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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 05-01-2014 , and ending 04-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Columbus Community Hospital Inc
% Shauna Czarnick

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Columbus, NE 68602

D Employer identification number
47-0542043

E Telephone number
(402) 562-3357

G Gross receipts $ 87,199,406

F Name and address of principal officer
Micheal Hansen
4600 38th Street
Columbus, NE 68601

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

H(b) Are all subordinates 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	692
6	Total number of volunteers (estimate if necessary)	**6**	339
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	18,456
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-30,480

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	61,455	209,336
9	Program service revenue (Part VIII, line 2g)	79,026,667	85,845,372
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	364,263	278,753
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	839,618	865,945
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	80,292,003	87,199,406
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,510,490	1,527,434
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)	35,614,672	38,405,724
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)	31,211,175	32,675,999
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	68,336,337	72,609,157
19	Revenue less expenses Subtract line 18 from line 12	11,955,666	14,590,249

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	108,463,254	100,393,386
21	Total liabilities (Part X, line 26)	6,261,385	6,203,038
22	Net assets or fund balances Subtract line 21 from line 20	102,201,869	94,190,348

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

****** | 2016-03-02
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
LORRAINE A EGGER	LORRAINE A EGGER			P00223617

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 or note to any line 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 $ 68,847,198 including grants of $ 91,630) (Revenue $ 86,410,143)

Attachment 1 ("CCH") is a 47 bed acute care hospital which currently employs over 600 people It is a significant, positive economic force for the Columbus 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 a) The main focus is acute care services for patients All 47 acute care beds at CCH are also certified as swing beds b) To assist our non-English speaking patients, CCH uses competent, certified, 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 c) To make the patient's stay successful and comfortable, CCH provides 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 CCH uses Bar-Coded Medication Administration, Smart Pumps, and Computerized Physician Order Entry to enhance safety d) CCH offers Rehabilitative Services such as Physical Therapy, Speech Therapy, Occupational Therapy and Drivers 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 Physical Therapists, Occupational Therapists and Speech Therapists 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 74 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 e) 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 90 to 100 Endoscopy Procedures each month, blood transfusions, and Chemotherapy Infusions f) 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 g) CCH has an up to date Laboratory which performs over 13,000 tests on average per month, for both Inpatients and Outpatients h) 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 i) CCH opened Wound Care Services in August of 2008 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 about 100 patients per month for wound care j) 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 1 Supervision and administration of medications 2 Intravenous Therapy 3 Teaching diabetic management 4 Nutritional Assessments 5 Home Health aides 6 Personal Care Services 7 Occupational, Speech and Physical Therapies 8 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 k) 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 l) CCH's Sleep Lab offers complete Polysomnographic Sleep Testing for the purpose of diagnosing obstructive/central sleep apnea by trained and licensed Sleep Technicians Both daytime and night sleep studies are performed m) 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 800 companies and with other health care professionals, OHS provides the Columbus and regional area business and industry with a comprehensive range of services designed to support and maintain a healthy, safe workforce while assisting to meet OSHA and DOT compliance regulations Their full range of services include 1 A comprehensive testing procedure called the Physical Capacity Profile (PCP) that 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 2 Drug and Alcohol Testing Services 24/7 3 DOT Physicals 4 Pre Employment/Post Job Offer Physical Assessments 5 On Site Nursing Services 6 Hearing/Vision Testing 7 Hearing Conservation Program Management 8 Respiratory Fit Testing 9 Respiratory Evaluation Services 10 Flu Shots and Immunization Programs 11 Wellness Programs n) 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 o) 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 p) 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 region's Medicare providers CCH feels we are well prepared to handle a natural disaster or pandemic should one arise

4b (Code) (Expenses $ 1,435,804 including grants of $ 1,435,804) (Revenue $)

Attachment 2 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 greater than $1,200, 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** ▶ 70,283,002

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	45		
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	692		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	10		
	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, address, and telephone number of the person who possesses the organization's books and records

▶Shauna Czarnick
4600 38th Street
Columbus, NE 68601 (402) 562-3362

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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) Jeffrey Gotschall MD Chairman	1 0 0 0	X		X				0	0	0
(2) Brian Schmidt Vice Chairman	1 0 0 0	X		X				0	0	0
(3) Clark Lehr Treasurer	1 0 0 0	X		X				0	0	0
(4) Brett Bonwell Director	1 0 0 0	X						0	0	0
(5) Stan Emerson Director	1 0 0 0	X						0	0	0
(6) Ronald Ernst MD Director	1 0 0 0	X						0	0	0
(7) Bonnie McPhillips Director	1 0 0 0	X						0	0	0
(8) Beth Przymus Director	1 0 0 0	X						0	0	0
(9) Tim Tooley Director	1 0 0 0	X						0	0	0
(10) Christian VanKirk MD Director	1 0 0 0	X						0	0	0
(11) Michael Hansen President/CEO/Secretrary	40 0 0 0			X				560,232	0	63,373
(12) Amy Blaser VP Business Development	40 0 0 0			X				146,817	0	36,219
(13) J Joseph Barbaglia VP Finance	40 0 0 0			X				236,854	0	32,765
(14) Linda Walline VP Nursing	40 0 0 0			X				200,087	0	28,950

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			
(15) James Goulet	40 0			X				209,802	0	29,845
VP Operations	0 0									
(16) Mark Howerter MD	40 0					X		462,749	0	31,356
Physician	0 0									
(17) Michael McGuire MD	40 0					X		532,281	0	17,420
Physician	0 0									
(18) Dustin Volkmer MD	40 0					X		448,440	0	25,114
Physician	0 0									
(19) Edward Fehringer MD	40 0					X		564,613	0	31,356
Physician	0 0									
(20) Richard Cimpl	40 0					X		618,751	0	29,585
Physician	0 0									

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	3,980,626	0	325,983

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 ▶ 36

			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
TSP Construction Services Inc, 1112 N West Ave Sioux Falls, SD 571041333	Construction	11,898,402
McKesson Technologies Inc, PO Box 98347 Chicago, IL 60693	IT Consulting	1,168,106
Inpatient Physician Associates, 3200 Pine Lake Rd Suite A Lincoln, NE 68516	Hospitalist Svcs	941,136
Renovo Solutions LLC, 1801 E Park Court Plaza Suite 206 Santa Ana, CA 92701	Equipment Maint	214,412
Harry A Koch Co, PO Box 3875 Omaha, NE 681030875	Insurance Broker	188,574

