2012

Liabilities and Net Assets	2013	2012
Current liabilities:		
Current portion of long-term debt	$ —	1,244,138
Accounts payable	359,257	127,636
Accrued salaries, wages, and payroll taxes	3,945,290	4,206,236
Estimated third-party payor settlements	2,659,013	2,332,003
Accrued interest	—	42,002
Total current liabilities	6,963,560	7,952,015
Long-term debt, net of current portion	—	10,387,717
Total liabilities	6,963,560	18,339,732
Net assets:		
Unrestricted	124,096,293	111,106,648
Temporarily restricted	561,043	507,032
Permanently restricted	1,742,125	1,667,736
Total net assets	126,399,461	113,281,416
Total liabilities and net assets	$ 133,363,021	131,621,148

See accompanying notes to consolidated financial statements.

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidated Statements of Operations

Years ended April 30, 2013 and 2012

	2013	2012
Unrestricted revenues, gains, and other support:		
Patient service revenue (net of contractual allowance and discounts)	$ 70,909,693	67,163,788
Provision for bad debts	(3,963,281)	(3,888,614)
Net patient service revenue less provision for bad debts	66,946,412	63,275,174
Other revenue	1,199,456	821,308
Total revenues, gains, and other support	68,145,868	64,096,482
Expenses:		
Salaries and wages	28,672,779	25,559,298
Employee benefits	6,217,530	5,816,162
Professional medical fees	1,343,252	1,617,949
Purchased services, supplies, and other	18,017,715	16,026,676
Depreciation and amortization	5,341,079	5,120,114
Interest	216,286	282,532
Gain on disposal of assets	(3,373)	(58,400)
Total expenses	59,805,268	54,364,331
Operating income	8,340,600	9,732,151
Other income (expense):		
Investment income	1,065,490	1,082,504
Other	154,522	(40,621)
Total other income, net	1,220,012	1,041,883
Excess of revenues over expenses	9,560,612	10,774,034
Other changes in unrestricted net assets:		
Change in unrealized gains and losses on investments, net	3,359,250	(356,304)
Net assets released from restrictions for the purchase of property and equipment	129,166	100,669
Reclassification of net assets due to donor matching	(59,383)	(132,783)
Total other changes in unrestricted net assets	3,429,033	(388,418)
Increase in unrestricted net assets	$ 12,989,645	10,385,616

See accompanying notes to consolidated financial statements.

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidated Statements of Changes in Net Assets

Years ended April 30, 2013 and 2012

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Balance, April 30, 2011	$ 100,721,032	499,004	1,573,063	102,793,099
Excess of revenues over expenses	10,774,034	—	—	10,774,034
Change in net unrealized gains and losses on investments, net	(356,304)	(7,759)	—	(364,063)
Restricted investment income	—	724	—	724
Interest and dividends	—	15,787	—	15,787
Net assets released from restrictions for the purchase of property and equipment	100,669	(100,669)	—	—
Change in value of charitable remainder trusts	—	(108,726)	—	(108,726)
Reclassification of net assets due to donor matching	(132,783)	99,450	33,333	—
Restricted contributions	—	109,221	61,340	170,561
Increase in net assets	10,385,616	8,028	94,673	10,488,317
Balance, April 30, 2012	111,106,648	507,032	1,667,736	113,281,416
Excess of revenues over expenses	9,560,612	—	—	9,560,612
Change in net unrealized gains and losses on investments, net	3,359,250	72,501	—	3,431,751
Interest and dividends	—	16,529	—	16,529
Net assets released from restrictions for operations	—	(9,945)	—	(9,945)
Net assets released from restrictions for the purchase of property and equipment	129,166	(129,166)	—	—
Change in value of charitable remainder trusts	—	(1,047)	—	(1,047)
Reclassification of net assets due to donor matching	(59,383)	30,940	28,443	—
Restricted contributions	—	74,199	45,946	120,145
Increase in net assets	12,989,645	54,011	74,389	13,118,045
Balance, April 30, 2013	$ 124,096,293	561,043	1,742,125	126,399,461

See accompanying notes to consolidated financial statements

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidated Statements of Cash Flows