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 ▶ 8

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	209,336			
	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 . . . . . ▶		209,336			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	621110	84,887,462	84,887,462		
	b	Meaningful Use Payment	900099	957,910	957,910		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		85,845,372			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		276,993			276,993
	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		1,760			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		1,760			
	d	Net gain or (loss) . . . . . ▶		1,760			1,760
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	57,411	57,411		
	b	Cafeteria	722514	282,718			282,718
	c	Health Watch	900099	46,130	46,130		
	d	All other revenue		479,686	461,230	18,456	
	e	**Total.** Add lines 11a–11d . . . . . ▶		865,945			
	12	**Total revenue.** See Instructions . . . . . ▶		87,199,406	86,410,143	18,456	561,471

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	91,630	91,630		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,435,804	1,435,804		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	1,353,792		1,353,792	
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	29,497,195	29,497,195		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,074,053	1,074,053		
9 Other employee benefits	4,431,161	4,431,161		
10 Payroll taxes	2,049,523	2,049,523		
11 Fees for services (non-employees)				
a Management	0			
b Legal	80,511		80,511	
c Accounting	171,332		171,332	
d Lobbying	6,473		6,473	
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)	3,150,709	3,150,709		
12 Advertising and promotion	163,281		163,281	
13 Office expenses	9,390,628	9,134,310	256,318	
14 Information technology	1,793,176	1,793,176		
15 Royalties	0			
16 Occupancy	1,523,879	1,523,879		
17 Travel	169,415		169,415	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	125,033		125,033	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,070,569	5,070,569		
23 Insurance	309,855	309,855		
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	4,884,845	4,884,845		
b Minor Equip & Financing AGR	2,502,076	2,502,076		
c Purchased Services	1,622,165	1,622,165		
d Recruiting	312,097	312,097		
e All other expenses	1,399,955	1,399,955		
25 **Total functional expenses.** Add lines 1 through 24e	72,609,157	70,283,002	2,326,155	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 or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,961,224	1	3,994,478
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		9,015,656	4	10,097,589
	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		1,348,807	8	1,399,607
	9	Prepaid expenses and deferred charges		1,828,137	9	1,918,503
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 107,432,820			
	b	Less accumulated depreciation	10b 58,471,431	38,650,359	10c	48,961,389
	11	Investments—publicly traded securities		51,402,269	11	33,844,577
	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		256,802	15	177,243
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		108,463,254	16	100,393,386
Liabilities	17	Accounts payable and accrued expenses		6,261,385	17	6,203,038
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	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		6,261,385	26	6,203,038
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		102,201,869	27	94,190,348
	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		102,201,869	33	94,190,348
	34	Total liabilities and net assets/fund balances		108,463,254	34	100,393,386

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	87,199,406
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,609,157
3	Revenue less expenses Subtract line 2 from line 1	3	14,590,249
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,201,869
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	-22,601,770
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,190,348

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		6,473
j	Total Add lines 1c through 1i			6,473
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

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

Return Reference	Explanation
Form Sch C Part II-B Line 1i	Dues paid to American Hospital Association allocated to lobbying $3,111 and dues paid to Nebraska Hospital Association allocated to lobbying $3,362

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	1,798,246	1,742,125	1,667,736	1,573,063	1,506,660
b	Contributions	8,037	56,121	74,389	94,673	66,403
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,806,283	1,798,246	1,742,125	1,667,736	1,573,063

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

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

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,325,401		1,325,401
b Buildings		44,365,903	22,184,385	22,181,518
c Leasehold improvements				
d Equipment		42,881,936	34,102,087	8,779,849
e Other		18,859,580	2,184,959	16,674,621
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				48,961,389

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. 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. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
Form 990, Sch 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
Form 990, Sch D, Part X, Line 2	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 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 2015 and 2014, management determined that there are no income tax positions requiring recognition in the financial statements

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 ☑ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
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 ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	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		No
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		
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)			724,507		724,507	1 070 %
b Medicaid (from Worksheet 3, column a)			4,787,421	1,984,459	2,802,962	4 140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			5,511,928	1,984,459	3,527,469	5 210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		76,711	184,778	391	184,387	0 270 %
f Health professions education (from Worksheet 5)			352,688	7,410	345,278	0 510 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			30,777		30,777	0 040 %
j **Total.** Other Benefits		76,711	568,243	7,801	560,442	0 820 %
k **Total.** Add lines 7d and 7j		76,711	6,080,171	1,992,260	4,087,911	6 030 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements	1		1,878		1,878	
5	Leadership development and training for community members						
6	Coalition building	2	1,577	31,588	22,581	9,007	0 010 %
7	Community health improvement advocacy						
8	Workforce development	1	1,253	2,057	1,290	767	
9	Other						
10	**Total**	4	2,830	35,523	23,871	11,652	0 010 %

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	4,884,846		
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	20,464,568
6	Enter Medicare allowable costs of care relating to payments on line 5	6	23,799,240
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-3,334,672
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	27 000 %		73 000 %
2	ZARZ LLC	Property management	44 000 %		56 000 %
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, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Columbus Community Hospital Inc

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group: Columbus Community Hospital Inc

			Yes	No
Financial Assistance Policy (FAP)				
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100% and FPG family income limit for eligibility for discounted care of 200 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group Columbus Community Hospital Inc

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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 individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	Premier Physical Therapy of CCH US 30 Center Bldg 3100-23rd St St 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 St 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 services to residents
6	Hospice of Columbus Community Hospital 3005-19th St Suite 600 Columbus, NE 686014248	Hospice Services
7	Columbus Community Hospital Sleep Lab 3020-19th St Suite 100 Columbus, NE 686014252	Polysomnographic Sleep Testing
8	Home Health of Columbus Community Hosp 3005-16th St Suite 600 Columbus, NE 686014248	Home Health Services
9	Columbus Orthopedic & Sports Med Clinic 4508 38th St Suite 133 Columbus, NE 686011668	Free Standing Clinic
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
Form 990, Sch H, Part I, Line 3c	N/A

Form and Line Reference	Explanation
Form 990, Sch H, 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