Years ended April 30, 2013 and 2012

	2013	2012
Cash flows from operating activities:		
Increase in net assets	$ 13,118,045	10,488,317
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	5,242,113	5,107,743
Amortization of deferred financing costs	98,966	12,371
Provision for bad debts	3,963,281	3,888,614
Restricted contributions	(45,946)	(61,340)
Restricted investment income	—	(724)
Change in value of charitable remainder trusts	1,047	108,726
Gain on sale of property and equipment	(3,373)	(58,400)
Change in unrealized gains and losses on investments, net	(3,359,250)	364,063
Equity in earnings of Healthpark, LLC and ZARZ, LLC	(206,042)	—
Changes in assets and liabilities:		
Patient accounts receivable	(4,110,046)	(2,934,064)
Other receivables	(89,704)	(473,834)
Inventories	378,224	(183,758)
Prepaid expenses	(94,613)	(615,372)
Accounts payable	231,621	8,428
Accrued salaries, wages, and payroll taxes	(260,946)	800,763
Estimated third-party payor settlements	327,010	1,944,475
Accrued interest	(42,002)	(42,512)
Other assets	(916)	(105,220)
Net cash provided by operating activities	15,147,469	18,248,276
Cash flows from investing activities:		
Purchases of assets limited as to use	(37,050,180)	(29,251,699)
Sales and maturities of assets limited as to use	34,980,000	28,124,952
Additions to property and equipment	(5,078,641)	(12,005,648)
Capital contributions to Healthpark, LLC and ZARZ, LLC	(51,638)	—
Distributions from Healthpark, LLC and ZARZ, LLC	90,388	—
Net cash used in investing activities	(7,110,071)	(13,132,395)
Cash flows from financing activities:		
Repayment of long-term debt	(11,631,855)	(1,194,042)
Restricted contributions and investment income	45,946	62,064
Net cash used in financing activities	(11,585,909)	(1,131,978)
Net increase (decrease) in cash and cash equivalents	(3,548,511)	3,983,903
Cash and cash equivalents, beginning of year	5,669,695	1,685,792
Cash and cash equivalents, end of year	$ 2,121,184	5,669,695
Supplemental disclosure of cash flow information:		
Cash paid during the year for:		
Interest	$ 258,288	325,044

See accompanying notes to consolidated financial statements.

(1) Organization

Columbus Community Hospital, Inc. (the Hospital) operates a 47-bed acute care not-for-profit hospital located in Columbus, Nebraska.

The Hospital also sponsors and is the sole corporate member of the Columbus Community Hospital Foundation (the Foundation). The Foundation was incorporated for the sole benefit of the Hospital to promote and support the Hospital's charitable purpose. In addition, the Hospital incorporated Healthpark Title Company, which owns an interest in a medical office building that is adjacent to the Hospital facility and a second medical office building on the Hospital's east campus (note 9). The accompanying consolidated financial statements include the Hospital, the Foundation, and Healthpark Title Company. All significant intercompany accounts and transactions have been eliminated in consolidation.

(2) Summary of Significant Accounting Policies

The following is a summary of significant accounting policies of the Hospital and its affiliates described above. These policies are in accordance with U.S. generally accepted accounting principles.

(a) Use of Estimates

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

(b) Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid financial instruments with original maturities of three months or less, excluding those amounts included as part of the investment portfolio.

(c) Inventories

Inventories are stated at the lower of cost or market. Cost is determined principally using the first-in, first-out method.

(d) Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the accompanying consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest, and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Changes in unrealized gains and losses on investments are excluded from the excess of revenues over expenses unless the investments are trading securities. The Hospital periodically reviews its investment portfolio to determine whether any unrealized losses are other than temporary. No investment declines were determined to be other than temporary as of April 30, 2013 or 2012.

(Continued)

(e) Assets Limited as to Use

Assets limited as to use primarily include designated assets set aside by the board of directors for future capital improvements, over which the board retains control and may, at its discretion, subsequently use for other purposes.

(f) Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method based on the following useful lives:

Land improvements	10 to 15 years
Buildings	5 to 40 years
Equipment and furnishings	3 to 40 years
Medical office property and equipment	3 to 20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed into service.

(g) Impairment of Long-Lived Assets

Long-lived assets, such as property and equipment, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized to the extent the carrying amount of the asset exceeds its fair value.

(h) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

(i) Excess of Revenues over Expenses

The consolidated statements of operations include excess of revenues over expenses. Changes in unrestricted net assets, which are excluded from excess of revenues over expenses, consistent with industry practice, include changes in unrealized gains and losses on investments other than trading

securities, and contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets).

(j) Estimated Malpractice Costs

The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

(k) Fair Value of Financial Instruments

The Hospital utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. The Hospital determines fair value based on assumptions that market participants would use in pricing an asset or liability in the principal or most advantageous market. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

- Level 1 Inputs: Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date.
- Level 2 Inputs: Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 Inputs: Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

(l) Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

(m) Provision for Uncollectible Patient Accounts

The provision for uncollectible patient accounts is based upon the Hospital's management's assessment of expected net collections considering the accounts receivable aging, historical collections experience, economic conditions, trends in healthcare coverage, and other collection indicators. Management periodically assesses the adequacy of the allowances for uncollectible accounts and contractual adjustments based upon historical write-off experience. The results of these reviews are used to establish the net realizable value of patient accounts receivable. The Hospital follows established guidelines for placing certain patient balances with collection agencies. Self-pay

accounts are written off as bad debt at the time of transfer to the collection agency. Deductibles and coinsurance are classified as either third-party or self-pay receivables on the basis of which party has the primary remaining financial responsibility, while the total gross revenue remains classified based on the primary payor at the time of service. There are various factors that can impact collection trends, such as changes in the economy, which in turn may have an impact on unemployment rates and the number of uninsured and underinsured patients, the increased burden of copayments and deductibles to be made by patients with insurance, and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and our estimation process. Net patient accounts receivable have been adjusted to the estimated amounts expected to be collected and do not bear interest.

(n) Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Costs related to charges foregone calculated on a cost-to-charge method were approximately $705,000 and $592,000, in 2013 and 2012, respectively.

(o) Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

The Foundation has entered into legally binding agreements with certain donors, which require matching of donor contributions and thus restrict unrestricted net assets of the Foundation for specific purposes (donor matching funds). During 2013, $28,443 of endowment and $30,940 of temporary restricted net assets have been reclassified as either permanently or temporarily restricted in the accompanying consolidated financial statements. During 2012, $33,333 of endowment and $99,450 of temporary restricted net assets have been reclassified as either permanently or temporarily restricted in the accompanying consolidated financial statements.

(p) Endowment Funds

The Hospital follows the provisions of Financial Accounting Standards Board Accounting Standards Codification Subtopic 958-205, *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for All Endowment Funds* (FSP SFAS 117-1),

including any changes required to net asset classification of donor-restricted endowment funds and the incremental disclosure requirements for all endowment funds (including both donor-restricted and board-designated endowment funds).

(q) Income Taxes

The Hospital and the Foundation have been recognized as not-for-profit organizations by the Internal Revenue Service (IRS) as described in Section 501(c)(3) of the Internal Revenue Code (the Code) and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

The Healthpark Title Company has been recognized as a not-for-profit organization by the IRS as described in Section 501(c)(2) of the Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code.

The Hospital recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgment occurs. During 2013 and 2012, management determined that there are no income tax positions requiring recognition in the consolidated financial statements.

(r) Reclassification of prior Year Amounts

Certain reclassifications were made to prior year financial statements to conform to the 2013 presentation.

(s) New Accounting Standard

Effective April 30, 2013, the Hospital adopted ASU 2011-07, *Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which requires health care entities to present the provision for bad debt relating to patient service revenue as a deduction from patient service revenue in the consolidated statements of operations rather than as operating expense. Additional disclosures relating to the sources of patient revenue and the allowance for doubtful accounts related to patient accounts receivable are also required. The adoption of this ASU had no impact on the financial condition, results of operations, or cash flows.