Form and Line Reference	Explanation
Form 990, Sch H, Part I, Line 7	Part I, Line 7B THE REVENUE GENERATED BY MEDICAID PATIENTS IS MULTIPLIED BY THE COST TO CHARGE RATIO DEVELOPED IN WORKSHEET 2 THE REMAINING PRODUCT IS THE CALCULATED COST ASSOCIATED WITH THE CHARGES FROM MEDICAID PATIENTS THESE COSTS ARE REDUCED BY THE REIMBURSEMENTS COLLECTED FOR THE MEDICAID CHARGES THE REMAINING NUMBER IS THE NET COMMUNITY BENEFIT EXPENSE PART I, LINE 7E EXPENSES REPRESENT WAGES ALONG WITH SERVICES AND SUPPLIES PURCHASED BY THE HOSPITAL DIRECT OFFSETTING REVENUES REPRESENT CASH COLLECTED FOR THESE SERVICES PART I, LINE 7F EXPENSES REPRESENT WAGES ALONG WITH SERVICES AND SUPPLIES PURCHASED BY THE HOSPITAL DIRECT OFFSETTING REVENUES REPRESENT CASH COLLECTED FOR THESE SERVICES PART I, LINE 7I CASH DONATIONS REPRESENT THE MAJORITY OF THESE DONATIONS, THE LARGEST AMOUNT, $25,000 GOING TO THE EAST CENTRAL DISTRICT HEALTH DEPARTMENT TO SUPPORT COMMUNITY HEALTH PROGRAMS OTHER CASH DONATIONS WERE MADE TO SMALLER ORGANIZATIONS FOR PROGRAMS OR EVENTS RELATING TO HEALTH as follows Prescription medicine for out-patient (non-employee) - $809, Hotel Accommodations for out-patient (non-employee) - $267, Loup d' Loup Bike Ride to end Polio - $500, Platte County Historical Society $300, Bluefest for Cystic Fibrosis - $250, ALS in the Heartland - $250, Alzheimer's Association - $300, American Cancer Society - $3,000, Meals on Wheels - $101 PART I, LINE 7, COLUMN (F) THE AMOUNT OF 67,724,312 USED AS THE DENOMINATOR TO COMPUTE COLUMN (F) IS CALCULATED BY TAKING TOTAL FUNCTIONAL EXPENSES OF 72,609,157 MINUS BAD DEBT EXPENSE OF 4,884,845

Form and Line Reference	Explanation
Form 990, Sch H, Part II	COMMUNITY BUILDING ACTIVITIES - THE HOSPITAL CONTINUES TO COLLABORATE WITH THE LOCAL CHAMBER OF COMMERCE TO RECRUIT SKILLED PROFESSIONALS TO FILL JOB OPENINGS IN THE COMMUNITY THE HOSPITAL ALSO PROVIDES SUPPORT AND STAFF TIME TO ASSIST IN HIGHLIGHTING THE HEALTHCARE COMMUNITY, PROVIDING SPECIFIC DEPARTMENT OR HOSPITAL TOURS IN ORDER TO RECRUIT SKILLED PROFESSIONALS TO LIVE AND WORK HERE IN THE COMMUNITY THE HOSPITAL DONATED LAND TO THE CITY OF COLUMBUS PROVIDING 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 MAKING IT VERY ACCESSIBLE FOR STROLLERS, WHEELCHAIRS AND OTHER ASSISTIVE DEVICES TO FISH OR WATCH THE WATER FOWL ON THE LAKE LOCAL ASSISTED LIVING AND NURSING CARE CENTERS CAN DRIVE TO THE ACCESSIBLE DOCK, ALLOWING THEIR RESIDENTS TO HAVE CONVENIENT ACCESS TO THE LAKE AS WELL THIS URBAN LAKE, WATERFOWL AREA PROVIDES A COMMUNITY SPACE WITHIN THE CITY LIMITS FOR THE WHOLE COMMUNITY, YOUNG AND OLD ALIKE - THE HOSPITAL CONTINUES TO PARTNER WITH OUR LOCAL DISTRICT PUBLIC HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER (CHC) ON SEVERAL PROJECTS AND COMMUNITY DISEASE PREVENTION INITIATIVES THE HOSPITAL PROVIDES FINANCIAL SUPPORT AND 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 MAKING A REAL DIFFERENCE IN THE LIVES OF PEOPLE LIVING WITH CHRONIC HEALTH ISSUES THE HOSPITAL ALSO PROVIDES FREE FLU SHOTS TO RESIDENTS OF HARBOR OF HOPE, A HOMELESS SHELTER - ADDITIONALLY, CCH PARTICIPATES 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 ADDITIONALLY, THE CCH BOARD HAS APPROVED THE CONSTRUCTION OF A DAY CARE CENTER THAT WILL PROVIDE NOT ONLY DAY CARE, BUT PRE-SCHOOL LEARNING USING THE EDUCARE MODEL - THE CCH BOARD OF DIRECTORS HAS APPROVED THE CONSTRUCTION OF A $21 0 MILLION, 85,723 SQUARE FEET COMMUNITY WELLNESS FACILITY THAT WILL BE LEASED, BELOW FAIR MARKET VALUE, TO THE YMCA THE WELLNESS CENTER WILL BE AVAILABLE FOR USE BY THE ENTIRE COMMUNITY AND INCLUDE 2 GYMS, POOL, WEIGHTS AND EXERCISE EQUIPMENT, ALL IN 62,397 SQUARE FEET CLASSES FOR WELLNESS AND FITNESS WILL BE PROVIDED BY HEALTHCARE PROFESSIONALS FROM THE HOSPITAL AND YMCA STAFF THE FACILITY WILL ALSO HOUSE THE HOSPITAL'S ADULT THERAPIES AND PEDIATRIC THERAPY IN SEPARATE AREAS THIS FACILITY OPENED ON OCTOBER 27, 2015

Form and Line Reference	Explanation
Form 990, Sch H, Part III, SECTION A, Line 2	THE METHODOLOGY USED TO ESTIMATE THE BAD DEBT EXPENSE IS TO TAKE THE PRIVATE PAY WRITE-OFFS FOR THE YEAR AND DIVIDE THEM BY THE TOTAL REVENUE GENERATED FROM SELF-PAY PATIENTS AND MULTIPLY THE PRODUCT BY THE SELF-PAY ACCOUNTS RECEIVABLE THIS GIVES THE AMOUNT OF RESERVE NECESSARY TO COVER THE POTENTIAL BAD DEBT IN CURRENT SELF-PAY ACCOUNTS RECEIVABLE BAD DEBT EXPENSE FOR THE FISCAL YEAR IS THE AMOUNT OF ADDITIONAL EXPENSE NECESSARY TO BRING THAT RESERVE ACCOUNT TO THE CALCULATED (ESTIMATED) BALANCE

Form and Line Reference	Explanation
Form 990, Sch H, Part III, SECTION A, Line 3	N/A

Form and Line Reference	Explanation
Form 990, Sch H, Part III, SECTION A, 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

Form and Line Reference	Explanation
Form 990, Sch H, 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 , ROUTING 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 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 CENTERS 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

Form and Line Reference	Explanation
Form 990, Sch H, 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 FINANCIA L 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, FA IR AND EQUITABLE FINANCIAL AID PRACTICES IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERA L AND STATE LAWS AND REGULATIONS NEEDS ASSESSMENT IN 2010, COLUMBUS COMMUNITY HOSPITAL BE GAN IMPLEMENTING A FIVE YEAR STRATEGIC PLAN THE PLAN INCLUDES A THOROUGH ASSESSMENT OF TH E ORGANIZATION'S EXTERNAL ENVIRONMENT IN TERMS OF OPPORTUNITIES AND THREATS, AS WELL AS AN ASSESSMENT OF THE ORGANIZATIONS 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 (EB P) AND EDUCATING STAFF ON THE IMPORTANCE OF USING AND INTEGRATING THESE PROCESSES IN DAILY OPERATIONS CCH HAS IMPLEMENTED AN ELECTRONIC MEDICAL RECORD TO AFFORD EASE OF INFORMATIO N ACCESS AND COMMUNICATION ACROSS THE CONTINUUM OF CARE THE CLINICAL LEADERSHIP GROUP FOR NURSING AND RESPIRATORY THERAPY HAVE INITIATED A REVIEW OF HOW TO INTEGRATE EBP INTO THE CLINICAL AREAS AND WILL BE STARTING CLASSES TO EDUCATE STAFF WITHIN AND OUTSIDE NURSING 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 THE HOSPITAL CONTINUES TO WORK WITH THE S TUDER GROUP TO HARDWIRE APPROPRIATE TOOLS, FOCUSING ON IMPROVING PATIENT OUTCOMES AND CREA TING A CULTURE/ENVIRONMENT WHERE STAFF WANT TO WORK AND PHYSICIANS WANT TO BRING THEIR PAT IENTS 3)PEOPLE - CCH HAS CONTINUED TO BE AGGRESSIVE IN ITS RECRUITMENT EFFORTS TO ATTRACT AND RETAIN THE WORKFORCE NEEDED TO SUPPORT STRATEGIC GROWTH INITIATIVES ACROSS ALL SERVIC E LINES CCH IS INITIATING A NEW ONBOARDING PROCESS FOR NEW EMPLOYEES IN ADDITION, NURSIN G HAS UPDATED THEIR ORIENTATION PROGRAM AND HAS TRAINED PRECEPTORS AND NURSE MENTORS/COACH ES 4)SERVICES - CCH PERFORMS AN ANNUAL, COMPREHENSIVE PROGRAM REVIEW OF EXISTING AND NEW SERVICES AND HAS RANKED PRIORITY SERVICE LINE DEVELOPMENT TO BEGIN IN THE AREAS OF HOSPITA L MEDICINE, ORTHOPEDICS, CARDIOLOGY, CANCER AND REHAB SERVICES 5)FACILITIES - CCH HAS DEV ELOPED A COMPREHENSIVE MASTER FACILITIES PLAN THAT CAN ADAPT TO CURRENT AND FUTURE PATIENT CARE NEEDS AN EMERGENCY DEPARTMENT EXPANSION WAS COMPLETED IN 2012 AND WE NOW ARE IN THE PROCESS OF BUILDING A NEW MEDICAL OFFICE BUILDING WHICH WILL HOUSE OUR VISITING PHYSICIAN S AND W O C HEALTH CENTER (WOUND, OSTOMY AND CONTINENCE CARE) 6)FINANCE - CCH WILL WORK DILIGENTLY TO MAINTAIN FINANCIAL STABILITY THEIR APPROACH INCLUDES WORK TO EXTEND THE DE MONSTRATION PROJECT WITH A PLAN IN PLACE IF THE PROGRAM IS DISCONTINUED, MAINTAIN A CONSER VATIVE SUCCESSFUL INVESTMENT STRATEGY AND GROW THE CCH FOUNDATION/AUXILIARY PATIENT EDUCA TION OF ELIGIBILITY FOR ASSISTANCE HERE IS A SAMPLE OF WHAT IS AVAILABLE ON OUR CCH WEB SI TE WITH DETAILED LINKS A HARD COPY WITH INFORMATION IS ALSO AVAILABLE IN A SPECIAL WALL U NIT LOCATED INSIDE EACH PATIENT ROOM AS WELL AS IN BROCHURES LOCATED IN OUTPATIENT AREAS THERE IS ALSO A TUTORIAL LISTING EACH STEP AND LETTING THE PATIENT KNOW WHAT THEY WILL NEE D TO BRING ALONG OR HAVE AVAILABLE FOR COPYING PURPOSES A) MONTHLY PAYMENT OPTION 1 IF Y OU ARE UNABLE TO PAY YOUR BALANCE IN FULL, PLEASE CALL THE PATIENT ACCOUNTS DEPARTMENT TO SET UP AN ACCEPTABLE PAYMENT ARRANGEMENT B) PATIENT CHARITY/FINANCIAL ASSISTANCE PROGRAM 1 IF YOU FEEL YOUR INCOME IS NOT SUFFICIENT TO PAY FOR YOUR SERVICES AT COLUMBUS COMMUNIT Y HOSPITAL, PLEASE CONTACT THE PATIENT ACCOUNTS DEPARTMENT AND/OR SOCIAL WORKERS FOR INFOR MATION REGARDING CHARITY/FINANCIAL ASSISTANCE 2 FURTHER INFORMATION ABOUT MEDICARE/MEDIC AID/CHARITY CARE IS PROVIDED IN BOTH ENGLISH AND SPANISH THE STATE HAS MEDICAID APPLICATI ONS AVAILABLE ONLINE OUR PATIENT ACCOUNTS AND SOCIAL SERVICES STAFF HAVE FINANCIAL/CHARIT Y APPLICATIONS AVAILABLE IN BOTH ENGLISH AND SPANISH TO PROVIDE TO OUR PATIENTS 3 ADDITI ONALLY, SIGNAGE IS POSTED DIRECTING PATIENTS TO CALL AS NEEDED FOR FINANCIAL HELP, AND REF ERRALS 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 W ILL SEE PATIENTS INDIVIDUALLY AND COUNSEL ON SPECI