(3) Net Patient Service Revenue

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

(a) Medicare

The Hospital continues to be reimbursed the cost of its inpatient services provided to Medicare beneficiaries through their participation in the Medicare sponsored "Rural Community Hospital Demonstration Program" (the Demonstration Program). The Demonstration Program is aimed at increasing the capability of selected rural hospitals to meet the needs of their service areas. The

Hospital is reimbursed at tentative rates with a final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare Audit Contractors (MACs). Prior to that time, the Hospital was reimbursed under the Inpatient Prospective Payment System (IPPS) based on service groups called diagnostic related groups (DRGs).

Effective March 11, 2010, the Hospital was approved for Sole Community Hospital (SCH) status. Sole community hospitals are acute-care facilities eligible for protected status under Medicare regulations and therefore can receive additional payments from Medicare under both IPPS and OPPS. The Hospital's reimbursement for inpatient Medicare services still defaults to the Demonstration Program; however, the financial impact between the Demonstration Program and IPPS is reduced due to the SCH payments.

The estimated impact of the Demonstration Program for the years ended April 30, 2013 and 2012 was an increase in reimbursement from the Medicare program of approximately $2,500,000 and $3,500,000, respectively, as compared to what would have been paid under IPPS with the SCH designation.

Outpatient services continue to be reimbursed under the Outpatient Prospective Payment System (OPPS) based on service groups called ambulatory payment classifications (APCs). In addition, the Hospital continues to qualify under the outpatient hold harmless provision, which provides temporary additional reimbursement for certain rural hospitals under 100 beds. The estimated impact of the Outpatient Hold Harmless Payments for the years ended April 30, 2013 and 2012 was an increase in reimbursement from the Medicare program of approximately $1,100,000 and $1,200,000, respectively, as compared to what would have been paid under OPPS. Effective January 1, 2013, the hold harmless provisions for the Hospital were discontinued.

(b) Nebraska Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Certain outpatient services are reimbursed based on a percentage rate representing the average ratio of cost to charges discounted by 27%.

Revenue from the Medicare and Medicaid programs accounted for approximately 41% and 8%, respectively, of the Hospital's charges for the year ended April 30, 2013. Revenue from the Medicare and Medicaid programs accounted for approximately 42% and 7%, of the Hospital's charges for the year ended April 30, 2012. Laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The 2013 net patient service revenue increased by approximately $281,600 due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements, and years that are no longer subject to audits, investigations and reviews. The 2012 net patient service revenue decreased by approximately $69,500 due to additional allowances required for years still subject to audits, reviews, and investigations.

The Hospital also has entered into payment agreements with certain commercial insurance carriers. The basis for payment to the Hospital under these agreements includes primarily discounts from established charges.

Patient service revenue (net of contractual allowances and discounts) as reflected in the accompanying consolidated statements of operations consists of the following:

	2013	2012
Gross patient charges:		
Inpatient changes	$ 35,837,948	32,769,176
Outpatient charges	72,523,263	63,000,074
Gross patient charges	108,361,211	95,769,250
Less:		
Deductions from gross patient charges:		
Contractual adjustments - Medicare, Medicaid, and other	37,451,518	28,605,462
Patient service revenue (net of contractual allowances and discounts)	$ 70,909,693	67,163,788

Patient service revenue (net of contractual allowances, discounts and provision for bad debts), recognized in 2013 from these major payor sources, is as follows:

Medicare	$ 18,087,802
Commercial insurance and other third-party payors	45,918,418
Patient (self-pay)	6,903,473
Patient service revenue (net of contractual allowance and discounts)	70,909,693
Provision for bad debt	3,963,281
Net patient service revenue less provision for bad debts	$ 66,946,412

(Continued)

(4) Long-Term Debt

Long-term debt as of April 30, 2013 and 2012 consisted of the following:

		2013	2012
Hospital Authority No. 1 of Platte County, Nebraska, Loan Funding Revenue Notes, payable in varying monthly principal installments to 2020, with a fixed-interest rate of 4.33%	$	—	11,631,855
Less current portion		—	1,244,138
Long-term debt, excluding current portion	$	—	10,387,717

During 2010, the Hospital refinanced its Series 2000 Hospital Revenue Bonds with Loan Funding Revenue Notes. These revenue notes were issued May 4, 2010 in the amount of $23,000,000 and provide for certain covenants that place restrictions on the incurrence of additional indebtedness and on the sale or disposition of property. During 2013, the Hospital paid in full the remaining debt.