Form and Line Reference	Explanation
Form 990, Sch H, Part III, Line 9b	FIC CIRCUMSTANCES 4 MONTHLY STATEMENTS HAVE THE FOLLOWING INFORMATION ON THEM A PAYMEN T PLANS B CHARITY/FINANCIAL ASSISTANCE PROGRAM C 24/7 ONLINE BUSINESS OFFICE, WHICH INCL UDES INFORMATION ON PAYMENT PLANS, CHARITY/FINANCIAL ASSISTANCE, AND DOWNLOADABLE FINANCIA L/CHARITY APPLICATIONS (AVAILABLE IN ENGLISH AND SPANISH) COMMUNITY INFORMATION THE LOCAL ECONOMY- COLUMBUS COMMUNITY HOSPITAL IS LOCATED IN COLUMBUS, NEBRASKA, WHICH IS THE LARGE ST CITY IN PLATTE COUNTY WITH A GROWING POPULATION OF 33,066, PLATTE COUNTY IS THE LARGES T COUNTY OF THE SEVEN COUNTY SERVICE AREAS FROM JULY 31, 2013 TO JULY 31, 2014, UNEMPLOYM ENT IN THE CITY OF COLUMBUS DECREASED SLIGHTLY FROM 3 9% RATE OR 756 JOBLESS TO 3 3% RATE OR 610 JOBLESS DURING THIS SAME PERIOD OF TIME, THE NEBRASKA JOBLESS RATE WAS 3 6% AND TH E NATIONAL AVERAGE WAS REPORTED AT 6 2% 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 TOWN S TO LIVE THREE COUNTIES IN NEBRASKA WERE LISTED IN THE TOP TEN COUNTIES IN THE U S TO L IVE AND WORK, INCLUDING PLATTE, MADISON (WHICH IS CONTIGUOUS TO PLATTE COUNTY) AND SARPY C OUNTY NEAR LINCOLN, NEBRASKA OUR LOCAL ECONOMY IS BASED ON AGRICULTURE AND MANUFACTURING, WITH MANY INDUSTRIAL COMPANIES ATTRACTED BY PLENTIFUL, LOW-PRICED HYDROELECTRIC POWER AM ONG 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 A ND INDUSTRIAL DEVELOPMENT IN OUR AREA, THIS LARGE MANUFACTURING BASE REMAINS INTACT A HAR D-WORKING, WELL-EDUCATED WORKFORCE, LOW ENERGY COSTS AND A LOCAL ENVIRONMENT FRIENDLY TO B USINESS, PROVIDE ENCOURAGEMENT FOR STRONG ECONOMIC AND INDUSTRIAL DEVELOPMENT WITHIN OUR S ERVICE AREA 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 TH AN OTHER NEBRASKA METROPOLITAN AREAS WE CONTINUE TO SEE AN INFLUX OF SINGLE AND YOUNG FAM ILIES MOVING INTO OUR AREA SEEKING EMPLOYMENT OUR COMMUNITY GROWTH CORRELATES TO OUR CONT INUING INCREASE IN HOSPITAL OUTPATIENT VISITS OUTPATIENT VISITS REACHED 44,613 VISITS FOR THE FISCAL YEAR ENDING APRIL 2014 IN 2005, OUR OUTPATIENT VISITS OVER A TWELVE MONTH PER IOD TOTALED 38,129 THIS 17% INCREASE IN OUR OUTPATIENT VISITS OVER THE PAST NINE YEARS IS A REFLECTION OF THE SIGNIFICANT IMPACT THE DEMONSTRATION PROJECT HAS HAD ON OUR HOSPITAL SERVICE CAPACITY THE W O C HEALTH CENTER OPENED AUGUST OF 2008 IT HAS GROWN TO 1,107 P ATIENTS/VISITS AS OF APRIL 30, 2014 THE IDENTIFIED SERVICE AREA INCLUDES A 45-MILE RADIUS AROUND COLUMBUS THE W O C HEALTH CENTER IS LOCATED IN THE VISITING PHYSICIAN OFFICE SUI TE OF THE ATTACHED MEDICAL OFFICE BUILDING THE CENTER HAS SCHEDULED VISITS TWO DAYS PER W EEK ADDITIONAL NURSE STAFF TIME IS SPENT EACH WEEK ASSISTING OUTPATIENT CLIENTS WITH WOUN D APPLICATIONS, AS WELL AS ASSISTING WITH APPLICATIONS OF WOUND VACS IN SURGERY OR ON OUR MEDICAL FLOOR, SCHEDULING APPOINTMENTS AND OTHER RESPONSIBILITIES SUCH AS ORDERING SUPPLIE S AND MAINTAINING COMPLIANCE WITH NATIONAL STANDARDS PREVIOUSLY, PATIENTS SEEKING THIS SP ECIALIZED TREATMENT WERE REQUIRED TO TRAVEL ON AVERAGE 75 MILES TO SEE A WOUND CENTER SPEC IALIST THE VOLUME WE ARE SEEING AT THIS W O C HEALTH CENTER REINFORCES THE AMOUNT OF COM MUNITY NEED THAT EXISTED FOR THIS SERVICE AND HAS GREATLY INCREASED THE LOCAL ACCESS FOR S O 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 CO NTINENCE PROBLEMS CAN BE ADDRESSED

Form and Line Reference	Explanation
Form 990, Sch H, Part III, Line 9b (Continued)	CCH INSTALLED A NEW CT SCANNER, NEW RADIOLOGIC/FLUOROSCOPY SYSTEM AND NUCLEAR MEDICINE CAM ERA THESE REPLACED EXISTING SYSTEMS WE RECENTLY OPENED A WOMEN'S IMAGING AREA WITHIN THE HOSPITAL WHICH IS SEPARATE FROM THE RADIOLOGY DEPARTMENT A NEW REGISTRATION AREA RECENTL Y OPENED WHICH PROVIDES PATIENT PRIVACY WE REDUCED OUR MAMMOGRAPHY PROCEDURE PRICING 21% ON FEBRUARY 8, 2012 AND SOUGHT AND RECEIVED A SUSAN G KOMEN GRANT, WHICH THE HOSPITAL FOU NDATION MATCHED, TO PROMOTE MAMMOGRAPHY SCREENING FOR WOMEN IN THE COMMUNITY IN 2010 WE C HANGED OUR BONE DENSITY SERVICE FROM CONTRACTING WITH A MOBILE SERVICE UNIT TO PURCHASING OUR OWN BONE DENSITY STATIONARY EQUIPMENT, THE NECESSARY SUPPORT EQUIPMENT AND TRAINED STA FF THE BENEFITS TO THE COMMUNITY INCLUDE INCREASED ACCESS FOR PATIENTS AND PROVIDERS WHO NO LONGER HAVE TO WAIT FOR DIAGNOSIS WITH THE MOBILE UNITS' INTERMITTENT SERVICE THIS IS ANOTHER NEW PROGRAM MADE POSSIBLE BY THE DEMONSTRATION PROJECT THAT INCREASES ACCESS AND E LIMINATES THE NEED TO TRAVEL OUT OF TOWN FOR PROMPT DIAGNOSIS 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 B ED PATIENTS IN ADDITION, WE PROVIDE COMPREHENSIVE OUTPATIENT LABORATORY, RADIOLOGY, RESPI RATORY AND REHABILITATIVE SERVICES WE ALSO PROVIDE FREE INTERPRETER SERVICES 24/7 OUR FA CILITY OFFERS COMPREHENSIVE CARE, INCLUDING INTENSIVE CARE, MEDICAL-SURGICAL CARE, INPATIE NT AND OUTPATIENT SURGICAL PROCEDURES (GENERAL, ENT, UROLOGY, PODIATRY, ORTHOPEDIC), AS WE LL AS OTHER COMPLIMENTARY ANCILLARY SERVICES INCLUDING RESPIRATORY, WOUND CARE, DIABETES E DUCATION, ENDOSCOPIES AND CARDIOPULMONARY REHABILITATION IN 2006, THE HOSPITAL'S EMERGENC Y DEPARTMENT WAS DESIGNATED AS A LEVEL III TRAUMA CENTER WITH NURSES CERTIFIED IN TNCC, AC LS AND PALS EIGHT OF THE EMERGENCY DEPARTMENT NURSES ARE ALSO CERTIFIED IN ENPC A 30,000 SQUARE FOOT, ADDITION IN 2012 PROVIDED THE EMERGENCY DEPARTMENT WITH EXPANDED SPACE THE ED 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-PRE SSURE ROOM, WHICH ALLOWS PATIENTS WITH COMMUNICABLE DISEASES TO BE TREATED WHILE PROTECTIN G OTHER PATIENTS AND STAFF OUR HOME HEALTH/HOSPICE INTERDISCIPLINARY SERVICES ARE PROVIDE D TO PATIENTS WITHIN A 30 MILE RADIUS OF COLUMBUS AND CAN PROVIDE IN HOME TELEHEALTH MONIT ORING THE HOSPITAL'S SLEEP LAB PROVIDES POLYSOMNOGRAPHIC SLEEP TESTING IN ADDITION, WE H AVE AVAILABLE BOTH DAYTIME AND HOME SLEEP TESTS IN JANUARY 2010, THE HOSPITAL HIRED A FUL LTIME RN AS THE ORTHOPEDIC SERVICE LINE COORDINATOR A MULTI-DISCIPLINARY TEAM WAS ORGANIZ ED TO REVIEW, STANDARDIZE AND IMPROVE THE PATIENT'S TOTAL JOINT PROCESS FROM DIAGNOSIS TO POST-SURGICAL RECOVERY IN NOVEMBER IN MARCH, 2012 THE HOSPITAL ACQUIRED COLUMBUS ORTHOPED IC AND SPORTS MEDICINE CLINIC, ENABLING THE HOSPITAL TO EXPAND THE SERVICE LINE AND ENSURE THE COMMUNITY'S AGING POPULATION ORTHOPEDIC SERVICES CLOSE TO HOME IN MAY 2013, WE EXPAN DED THE RN COORDINATORS RESPONSIBILITY INTO CASE MANAGEMENT IN THE TRANSITIONAL CARE DEPAR TMENT THIS EXPANSION OF HER DUTIES ENABLES US TO PLAN FOR CONTINUITY OF CARE POST HOSPITA LIZATION THREE CARDIOLOGISTS HAVE RELOCATED TO COLUMBUS, PROVIDING FULL TIME CARDIOLOGY S ERVICES TO THE AREA SINCE 2010, 63 PHYSICIANS IN TOTAL HAVE BEEN RECRUITED TO SERVICE THE NEEDS OF OUR PRIMARY AND SECONDARY SERVICE AREAS TO INCLUDE 55 MDS, 1 DPM AND 7 MIDLEVELS , 34 ARE FULL TIME PROVIDERS AND THE OTHER 29 ARE SERVING THE COMMUNITY IN A VISITING CAPA CITY THE HOSPITAL HAS COMPLETED CONSTRUCTION ON THREE ROAD PROJECTS ON AND AROUND THE CAM PUS TO INCREASE ACCESS TO THE FACILITY TWO CLINIC BUILDINGS, ONE FOR A FAMILY PRACTICE GR OUP AND ONE FOR A PHARMACY HAVE BEEN COMPLETED AS WELL THE HOSPITAL'S BOARD OF DIRECTORS HAS AUTHORIZED THE CONSTRUCTION OF A $21 0 MILLION, 85,723 SQUARE FEET COMMUNITY WELLNESS CENTER FOR USE BY THE ENTIRE COMMUNITY THE FACILITY WILL BE LEASED TO THE YMCA, WITH 62,3 97 SQUARE FEET CONTAINING 2 GYMS, POOL, WEIGHTS AND EXERCISE EQUIPMENT PROMOTING EXERCISE AND WELLNESS IN OUR COMMUNITY THE FACILITY WILL ALSO HOUSE THE HOSPITAL'S ADULT THERAPIES AND PEDIATRIC THERAPY PROMOTION OF COMMUNITY HEALTH -THE HOSPITAL REINVESTS CAPITAL TO I MPROVE PATIENT CARE, ATTRACT THE BEST QUALIFIED STAFF TO PROVIDE QUALITY CARE FOR OUR PATI ENTS, 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 HEAL TH OF THE COMMUNITIES WE SERVE *OUR VISION IS TO COMPASSIONATELY DELIVER THE STATE'S HIGHE ST QUALITY PATIENT CARE -CORE VALUES CCH CORE VALUES ARE *INTEGRITY *COMPASSION (CHANGED FROM COMMITMENT AS PART OF THE COMMUNICATION OF THIS STRATEGIC PLAN) *ACCOUNTABILITY *RESP ECT *EXCELLENCE -THE HOSPITAL HAS PRIORITIZED OUR

Form and Line Reference	Explanation
Form 990, Sch H, Part III, Line 9b (Continued)	CAPITAL REINVESTMENT BY ALIGNING IT TO THE STRATEGIC PLAN OUR PLAN CONSISTS OF SIX ORGANI ZATIONAL PILLARS WITH GOALS AND STRATEGIES ASSOCIATED WITH EACH THE SIX PILLARS OF EXCELL ENCE CONSIST OF *QUALITY *CULTURE *PEOPLE *SERVICES *FACILITIES *FINANCE MEASUREMENT OF O NGOING OPERATIONAL PERFORMANCE IS ORGANIZED AROUND THESE PILLARS OF EXCELLENCE THESE PILL ARS WERE STRATEGICALLY IDENTIFIED AS COMMON MEASURES AROUND WHICH OPERATIONAL PERFORMANCE IS ORGANIZED IN MANY HEALTH CARE INSTITUTIONS AND ADAPTED FOR CCH COLUMBUS COMMUNITY HOSP ITAL HAS AN INDEPENDENT BOARD OF DIRECTORS MADE UP OF COMMUNITY LEADERS WITH DIVERSE BACKG ROUNDS 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 STAF F AFFILIATED HEALTH CARE SYSTEM N/A STATE FILING OF COMMUNITY BENEFIT REPORT NONE