(5) Retirement Plan

The Hospital participates in a contributory retirement plan covering substantially all eligible employees. The retirement plan is a Defined Contribution Money Purchase Plan, and the minimum benefit provision of the retirement plan is fully funded. Funding is based on a salary contribution factor (4% in 2013 and 2012) for all eligible employees, which is approved by the board of directors. Total retirement expense for the years ended April 30, 2013 and 2012 was $920,503 and $792,235, respectively.

(6) Insurance Coverage

The Hospital has a claims-made policy for its professional liability insurance coverage, which expires May 1, 2014. The policy provides coverage of $1,000,000 per claim with a $3,000,000 annual aggregate limit with no deductible requirement. Additionally, the Hospital has a $9,000,000 umbrella policy with no deductible requirement. In the event that the current policy is not replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, will be uninsured.

The Hospital also carries a workers' compensation policy that expires June 1, 2014 and provides coverage of $500,000 per claim with no deductible requirement.

The Hospital has provided for claims, including estimates of the ultimate costs of both reported claims and claims incurred, but not reported at year-end. Management is presently not aware of any incidents that would result in probable losses that would have a material adverse impact on the accompanying consolidated financial statements.

(7) Assets Limited as to Use

The following is a summary of assets limited as to use as of April 30, 2013 and 2012 (at fair value):

	2013				
	Cash and cash equivalents	Certificates of deposit	U.S. government securities	Equity securities	Total
Board–designated	$ 211,989	46,050,738	—	34,062,638	80,325,365

	2012				
	Cash and cash equivalents	Certificates of deposit	U.S. government securities	Equity securities	Total
Board–designated	$ 488,836	44,773,201	—	29,633,898	74,895,935

Investment income for assets limited as to use and cash and cash equivalents comprise the following for the years ended April 30, 2013 and 2012:

	2013	2012
Income:		
Investment income	$ 1,065,490	1,082,504
Other changes in unrestricted net assets:		
Changes in unrealized gains and losses on investments, net	3,359,250	(356,304)

Total unrealized losses at April 30, 2013 and 2012 were nominal.

(8) Fair Value Measurements

Fair Value of Financial Instruments

The following table presents the carrying amounts and estimated fair values of the Hospital's financial instruments at April 30, 2013 and 2012. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

	2013		2012	
	Carrying amount	Fair value	Carrying amount	Fair value
Financial assets:				
Cash and cash equivalents	$ 2,121,184	2,121,184	5,669,695	5,669,695
Patient accounts receivable	8,780,656	8,780,656	8,633,891	8,633,891
Other receivables	453,015	453,015	363,311	363,311
Assets limited as to use	80,325,365	80,325,365	74,895,935	74,895,935
Charitable remainder trusts	113,768	113,768	114,815	114,815
Financial liabilities:				
Accounts payable	$ 359,257	359,257	127,636	127,636
Accrued salaries, wages, payroll taxes, and other	3,945,290	3,945,290	4,206,236	4,206,236
Estimated third-party settlements	2,659,013	2,659,013	2,332,003	2,332,003
Long-term debt	—	—	11,631,855	11,455,210

The carrying amounts shown in the table are included in the consolidated balance sheets under the indicated captions. The fair values of the financial instruments represent management's best estimates of the amounts that would be received to sell those assets or that would be paid to transfer those liabilities in an orderly transaction between market participants at that date. Those fair value measurements maximize the use of observable inputs. However, in situations where there is little, if any, market activity for the asset or liability at the measurement date, the fair value measurement reflects the Hospital's own judgments about the assumptions that market participants would use in pricing the asset or liability. Those judgments are developed by the Hospital based on the best information available in circumstances.

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

Cash and cash equivalents, patient accounts receivable, other receivables, estimated third-party payor settlements, accounts payable and accrued salaries, wages and payroll taxes, and other – the carrying amount approximates fair value because of the short maturity of these instruments.

Assets limited as to use and charitable remainder trusts – the fair value is based on quoted market prices, if available, or estimated quoted market prices for similar securities.

(Continued)

Fair Value Hierarchy

The following tables present the financial instruments that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at April 30, 2013 and 2012:

	2013 Fair value	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 2,121,184	2,121,184	—	—
Charitable remainder trusts	113,768	—	113,768	—
Assets limited as to use:				
Cash and cash equivalents	$ 211,989	211,989	—	—
Certificates of deposit	46,050,738	—	46,050,738	—
Mutual funds:				
Indexed	15,725,100	15,725,100	—	—
Mid Cap	3,681,168	3,681,168	—	—
Small Cap	1,823,829	1,823,829	—	—
International	5,778,004	5,778,004	—	—
Bond	7,054,537	7,054,537	—	—
Total assets limited as to use	$ 80,325,365	34,274,627	46,050,738	—

	2012 Fair value	Level 1	Level 2	Level 3
Assets:				
Cash and cash equivalents	$ 5,669,695	5,669,695	—	—
Charitable remainder trusts	114,815	—	114,815	—
Assets limited as to use:				
Cash and cash equivalents	$ 488,836	488,836	—	—
Certificates of deposit	44,773,201	—	44,773,201	—
Mutual funds:				
Indexed	13,751,400	13,751,400	—	—
Mid Cap	3,143,748	3,143,748	—	—
Small Cap	1,554,504	1,554,504	—	—
International	5,149,307	5,149,307	—	—
Bond	6,034,939	6,034,939	—	—
Total assets limited as to use	$ 74,895,935	30,122,734	44,773,201	—

The Hospital's accounting policy is to recognize transfers between levels of the fair value hierarchy on the date of the event or change in circumstances that caused the transfer. There were no transfers into or out of Level 1 or Level 2 for the years ended April 30, 2013 and 2012.

(9) Investment in Healthpark, LLC and ZARZ, LLC

The Hospital has entered into an agreement with certain investors to operate a medical office building adjacent to the existing hospital campus. The Hospital's ownership interest of approximately 29% at April 30, 2013 and 2012 is reflected as an investment in the LLC in the accompanying consolidated balance sheets. Profits and losses are allocated among the members in accordance with their ownership interests. The Hospital has entered into a second agreement with certain investors to operate a medical office building on the Hospital's east campus. The Hospital's ownership interest of approximately 50% at April 30, 2013 is reflected as an investment in the LLC in the accompanying consolidated balance sheets. Profits and losses are allocated among the members in accordance with their ownership interests. The Hospital owns these investments through its wholly owned subsidiary, Healthpark Title Company. The Hospital accounts for its Investment in Healthpark, LLC and ZARZ, LLC under the equity method.

(10) Temporarily and Permanently Restricted Net Assets

Temporarily restricted assets are available for the following purposes at April 30, 2013 and 2012:

		2013	2012
Scholarships	$	17,453	17,053
Charitable remainder trust (primarily time restriction)		113,768	114,815
Capital equipment		429,822	375,164
	$	561,043	507,032

Permanently restricted net assets include endowment funds, which are to be held in perpetuity. The income on such funds is expendable for the following purposes at April 30, 2013 and 2012:

		2013	2012
General healthcare (unrestricted)	$	1,139,344	1,068,455
Capital		521,109	521,109
Other healthcare programs		81,672	78,172
	$	1,742,125	1,667,736

(Continued)

(11) Commitments

Leases

Certain equipment and building space is being leased under long-term noncancelable operating leases. The total rent expense under operating leases for 2013 and 2012 was $765,853 and $621,379, respectively. Future minimum lease payments for noncancelable lease terms in excess of one year as of April 30, 2013 were as follows:

2014	$ 221,393
2015	119,336
2016	119,336
2017	99,447
	$ 559,512

(12) Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents of Nebraska and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at April 30, 2013 and 2012 is as follows:

	2013	2012
Medicare	21%	18%
Medicaid	6	8
Other	73	74
	100%	100%

(13) Contingencies

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursements for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with fraud and abuse, as well as other applicable government laws and regulations. While no regulatory inquiries have been made that are expected to have a material effect on the Hospital's consolidated financial statements, compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