Additional Data

Software ID:
Software Version:
EIN: 47-0542043
Name: Columbus Community Hospital Inc

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 5	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 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 HOSPITAL'S PARTICIPATION IN THE CURRENT MAPP ASSESSMENT IS THE MOST THOROUGH TO DATE WITH OVER 100 INDIVIDUALS IN THE DISTRICT PARTICIPATING IN THE PROCESS THIS DOES NOT COUNT THE 1,000 INDIVIDUAL SURVEYS OR FOCUS GROUP PARTICIPANTS

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 6a	-ALEGENT HEALTH MEMORIAL HOSPITAL, SCHUYLER -GENOA COMMUNITY HOSPITAL - BOONE COUNTY HEALTH CENTER Form 990, Sch H, Part V, SECTION B, Line 6b -United Way - East Central District Health Department

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 7A	THE DETAILED ASSESSMENT AND RELATED COMPONENTS ARE AVAILABLE VIA LINK ON HTTPS //WWW COLUMBUSHOSP ORG/NEWS_EVENTS/COMMUNITY_HEALTH_NEEDS_ASSESSMENT _CHNA ASPX OR AVAILABLE ON REQUEST AND AVAILABLE FOR REVIEW AT COLUMBUS COMMUNITY HOSPITAL

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 10A	THE IMPLEMENTATION STRATEGY IS AVAILABLE VIA LINK ON HTTPS //WWW COLUMBUSHOSP ORG/NEWS_EVENTS/CHIP_IMPLEMENTATION_PLAN ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 11	CHNA Identified Health Care Needs The following "health priorities" were identified as recommended areas of intervention under the CHNA conducted in collaboration with the East Central District Health Department (contracting with Schmeeckle Research, Inc), covering the counties of Platte (where CCH is located), Boone, Colfax and Nance Access to Health Care Obesity Family Support Substance Abuse Mental Health CCH will work hand-in-hand with the East Central District Health Department and other health and business related agencies to address these needs of our communities Specifically, CCH will take the lead in addressing the identified needs of access to health care and obesity by conducting the activities described below It will support the identified needs of family support, substance abuse and mental health as requested by other participants of the CHNA that have agreed to take the lead on these areas in that they already have programs in place and expertise in these areas The allocation of duties in addressing these identified health care needs promotes program effectiveness, and supports the efficient allocation of limited health care dollars Implementation Strategy Access to Health Care - Improve access to comprehensive, quality health care services CCH will take the lead exploring and/or implementing the following Objective Reduce the death rate from cancer of the uterine/cervix Action Step Explore ways to provide a free PAP smear screening event at CCH Collaborate with the University of Nebraska Medical Center on cancer management Objective Reduce the female breast cancer death rate Action Step Research funding options to increase the number of uninsured/underinsured women's access to mammography An application was submitted on December 13, 2012 for a Susan G Komen Grant of $9 000 Objective To reduce one of the barriers to care, look at the feasibility of creating volunteer transportation program for patients Action Step Explore programs operated by volunteers Objective Explore other disease health screening opportunities to increase access to health care and develop a plan to address early screening Action Step CCH will take the lead for Tune Up for Life Health Fair and explore options for more screenings Objective Facilitate communication opportunities between providers and patients to increase access to care Action Step Provide and support Nurse Triage Line to area local providers for a small fee Objective Implement a home monitoring program for patients receiving home health services Action Step Ensure home health tele-monitoring systems are being utilized by patients Objective Provide community screening and an information day regarding diabetes Action Step CCH will be the lead for Diabetes Awareness Day scheduled yearly in October Objective Explore forming a geriatric assessment team to complete patient testing and evaluation for best setting for patients Action Step Collaboration with Pender Hospital and Columbus Family Practice Family Support - To improve the stability, health and well-being of women, infants, children and families through the effective use of community resources The Child Well-being Work Group will take the lead in exploring and/or implementing the objectives and actions steps Obesity - Promote healthy weight and reduce chronic disease risk Columbus Community Hospital's dedication to helping create a healthier community is seen in the Hospital's commitment to building a new Health and Wellness Center The Center will not only provide increased access to exercise and fitness opportunities, but to registered dietitians as well who, through classes and individual consultation, can address lifestyle changes that can help decrease health issues associated with obesity and chronic diseases CCH will also take the lead exploring and/or implementing the following Objective Reduce the number of adults who are considered obese Action Step Include the Chamber of Commerce and meet with local HR people monthly to develop a worksite wellness plan that is user friendly and can be packaged and ready for business use Objective Grow the Platte County CHIP Obesity Prevention Coalition and gather resources for public distribution Action Steps Have coalition members invite other community agencies and individuals to join Gather list of resources available for physical activity and nutrition and distribute to area businesses Regularly publish articles in newspaper and on website Substance Abuse - Reduce substance abuse to protect the health, safety and quality of life for all, especially children in grades 6-12 The East Central District Health Department, Columbus Police Department and Platte County Sheriff's Department will take the lead in exploring and/or implementing the objectives and actions steps CCH will provide advice and support as requested

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 11 (Continued)	MENTAL HEALTH - IMPROVE MENTAL HEALTH THROUGH PREVENTION AND BY ENSURING ACCESS TO APPROPRIATE, QUALITY, MENTAL HEALTH SERVICES THE PLATTE COUNTY MENTAL HEALTH CHIP GROUP WILL TAKE THE LEAD IN EXPLORING AND/OR IMPLEMENTING THE OBJECTIVES AND ACTIONS STEPS CCH WILL PROVIDE ADVICE AND SUPPORT AS REQUESTED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 16A	https //www columbushosp org/for_patients_visitors/patient_financial_information/discount_charity_care_programs aspx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H, Part V, SECTION B, Line 16B	https //www columbushosp org/sites/www/Uploads/Charity-Financial%20Assista nce% 20Application%20-%20English pdf https //www columbushosp org/sites/www/Uploads/Charity-Financial%20Assista nce%20Applicaiton%20-%20Spanish pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Form 990, Sch H Part V, SECTION B, Line 16i	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 HAVE 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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

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 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)	55,908				To support exempt purpose
(2) East Central District Health Department 1453 29th Avenue Columbus, NE 68601	47-0835183	GOVT	35,722				TO SUPPORT EXEMPT Support Community