(14) Guarantees

Consistent with its policy on physician relocation and recruitment, the Hospital provides income guarantee agreements to certain physicians who agree to relocate to its community to fill a need in the Hospital's service area and commit to remain in practice there. Under such agreements, the Hospital is required to make payments to the physicians in excess of the amounts they earn in their practice up to the amount of the income guarantee. The income guarantee periods are typically 12 months. Such payments are recoverable from the physicians if they do not fulfill their commitment period to the community, which is typically three years. The Hospital also provides minimum revenue guarantees to physician groups providing certain services at its hospitals with terms ranging from one to three years. As of April 30, 2013 and 2012, the Hospital had outstanding advances of approximately $247,000 and $197,000, respectively, under the agreements. The Hospital is currently not committed to any future guarantees.

(15) Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. Expenses related to providing these services are as follows:

	2013	2012
Healthcare services	$ 51,279,681	46,843,400
General and administrative	8,525,587	7,520,931
	$ 59,805,268	54,364,331

(16) Endowments

The Foundation's endowment consists of 28 individual funds established for a variety of purposes. As required by U.S. generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the board of directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Foundation has interpreted the State Uniform Prudent Management of Institutional Funds Act (SUPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by SUPMIFA. In accordance with SUPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund

(Continued)

(2) The purposes of the Foundation and the donor-restricted endowment fund

(3) General economic conditions

(4) The possible effect of inflation and deflation

(5) The expected total return from income and the appreciation of investments

(6) Other resources of the Foundation

(7) The investment policies of the Foundation

The following sets forth the endowment by type of fund as of April 30, 2013 and 2012:

	Unrestricted	Temporarily restricted	Permanently restricted	Total
2013:				
Donor-restricted endowment funds	$ —	114,871	1,742,125	1,856,996
2012:				
Donor-restricted endowment funds	$ —	45,773	1,667,736	1,713,509

Changes in Endowment Net Assets

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets, April 30, 2011	$ —	112,554	1,573,063	1,685,617
Investment return:				
Investment gain	—	8,752	—	8,752
Contributions	—	—	94,673	94,673
Appropriation of endowment assets for expenditure	—	(75,533)	—	(75,533)
Endowment net assets, April 30, 2012	$ —	45,773	1,667,736	1,713,509

(Continued)

Changes in Endowment Net Assets

	Unrestricted	Temporarily restricted	Permanently restricted	Total
Endowment net assets, April 30, 2012	$ —	45,773	1,667,736	1,713,509
Investment return:				
Investment gain	—	89,678	—	89,678
Contributions	—	—	74,389	74,389
Appropriation of endowment assets for expenditure	—	(20,580)	—	(20,580)
Endowment net assets, April 30, 2013	$ —	114,871	1,742,125	1,856,996

(a) Return Objectives and Risk Parameters

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Foundation must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the board of directors, the endowment assets are invested in a manner that is a conservative level of investment risk. Actual returns in any given year may vary.

(b) Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

(c) Appropriation Policy and How the Investment Objectives Relate to Appropriation Policy

The spending policy for endowed funds is determined by the board of directors. In establishing this policy, the Foundation considers the long-term expected return on its endowment. Accordingly, over the long term, the Foundation is generally focusing on finding securities that demonstrate the ability for price appreciation and earnings momentum equal to major stock index performance. This is consistent with the Foundation's objective to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

(17) Subsequent Events

The Hospital has evaluated subsequent events from the consolidated balance sheet date through July 18, 2013, the date at which the consolidated financial statements were available to be issued, and determined there are no other material items to disclose.

Schedule I

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidating Balance Sheet Information

April 30, 2013

Assets	Hospital	Foundation	Eliminations	Consolidated
Current assets				
Cash and cash equivalents	$ 1,933,467	187,717	—	2,121,184
Patient accounts receivable, net of allowance for doubtful accounts	8,780,656	—	—	8,780,656
Other receivables	453,015	—	—	453,015
Inventories	1,077,673	14,328	—	1,092,001
Prepaid expenses	1,512,950	—	—	1,512,950
Assets limited as to use – required to meet current obligations	—	—	—	—
Total current assets	13,757,761	202,045	—	13,959,806
Assets limited as to use				
Board-designated investments	46,218,316	34,107,049	—	80,325,365
Total assets limited as to use	46,218,316	34,107,049	—	80,325,365
Beneficial interest in net assets of the Foundation	34,415,472	—	(34,415,472)	—
Property and equipment				
Land and improvements	4,298,131	—	—	4,298,131
Buildings	41,701,943	—	—	41,701,943
Equipment and furnishings	38,126,738	—	—	38,126,738
Medical office property and equipment	2,520,625	—	—	2,520,625
Construction in progress	79,008	—	—	79,008
Total property and equipment	86,726,445	—	—	86,726,445
Less accumulated depreciation	49,024,728	—	—	49,024,728
Total property and equipment, net	37,701,717	—	—	37,701,717
Investment in Healthpark LLC and ZARZ LLC	1,047,503	—	—	1,047,503
Other assets	214,862	113,768	—	328,630
Total assets	$ 133,355,631	34,422,862	(34,415,472)	133,363,021

(Continued)

Schedule I

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidating Balance Sheet Information

April 30, 2013

Liabilities and Net Assets		Hospital	Foundation	Eliminations	Consolidated
Current liabilities					
Accounts payable	$	351,867	7,390	—	359,257
Accrued salaries, wages, and payroll taxes		3,945,290	—	—	3,945,290
Estimated third-party payor settlements		2,659,013	—	—	2,659,013
Total current liabilities		6,956,170	7,390	—	6,963,560
Net assets					
Unrestricted		124,096,293	32,112,304	(32,112,304)	124,096,293
Temporarily restricted		561,043	561,043	(561,043)	561,043
Permanently restricted		1,742,125	1,742,125	(1,742,125)	1,742,125
Total net assets		126,399,461	34,415,472	(34,415,472)	126,399,461
Total liabilities and net assets	$	133,355,631	34,422,862	(34,415,472)	133,363,021

See accompanying independent auditors' report

Schedule II

COLUMBUS COMMUNITY HOSPITAL, INC. AND AFFILIATES
COLUMBUS, NEBRASKA

Consolidating Statement of Operations Information

Year ended April 30, 2013

	Hospital	Foundation	Eliminations	Consolidated
Unrestricted revenues, gains, and other support				
Patient service revenue (net of contractual allowance and discounts)	$ 70,909,693	—	—	70,909,693
Provision for bad debts	(3,963,281)	—	—	(3,963,281)
Net patient service revenue less provision for bad debts	66,946,412	—	—	66,946,412
Other revenue	1,000,713	198,743	—	1,199,456
Total revenues, gains, and other support	67,947,125	198,743	—	68,145,868
Expenses				
Salaries and wages	28,672,779	—	—	28,672,779
Employee benefits	6,217,530	—	—	6,217,530
Professional medical fees	1,343,252	—	—	1,343,252
Purchased services, supplies, and other	17,861,779	155,936	—	18,017,715
Depreciation and amortization	5,341,079	—	—	5,341,079
Interest	216,286	—	—	216,286
Gain on disposal of assets	(3,373)	—	—	(3,373)
Total expenses	59,649,332	155,936	—	59,805,268
Operating income	8,297,793	42,807	—	8,340,600
Other income				
Investment income	318,431	747,059	—	1,065,490
Other	154,522	—	—	154,522
Total other income, net	472,953	747,059	—	1,220,012
Excess of revenues over expenses	8,770,746	789,866	—	9,560,612
Other changes in unrestricted net assets				
Change in unrealized gains and losses on investments, net	—	3,359,250	—	3,359,250
Change in beneficial interest in net assets of Foundation	4,161,733	—	(4,161,733)	—
Transfer between entities	117,549	(117,549)	—	—
Net assets released from restrictions for the purchase of property and equipment	—	129,166	—	129,166
Reclassification of net assets due to donor matching	(60,383)	1,000	—	(59,383)
Total other changes in unrestricted net assets	4,218,899	3,371,867	(4,161,733)	3,429,033
Increase in unrestricted net assets	$ 12,989,645	4,161,733	(4,161,733)	12,989,645

See accompanying independent auditors' report