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 Domestic Individuals.** 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	177		1,435,804	BOOK	WRITE-OFF OF MED EXP

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

Return Reference	Explanation
Form 990, Sch 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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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 directors, trustees, officers, including 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**	Yes	
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), 501(c)(4), and 501(c)(29) organizations 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**	Yes	
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 in column(B) 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

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

Return Reference	Explanation
Form 990, Sch J, Part I, Line 1a	The organization paid for social and health club dues and part of the CEO's employment agreement These amounts were reflected on the CEO's W-2
Form 990, Sch J, Part I, Line 4b	THE FOLLOWING REPORTABLE INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE 2014 CALENDAR YEAR AMOUNTS DEFERRED FROM THE PLAN WERE INCLUDED IN COLUMN C OF THE SCHEDULE J MICHAEL HANSEN - $32,500 AMY BLASER - $9,440
Form 990, Sch J, Part I, Line 6a	WITH THE ASSISTANCE OF IHSTRATEGIES, EXECUTIVE COMPENSATION CONSULTANTS, THE BOARD AUTHORIZED PAYING AN INCENTIVE TO THE EXECUTIVES FOR MEETING SPECIFIC BOARD- ESTABLISHED DIRECTIVES THE BOARD AUTHORIZED PAYING 25% OF BASE COMPENSATION FOR MICHAEL HANSEN AND 20% FOR THE FOLLOWING VPS JOSEPH BARBAGLIA JAMES GOULET LINDA WALLINE AMY BLASER THE INCENTIVE IS BASED ON GOALS ESTABLISHED BY THE BOARD WHICH ARE NOW REVIEWED ANNUALLY ONE OF THE GOALS IS THE HOSPITAL'S OPERATING MARGIN THE BOARD DETERMINES THE ASSOCIATED METRICS FOR EACH INDIVIDUAL GOAL EACH OF THE GOALS IS THEN ASSIGNED A WEIGHT BASED ON THE LEVEL OF IMPORTANCE, AS DETERMINED BY THE BOARD THE RESULTS ARE ENTERED AND THE METRIC IS TABULATED THAT NUMBER IS MULTIPLIED BY THE CORRESPONDING WEIGHT ONCE WEIGHTED, THE FIGURES ARE ADDED IN TOTAL TO ESTABLISH A SCORE BETWEEN 1-5 NO INCENTIVE IS PAID IF THE HOSPITAL'S OPERATING MARGIN FALLS BELOW 5 0%, REGARDLESS OF THE OUTCOMES OF THE OTHER MEASURES THE INCENTIVES WERE PAID IN THIS FISCAL YEAR FOR WORK DONE IN THE PREVIOUS FISCAL YEAR THE BONUSES PAID WERE MICHAEL HANSEN - $81,250 RICHARD CIMPL - $140,424 EDWARD FEHRINGER - $10,000 MICHAEL MCQUIRE - $51,199 JOE BARBAGLIA - $51,047 AMY BLASER - $23,600 JAMES GOULET - $46,906 LINDA WALLINE - $43,028

Additional Data

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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael Hansen, President/CEO/Secretrary	(I)	312,375	81,250	166,607	42,900	24,954	628,086	0
	(II)	0	0	0	0	0	0	0
Amy Blaser, VP Business Development	(I)	122,082	23,600	1,135	15,263	22,778	184,858	0
	(II)	0	0	0	0	0	0	0
J Joseph Barbaglia, VP Finance	(I)	168,307	51,047	17,500	11,809	23,075	271,738	0
	(II)	0	0	0	0	0	0	0
Linda Walline, VP Nursing	(I)	139,559	43,028	17,500	7,994	22,751	230,832	0
	(II)	0	0	0	0	0	0	0
James Goulet, VP Operations	(I)	145,396	46,906	17,500	8,889	22,755	241,446	0
	(II)	0	0	0	0	0	0	0
Mark Howerter MD, Physician	(I)	462,749	0	0	10,400	25,215	498,364	0
	(II)	0	0	0	0	0	0	0
Michael McGuire MD, Physician	(I)	481,082	51,199	0	10,400	11,140	553,821	0
	(II)	0	0	0	0	0	0	0
Dustin Volkmer MD, Physician	(I)	448,440	0	0	4,158	26,271	478,869	0
	(II)	0	0	0	0	0	0	0
Edward Fehringer MD, Physician	(I)	537,113	10,000	17,500	10,400	26,703	601,716	0
	(II)	0	0	0	0	0	0	0
Richard Cimpl, Physician	(I)	460,827	140,424	17,500	10,400	24,505	653,656	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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Columbus Community Hospital Inc	47-0542043

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	
Form 990, Part VI, Line 12c	Columbus Community Hospital monitors any conflict of interest based on their conflict of i nterest policy Employees and volunteers are required to fully disclose any conflict of in terest that may exist or appears to exist Hospital reviews any of these conflicts and wor ks with the Vice President or CEO to determine if a conflict exists If one does exist, th e Hospital initiates actions to manage, reduce, or eliMinate the conflict
Form 990, Part VI, Line 15a	The Hospital's Executive Compensation Committee, made up of independent Hospital Board mem bers, reviews the CEO's compensation annually The wage range is compared to information p rovided by third party consultants Decisions are documented
Form 990, Part VI, Line 15b	The Hospital's CEO and Director of Human Resources, review the VP's and other highly compe nsated employees compensation annually The wage range is compared to information provided by third party consultants Decisions are documented
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 A) Govern ing documents which are the Hospital Bylaws B) Conflict of interest policy C) Audited fina ncial statements D) Forms 990 and 990-T
FORM 990, PART XI, LINE 9	OTHER CHANGES

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Columbus Community Hospital Inc

Employer identification number
47-0542043

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(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 Company 4600 38th Street Columbus, NE 68601 47-0830945	Holding Co	NE	501(C)(2)	N/A	CCH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
(1) ZARZ LLC PO Box 1800 Columbus, NE 68602 27-3676428	Property Mgmt	NE	Hlthpk Title Co	Related	0	0		No			No	44 450 %
(2) HealthPark LLC PO Box 1800 Columbus, NE 68602 47-0836733	Propert Mgmt	NE	Hlthpk Title Co	Related	0	0		No			No	27 210 %

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

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

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on 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		No
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Columbus Community Hospital Foundation	b	55,908	Cash
(2) Columbus Community Hospital Foundation	c	209,336	Cash
(3) Healthpark Title Company	k	263,022	Book
(4) Columbus Community Hospital Foundation	e	22,500,000	Cash

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation