



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



EXTENDED TO AUGUST 15, 2017

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2015
Open to Public
Inspection► 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.

A For the 2015 calendar year, or tax year beginning DEC 15, 2015 and ending SEP 30, 2016

B Check if applicable	C Name of organization TJ HEALTH COLUMBIA, INC.		D Employer identification number 81-0893103
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	Doing business as 1301 N RACE STREET		E Telephone number 270-651-4157
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,671,343.
	City or town, state or province, country and ZIP or foreign postal code GLASGOW, KY 42141		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer BUD WETHINGTON 1301 NORTH RACE STREET, GLASGOW, KY 42141		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website, ► WWW.HEALTHIERCOLUMBIA.ORG		H(c) Group exemption number ►
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation 2015		M State of legal domicile KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. T.J. HEALTH COLUMBIA WILL PROMOTE AND PROVIDE FOR THE HEALTH AND WELLNESS OF THE COMMUNITIES		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13	
	4 Number of independent voting members of the governing body (Part VI line 1b)	4 9	
	5 Total number of individuals employed in calendar year 2015 (Part V line 2a)	5 155	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990 T line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII line 1h)	Prior Year 0.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)		4,665,436.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
	11 Other revenue (Part VIII column (A) lines 5, 6d, 8c, 9c 10c, and 11e)		5,907.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,671,343.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14 Benefits paid to or for members (Part IX, column (A) line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10)		2,808,118.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses (Part IX column (D) line 25)	RECEIVED 0. AUG 18 2017	0.
	17 Other expenses (Part IX column (A) lines 11a-11d, 11f-24e)		2,588,090.
18 Total expenses Add lines 13-17 (must equal Part IX, column (D) line 25)		5,396,208.	
19 Revenue less expenses Subtract line 18 from line 12		-724,865.	
Expenses	20 Total assets (Part X, line 16)	Beginning of Current Year 7,311,721.	End of Year 8,036,586.
	21 Total liabilities (Part X line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20		-724,865.
		IRS USE ONLY	
Net Assets or Fund Balances			

Part II Signature Block

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

Sign Here	Signature of officer BUD WETHINGTON, CFO	Date 8/13/2017
	Type or print name and title	
Paid Preparer	Print/Type preparer's name CARRIE A. MERRILL, CPA	Preparer's signature CARRIE A. MERRILL, CPA Date 08/14/17 Check <input type="checkbox"/> PTIN <input type="checkbox"/> self-employed P00832283
Use Only	Firm's name BLUE & CO., LLC	Firm's EIN 35-1178661
	Firm's address 2650 EASTPOINT PKWY, SUITE 300 LOUISVILLE, KY 40223	Phone no 502-992-3500

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2015)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

H G50 20
NE

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X1 Briefly describe the organization's mission.

T.J. HEALTH COLUMBIA WILL PROMOTE AND PROVIDE FOR THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE AND THE HEALTHCARE PROFESSIONALS WHO SERVE THEM. THE PAST, PRESENT, AND FUTURE ACTIVITIES OF T. J. HEALTH COLUMBIA INCLUDE ESTABLISHING AND OPERATING A MEDICAL CENTER TO

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 \$ 4,972,724. including grants of \$ _____) (Revenue \$ 4,670,293.)

T.J. HEALTH COLUMBIA PROVIDES HEALTHCARE SERVICES TO ADAIR AND SURROUNDING COUNTIES IN KENTUCKY. 741 ACUTE HOSPITAL AND EMERGENCY ROOM CARE PATIENT DAYS AND 5,584 ER VISITS IN FYE 9/30/16.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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 ► 4,972,724.

Part IV Checklist of Required Schedules

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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 X	
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 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b X	
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 X	
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 X	
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 X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b X	
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 X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations?	31 X	
If "Yes," complete Schedule N, Part I		
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 X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33 X	
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 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36 X	
If "Yes," complete Schedule R, Part V, line 2		
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 X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

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

		Yes	No
1a	1a	15	
b	1b	0	
c			
1c	X		
2a		155	
b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a			
b			
4a			
b			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a			
b			
c			
6a			
b			
7	Organizations that may receive deductible contributions under section 170(c).		
a			
b			
c			
d	7d		
e			
f			
g			
h			
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a			
b			
10	Section 501(c)(7) organizations. Enter		
a	10a		
b	10b		
11	Section 501(c)(12) organizations. Enter		
a	11a		
b	11b		
12a			
b	12b		
13	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
a			
13a			
13b			
13c			
14a			
b	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a	13		
1b	9		
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b	X		
9		X	

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
12a	X	
b		
c		
12c	X	
13	X	
14	X	
15		
a		
b		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a		
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?		
16a		X
16b		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► NONE
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ► THE ORGANIZATION - 270-651-4157 1301 N. RACE STREET, GLASGOW, KY 42141

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 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			
(1) DAN FOUTCH CHAIRMAN	1.00 3.00	X					0.	0.	78.
(2) MIKE BRYANT VICE CHAIRMAN	1.00 3.00	X					0.	0.	78.
(3) BUDDY UNDERWOOD SECRETARY	1.00 3.00	X					0.	0.	78.
(4) JOEY BOTTS TREASURER	1.00 3.00	X					0.	0.	13,966.
(5) SCOTT YOUNG DIRECTOR	1.00 3.00	X					0.	0.	78.
(6) KAREN SMALL, MD DIRECTOR	1.00 40.00	X					0.	112,145.	17,946.
(7) CHRIS LAWRENCE DIRECTOR	1.00 3.00	X					0.	0.	78.
(8) RICH ALEXANDER DIRECTOR	1.00 3.00	X					0.	0.	78.
(9) JIM LEE DIRECTOR	1.00 3.00	X					0.	33,504.	7,325.
(10) ALLISON CAMPBELL, M.D. DIRECTOR/CHIEF OF STAFF	1.00 40.00	X					0.	253,545.	27,917.
(11) WALTER DAVIS EMERITUS STATUS	1.00 3.00	X					0.	0.	78.
(12) WILLIAM TRAVIS, M.D. DIRECTOR/VICE CHIEF OF STAFF	1.00 3.00	X					0.	36,297.	6,324.
(13) HENRY ROYSE DIRECTOR	1.00 40.00	X					0.	0.	78.
(14) BUD WETHINGTON CHIEF EXECUTIVE OFFICER	5.00 40.00		X				0.	460,488.	17,821.
(15) DALE GUFFEY CHIEF FINANCIAL OFFICER	5.00 40.00		X				0.	182,901.	26,643.
(16) NEIL THORNBURY CHIEF OPERATING OFFICER	5.00 40.00		X				0.	257,630.	31,854.
(17) VENKATA REDDY PHYSICAN	40.00 0.00			X			0.	961,230.	16,737.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) HARIKRISHNAN NAIR PHYSICAN	40.00 0.00			X			0.	1,185,757.	28,008.
(19) CARLOS KUMMERFELDT PHYSICAN	40.00 0.00			X			0.	756,127.	27,608.
(20) DONALD GOODIN PHYSICAN	40.00 0.00			X			0.	657,966.	37,077.
(21) MICHAEL MARION PHYSICAN	40.00 0.00			X			0.	621,861.	25,733.
1b Sub-total							0.	5,519,451.	285,583.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	5,519,451.	285,583.

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 ► 0

	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	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INSPIRE MEDICAL 2323 LIME KILN LANE, LOUISVILLE, KY 40222	ER MD COVERAGE	711,166.
HORIZON MENTAL HEALTH MGMT P O BOX 840839, DALLAS, TX 75284-0839	BHU MD COVERAGE	178,546.
FROST, BROWN, TODD LLC P O BOX 70087, LOUISVILLE, KY 40270-0087	LEGAL	174,076.
MAX KINNAMAN JR DO 463 LEONATUS COURT, BOWLING GREEN, KY 42104	BHU MD	134,449.

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 ► 4

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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	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					
Program Service Revenue	2 a NET PATIENT REVENUE		Business Code			
	b		621990	4,665,436.	4,665,436.	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			4,665,436.		
	3	Investment income (including dividends, interest, and other similar amounts)				
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6 a	Gross rents	(i) Real	(ii) Personal			
		4,857.				
b	Less rental expenses		0.			
c	Rental income or (loss)		4,857.			
d	Net rental income or (loss)			4,857.	4,857.	
7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)					
8 a	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					
9 a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities					
10 a	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					
	Miscellaneous Revenue		Business Code			
11 a	OTHER	900099	1,050.			1,050.
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d			1,050.		
12	Total revenue. See instructions.			4,671,343.	4,670,293.	0. 1,050.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,452,495.	2,256,295.	196,200.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,630.	18,980.	1,650.	
9 Other employee benefits	160,789.	147,926.	12,863.	
10 Payroll taxes	174,204.	160,268.	13,936.	
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,231,968.	1,133,411.	98,557.	
12 Advertising and promotion	14,682.	13,507.	1,175.	
13 Office expenses	117,290.	107,907.	9,383.	
14 Information technology				
15 Royalties				
16 Occupancy	214,666.	197,493.	17,173.	
17 Travel	9,256.	8,516.	740.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	661.	608.	53.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	308,349.	283,681.	24,668.	
23 Insurance	12,048.	11,084.	964.	
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 REPAIRS & MAINT	189,465.	174,308.	15,157.	
b SUPPLIES	173,809.	159,904.	13,905.	
c TAXES & LICENSES	162,877.	149,847.	13,030.	
d DRUGS	102,639.	102,639.		
e All other expenses	50,380.	46,350.	4,030.	
25 Total functional expenses. Add lines 1 through 24e	5,396,208.	4,972,724.	423,484.	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	0.	1	83,221.
	2 Savings and temporary cash investments	0.	2	51,461.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0.	4	3,584,838.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			
	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 instr) Complete Part II of Sch L		5	
	7 Notes and loans receivable, net		6	
	8 Inventories for sale or use	0.	8	165,666.
	9 Prepaid expenses and deferred charges	0.	9	319,303.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a	2,927,735.	
	b Less. accumulated depreciation	10b	213,490.	0.
			10c	2,714,245.
	11 Investments - publicly traded securities			11
	12 Investments - other securities See Part IV, line 11			12
	13 Investments - program-related. See Part IV, line 11			13
	14 Intangible assets	0.	14	392,987.
	15 Other assets See Part IV, line 11			15
	16 Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	7,311,721.
Liabilities	17 Accounts payable and accrued expenses	0.	17	564,285.
	18 Grants payable			18
	19 Deferred revenue			19
	20 Tax-exempt bond liabilities			20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21
	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			22
	23 Secured mortgages and notes payable to unrelated third parties			23
	24 Unsecured notes and loans payable to unrelated third parties			24
	25 Other liabilities (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	7,472,301.
	26 Total liabilities. Add lines 17 through 25	0.	26	8,036,586.
	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets			27
	28 Temporarily restricted net assets			28
	29 Permanently restricted net assets			29
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	0.	32	-724,865.
	33 Total net assets or fund balances	0.	33	-724,865.
	34 Total liabilities and net assets/fund balances	0.	34	7,311,721.

Part XI Reconciliation of Net AssetsCheck 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	4,671,343.
2 Total expenses (must equal Part IX, column (A), line 25)	2	5,396,208.
3 Revenue less expenses. Subtract line 2 from line 1	3	-724,865.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
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	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-724,865.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Name of the organization

Employer identification number

T.J. HEALTH COLUMBIA, INC.

81-0893103

TJ HEALTH COLUMBIA, INC.

81-0893103

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 (Form 990 or 990-EZ))
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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2015. 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		► <input type="checkbox"/>
b 33 1/3% support tests - 2014. 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		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		► <input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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

- 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
If "Yes," answer (b) and (c) below.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
 - 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.
 - 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.
- 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.
 - 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.
 - 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
- 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)
 - b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 I of Schedule L (Form 990 or 990-EZ)
- 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.
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
 - c Did a disqualified person (as defined in line 9a) 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
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described in (a) above?
- 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.

Yes	No
11a	
11b	
11c	

Section B. Type I Supporting Organizations

- 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
- 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.

Yes	No
1	
2	

Section C. Type II Supporting Organizations

- 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).

Yes	No
1	

Section D. All Type III Supporting Organizations

- Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 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).
- 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.

Yes	No
1	
2	
3	

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
 - The organization satisfied the Activities Test. Complete line 2 below.
 - The organization is the parent of each of its supported organizations. Complete line 3 below.
 - The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

Yes	No
2a	

- Activities Test Answer (a) and (b) below
 - 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
 - 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
- Parent of Supported Organizations. Answer (a) and (b) below.
 - 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
 - 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.

Yes	No
2b	
3a	
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)			
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

Section D - Distributions		Current Year
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 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015.			
a				
b				
c				
d	From 2013			
e	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7.			
a				
b				
c	Excess from 2013			
d	Excess from 2014			
e	Excess from 2015			

Part VI

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2015Open to Public
Inspection► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Name of the organization

TJ HEALTH COLUMBIA, INC.Employer identification number
81-0893103**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" on Form 990, Part IV, line 6

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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" on 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 a 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
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					

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 ► _____ %

c Temporarily restricted endowment ► _____ %

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

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

(i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		167,576.		167,576.
b Buildings		2,228,704.	141,541.	2,087,163.
c Leasehold improvements				
d Equipment		531,455.	71,949.	459,506.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 2,714,245.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO TJS	7,443,456.	
(3) OTHER RECEIVABLE	28,845.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	7,472,301.	

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,671,343.
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	0.
3	Subtract line 2e from line 1	3	4,671,343.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,671,343.

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

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

1	Total expenses and losses per audited financial statements	1	5,396,208.
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	0.
3	Subtract line 2e from line 1	3	5,396,208.
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	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,396,208.

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

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No 1545-0047

2015

**Open to Public
Inspection**

► Complete if the organization answered "Yes" on 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.

Name of the organization

TJ HEALTH COLUMBIA, INC.

Employer identification number
81-0893103

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a
b If "Yes," was it a written policy?
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 _____ %
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 _____ %
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"?

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
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 eligible for free or discounted care?

6a Did the organization prepare a community benefit report during the tax year?
b If "Yes," did the organization make it available to the public?

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a		X
6b		

• 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)	1		160,265.		160,265.	2.97%
b Medicaid (from Worksheet 3, column a)	1		2099084.	92,728.	2006356.	37.18%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs	2		2259349.	92,728.	2166621.	40.15%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7i	2		2259349.	92,728.	2166621.	40.15%

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	1	300	1,079.		1,079.	.02%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	10	150	2,274.		2,274.	.04%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	11	450	3,353.		3,353.	.06%

Part III | Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	
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 1 , 4
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.	

		Yes	No
		1	X
2	1,438,209.		
3			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5
6	Enter Medicare allowable costs of care relating to payments on line 5	6
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7
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

5	315,247.
6	0.
7	315,247.

community benefit
ed on line 6.

Section C: Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

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

✓ year contain provisions on the
Part VI

Part IV | Management Companies and Joint Ventures

(reduced 10% or more by officers, directors, trustees, key employees, and physicians, 700 restructurings)

Part V Facility Information

Section A. Hospital Facilities

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

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)

1 T.J. HEALTH COLUMBIA
901 WESTLAKE DRIVE
COLUMBIA , KY 42728
WWW.HEALTHIERCOLUMBI
10001

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 T.J. HEALTH COLUMBIA

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?	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> X
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The significant health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA	20	
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		
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		
6b	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		
7	Did the hospital facility make its CHNA report widely available to the public?		
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	<input type="checkbox"/> Hospital facility's website (list url): _____		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		
a	If "Yes," (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)****Name of hospital facility or letter of facility reporting group** T.J. HEALTH COLUMBIA

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that.		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>200</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Undersnsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14	X
15 Explained the method for applying for financial assistance?	15	X
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	16	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 7</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url). <u>SEE PART V, PAGE 7</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> 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	X
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> 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 T.J. HEALTH COLUMBIA

19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

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 19 (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?

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?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
19	X	

21	X	

23	X	
24	X	

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.

T.J. HEALTH COLUMBIA :

PART V, SECTION B, LINE 2: T.J. REGIONAL HEALTH, INC. PURCHASED THE ASSETS OF WESTLAKE REGIONAL HOSPITAL IN COLUMBIA, KY. T.J. REGIONAL HEALTH, INC. HAS FORMED T.J. HEALTH COLUMBIA, INC., A SEPERATE LEGAL ENTITY AND THIS NEW ENTITY BEGAN OPERATIONS IN FEBRUARY OF 2016.

T.J. HEALTH COLUMBIA

PART V, LINE 16A, FAP WEBSITE:

[HTTPS://WWW.TJSAMSON.ORG/CHARITYFINANCIAL_ASSISTANCE.ASPX](https://www.tjsamson.org/charityfinancial_assistance.aspx)

T.J. HEALTH COLUMBIA

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTPS://WWW.TJSAMSON.ORG/CHARITYFINANCIAL_ASSISTANCE.ASPX](https://www.tjsamson.org/charityfinancial_assistance.aspx)

T.J. HEALTH COLUMBIA

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

[HTTPS://WWW.TJSAMSON.ORG/CHARITYFINANCIAL_ASSISTANCE.ASPX](https://www.tjsamson.org/charityfinancial_assistance.aspx)

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?

5

Schedule H (Form 990) 2015

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

PART III, LINE 2:

PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE. THE HOSPITAL MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS AND FOR ESTIMATED LOSSES RESULTING FROM A PAYOR'S INABILITY TO PAY. MANAGEMENT ESTIMATES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON THEIR ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL AND CURRENT BUSINESS AND ECONOMIC FACTORS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE.

PART III, LINE 9B:

THE HOSPITAL PROVIDES ASSISTANCE TO PATIENTS THAT QUALIFY UNDER THE GUIDELINES.

PART VI, LINE 2:

NEEDS ASSESSMENT- T.J. HEALTH COLUMBIA (TJHC) HAS AN ORGANIZATIONAL COMMITMENT TO IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THAT WE SERVE. THE HEALTH NEEDS OF OUR COMMUNITY ARE ASSESSED IN A NUMBER OF WAYS.

Part VI Supplemental Information (Continuation)

QUARTERLY MARKET SHARE REPORTS ARE UTILIZED TO IDENTIFY INPATIENT AND OUTPATIENT TRENDS AND MIGRATION OF PATIENTS. THIS METHOD IS USED TO IDENTIFY SERVICES THAT ARE CURRENTLY NEEDED OR IN HIGH DEMAND FOR EXPANSION. IN ADDITION, BY STUDYING COMMUNITY HEALTH REPORTING CONDUCTED BY IOWA DEPARTMENT OF PUBLIC HEALTH, WE ARE ABLE TO IDENTIFY AREAS THAT NEED TO BE ADDRESSED WITHIN OUR COMMUNITY. CURRENTLY, PLANS ARE DEVELOPED UTILIZING HOSPITAL COMMUNITY HEALTH EDUCATORS TO SCREEN AND EDUCATE THE COMMUNITY AND TARGET THOSE SPECIFIC DEMOGRAPHICS IN NEEDS. A DEDICATED LOCATION IN THE COMMUNITY HAS BEEN DESIGNATED TO HOUSE THE EDUCATORS. IT WAS DETERMINED THAT A SEPARATE LOCATION AWAY FROM THE HOSPITAL WAS APPEALING TO OUR CONSUMERS AND ALLOWED THE COMMUNITY EDUCATORS PLENTY OF SPACE TO PROVIDE SERVICES. OUR COMMUNITY HEALTH EDUCATORS PARTNER WITH LOCAL BUSINESSES AND INDUSTRIES TO CONDUCT HEALTH EVENTS. SOME EXAMPLES OF SERVICES PROVIDED TO THE COMMUNITY ARE; HEALTH FAIRS, PROSTATE SCREENINGS, GLUCOSE CHECKS, CPR, CHOLESTEROL TESTS, BLOOD PRESSURE SCREENINGS, BMI CHECK, CANCER SUPPORT, DIABETIC SUPPORT, BEREAVEMENT SUPPORT, CHILD BIRTH CLASSES, CHILD SAFETY SEAT TRAINING, AND COMMUNITY SUPPORT GROUPS. TJHC PROUDLY SPONSORS EVENTS CONDUCTED BY AREA SCHOOL SYSTEMS. OUR VISION IS TO INVEST IN THE YOUTH BY PROVIDING INFORMATION AND EDUCATION AT AN EARLY AGE CAUSING STUDENTS TO BE PROACTIVE ABOUT THEIR HEALTH. EXAMPLES OF EVENTS INCLUDE SPORTS BOWLS, CAREER FAIRS, AND SCHOOL HEALTH EVENTS. THE HOSPITAL ALSO UTILIZES COMMUNITY MEMBERS TO FORM THE PATIENT ADVISORY COUNCIL TO WORK AS A SOUNDING BOARD FOR NEW AND EXPANDING SERVICES AS WELL AS TO IDENTIFY PATIENT EXPERIENCES THAT NEED IMPROVEMENT. ANNUALLY, T.J. HEALTH COLUMBIA WORKS THROUGH STRATEGIC PLANNING AND CONSUMER PREFERENCE DATA (AN ONLINE SERVICING TOOL) TO HELP IDENTIFY AND PRIORITIZE SERVICES THAT NEED TO BE IMPROVED OR CREATED IN ORDER TO BETTER MEET THE HEALTH NEEDS OF THE COMMUNITY.

Part VI Supplemental Information (Continuation)

PART VI, LINE 3:

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: T.J. HEALTH COLUMBIA INFORMS EACH PERSON BILLED FOR SERVICES ON THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, AND LOCAL GOVERNMENT. UPON ADMISSION EACH PATIENT IS PROVIDED WITH A PACKET THAT INCLUDES A BROCHURE THAT IS A GUIDE TO THEIR HOSPITAL BILL. THIS GUIDE EDUCATES THAT PATIENT ON INSURANCE BILLING INFORMATION AS WELL AS PAYMENT ARRANGEMENTS OFFERED BY THE HOSPITAL. OPTIONS INCLUDE A DISPROPORTIONATE SHARE HOSPITAL PROGRAM (DSH), FIRST SOURCE WHICH PROVIDES INFORMATION AND EDUCATION ON FEDERAL ASSISTANCE PROGRAMS, CHARITY AND FINANCIAL AID ASSISTANCE APPLICATIONS, AND PAYMENT SCHEDULE ARRANGEMENTS.

PART VI, LINE 4:

T.J. HEALTH COLUMBIA IS LOCATED IN ADAIR COUNTY, KY. AS OF THE 2010 CENSUS, THE POPULATION WAS 18,656. THE RACIAL MAKEUP OF THE COUNTY WAS 96% WHITE, 2.55% BLACK OR AFRICAN AMERICAN, 0.22% NATIVE AMERICAN, 0.26% ASIAN, 0.02% PACIFIC ISLANDER, 0.19% FROM OTHER RACES, AND 0.76% FROM TWO OR MORE RACES. 0.77% OF THE POPULATION WERE HISPANIC OR LATINO OF ANY RACE. THE MEDIAN INCOME FOR A HOUSEHOLD IN THE COUNTY WAS \$24,055, AND THE MEDIAN INCOME FOR A FAMILY WAS \$29,779. MALES HAD A MEDIAN INCOME OF \$23,183 VERSUS \$17,009 FOR FEMALES. THE PER CAPITA INCOME FOR THE COUNTY WAS \$14,931. ABOUT 18.20% OF FAMILIES AND 24.00% OF THE POPULATION WERE BELOW THE POVERTY LINE, INCLUDING 29.60% OF THOSE UNDER AGE 18 AND 21.70% OF THOSE AGE 65 OR OVER.

PART VI, LINE 5:

PROMOTION OF COMMUNITY HEALTH OUR MISSION: TJHC WILL PROMOTE AND PROVIDE

Part VI Supplemental Information (Continuation)

FOR THE HEALTH AND WELL BEING OF THOSE WE SERVE. OUR VISION: AS A REGIONAL PROVIDER, TJHC TAKES PRIDE IN BEING GOOD STEWARDS OF OUR AVAILABLE RESOURCES AND UTILIZING THEM TO ANTICIPATE AND MEET THE HEALTH NEEDS OF THE REGION BY PROMOTING HEALTH IN OUR COMMUNITIES AND DELIVERING QUALITY, APPROPRIATE AND COMPASSIONATE CARE. OUR GOALS: * CLINICAL QUALITY * CUSTOMER SERVICE * QUALITY WORK-LIFE * FINANCIAL PERFORMANCE ORGANIZATIONAL VALUES: * SERVICE * EXCELLENCE * RESOURCES * VALUE * INNOVATION * COMPASSIONATE CARE * ETHICS STATEMENT OF COMMUNITY COMMITMENT: TJHC IS A NONPROFIT, CHARITABLE CORPORATION OPERATED FOR THE SOLE PURPOSE OF PROMOTING AND PROVIDING FOR THE HEALTH OF THE PEOPLE IN ITS SERVICE AREA. IT DOES SO BY MAKING SURE THAT NECESSARY HOSPITAL AND HEALTH SERVICES, APPROPRIATE FOR THE SIZE OF THE COMMUNITY, ARE AVAILABLE TO ALL ON A COST-EFFECTIVE BASIS, WITHOUT REGARD TO THEIR ABILITY TO PAY. THESE INCLUDE SUCH ESSENTIAL SERVICES SUCH AS A 24-HOUR EMERGENCY ROOM, OBSTETRICS, CRITICAL CARE CAPABILITIES, AND DISASTER PREPAREDNESS. TO BE ABLE TO CONTINUE TO OFFER THESE SERVICES AT A LEVEL OF SAFETY THE COMMUNITY HAS A RIGHT TO EXPECT, THIS ORGANIZATION MUST BE ABLE TO GENERATE SUFFICIENT VOLUME AND SUFFICIENT REVENUE TO SUPPORT THOSE ESSENTIAL SERVICES WHICH, DUE TO INSUFFICIENT REIMBURSEMENT OR HIGH EXPENSES ASSOCIATED WITH THE TYPE OF SERVICE OR PATIENT INVOLVED, CANNOT SUSTAIN THEMSELVES. IT MUST ALSO RELY ON THE SUPPORT OF A HIGH QUALITY STAFF OF PHYSICIANS, NURSES AND OTHER PROFESSIONALS WHO NOT ONLY DELIVER CARE, BUT ALSO MONITOR AND WORK TO IMPROVE THE QUALITY AND EFFECTIVENESS OF THE SERVICES PROVIDED TO THE COMMUNITY. ALL POLICIES AND ACTIONS OF TJHC SHALL BE IN FURTHERANCE OF IDENTIFYING AND MEETING THE HEALTH NEEDS OF THOSE THAT WE SERVE. WITH DEDICATED STAFF POSITIONED LOCALLY, THE COMMUNITY CAN BE ASSURED ACCESS TO PRIMARY CARE. PHYSICIANS STRATEGICALLY ALIGNED WITH THE RURAL PROVIDER CAN SUCCESSFULLY MANAGE THEIR PRACTICE AND

Part VI Supplemental Information (Continuation)

THE HEALTH OF THE LOCAL COMMUNITY. PAST STRATEGIES RECOMMENDED THAT RURAL HOSPITALS AFFILIATE WITH LARGER, URBAN HOSPITALS OR HEALTH SYSTEMS TO INCREASE THE FACILITY'S ACCESS TO CAPITAL, ADVANCED HEALTH CARE AND IMPROVED COMMUNITY HEALTH OPTIONS. TO DIRECTLY INFLUENCE ITS OWN OPERATIONS, THE DEVELOPMENT OF STRONG SPECIALTY CLINICS SHOULD INCREASE ANCILLARY UTILIZATION AND IMPROVE LOCAL CONFIDENCE IN THE HOSPITAL'S ABILITY TO MEET THE LOCAL COMMUNITY'S HEALTH DEMANDS. IN ORDER TO MEET INCREASED DEMAND FOR ANCILLARY SERVICES, RURAL HOSPITALS NEED TO EXPAND AND GROW OUTPATIENT BUSINESS. THIS IS DONE SO BY PURCHASING THE TECHNOLOGY AND LABORATORY EQUIPMENT TO KEEP TESTING IN- HOUSE. BY EXPANDING THE OUTPATIENT SERVICES OFFERED TO THE COMMUNITY AND INVESTING IN THE EQUIPMENT TO PROVIDE THOSE SERVICES, A RURAL HOSPITAL IS ABLE TO TAKE FULL ADVANTAGE OF THE BUSINESS DRIVEN BY THE SPECIALTY CLINICS. MARKETING A SITUATION WHERE YOUR CARE CAN BE MANAGED LOCALLY DRIVES FACILITY CONFIDENCE LOCALLY. THE COMMUNITY WILL BE AWARE OF THE MANY SERVICES AVAILABLE THROUGH THE HOSPITAL, ITS OUTPATIENT CENTERS AND ITS SPECIALTY CLINICS. THE AGING COMMUNITY OPENS THE DOOR TO INCREASED DEMAND FOR SUB-ACUTE HEALTHCARE. HOME HEALTH, SKILLED NURSING, AND REHABILITATION SERVICES PROVIDE AN INPATIENT HOSPITAL WITH A CONTINUUM OF CARE TO SERVE THE COMMUNITY BEYOND THE ACUTE ENVIRONMENT. EVEN IF A RESIDENT NEEDS TO SEEK SPECIALTY CARE OUT OF MARKET, EXTENSIVE SUB-ACUTE SERVICES WILL RETURN THE PATIENT TO THEIR COMMUNITY WHERE THEY ARE COMFORTABLE AND FAMILIAR TO THE SURROUNDINGS. TJHC IS VERY INVOLVED IN THE COMMUNITY. * AMERICAN CANCER SOCIETY-RELAY FOR LIFE * AMERICAN HEART ASSOCIATION-HEART WALK AND WEAR RED DAY * HEALTH EDUCATION THEATRE * MARCH OF DIMES WALK AMERICA * SUSAN G. KOMEN * UNITED WAY * LINDSEY WILSON COLLEGE

PART VI, LINE 6:

Part VI Supplemental Information (Continuation)

AFFILIATED HEALTH CARE SYSTEM: TJ REGIONAL HEALTH INC. : AS OF DECEMBER 2015, TJHC BECAME A SUBSIDIARY OF T. J. REGIONAL HEALTH, INC. THIS ORGANIZATION SERVES AS THE PARENT ORGANIZATION AND WAS FORMED TO HELP FACILITATE THE ORGANIZATIONS PLANS TO BECOME MORE REGIONALLY FOCUSED. TJHC ALONG WITH T.J. SAMSON COMMUNITY HOSPITAL AND T. J. HEALTH PARTNERS, LLC ARE ALL SUBSIDIARIES OF T. J. REGIONAL HEALTH, INC. T. J. HEALTH PARTNERS, LLC. OPERATES PHYSICIAN CLINICS THAT INCLUDE FAMILY MEDICINE, INTERNAL MEDICINE, CARDIOLOGY, UROLOGY, NEUROLOGY, GYNECOLOGY AND PAIN MANAGEMENT. T. J. HEALTH PARTNERS, LLC IS A PHYSICIAN MULTI-SPECIALTY CLINIC THAT OFFERS PATIENTS EASY ACCESS TO CARE. THE COMPREHENSIVE SERVICES ALLOW PATIENTS TO REMAIN IN THE COMMUNITY FOR THEIR HEALTHCARE NEEDS. T.J. SAMSON COMMUNITY HOSPITAL IS A 196-BED, ACUTE-CARE FACILITY PROVIDING HEALTHCARE SERVICES TO BARREN AND SURROUNDING COUNTIES. AS COMMUNITY NEEDS ARE IDENTIFIED, ONGOING EFFORTS WILL BE MADE TO EXPAND THE OFFERINGS. SPECIALTIES RANGE FROM PRIMARY CARE TO INVASIVE/INTERVENTIONAL CARDIOLOGY, UROLOGY, PULMONARY, ONCOLOGY, AND NEUROLOGY. EACH OFFICE IS DESIGNED TO MEET AS MANY OF THE PATIENT'S NEEDS IN THE OFFICE SETTING AS POSSIBLE. T.J. HEALTH PAVILION IS AN OUTPATIENT SERVICE FACILITY OWNED AND OPERATED BY T.J. SAMSON COMMUNITY HOSPITAL AND IS DESIGNED TO MEET THE DEMAND OF RISING OUTPATIENT VOLUMES. THE T.J. HEALTH PAVILION HOUSES THE PHYSICIAN GROUP OF T.J. HEALTH PARTNERS AND THE OUTPATIENT SERVICES OF T.J. SAMSON COMMUNITY HOSPITAL. THE FACILITY ALLOWS THE COMMUNITY ACCESS TO A WIDE ARRAY OF SERVICES AND TECHNOLOGY ALL LOCATED IN ONE CONVENIENT LOCATION. SERVICES AND SPECIALTIES INCLUDE; REHABILITATION, DIALYSIS, URGENT CARE SERVICES, LABORATORY, RADIOLOGY, PRIMARY CARE, ONCOLOGY, UROLOGY, PAIN MANAGEMENT, SURGERY PHYSICIANS, OBSTETRICS AND GYNECOLOGY, CARDIOLOGY, AND NEPHROLOGY. T.J. HEALTH COLUMBIA IS A 74-BED, (25 FOR BHU AND 49 FOR ACUTE-CARE) FACILITY PROVIDING HEALTHCARE SERVICES TO ADAIR AND

Part VI Supplemental Information (Continuation)

SURROUNDING COUNTIES.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2015

**Open to Public
Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Name of the organization

TJ HEALTH COLUMBIA, INC.

Employer identification number

81-0893103

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

Yes

No

1b	
2	

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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

<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4a	X
4b	X
4c	X

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

5a	X
5b	X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?

- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of?

- a** The organization?

- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

6a	X
6b	X

7	X
8	X
9	

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

Schedule J (Form 990) 2015

Policy 11: Officers, Directors, Trustees, Key Employees and Highest Compensated

Employees: Use duplicate copies if additional space is needed.

For each organization, list the names of the officers, trustees, and employees, and the amount of compensation received.

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)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(I) Base compensation		(II) Bonus & incentive compensation				
	(III) Other reportable compensation						
(11) ALLISON CAMPBELL, M.D.	(I) 0.	0.	0.	0.	0.	0.	0.
DIRECTOR/CHIEF OF STAFF	(II) 253,545.	0.	0.	10,033.	17,884.	281,462.	0.
(12) BUD WETHINGTON	(I) 0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER	(II) 460,488.	0.	0.	0.	17,821.	478,309.	0.
(13) DALE GUFFEY	(I) 0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(II) 182,901.	0.	0.	10,802.	15,841.	209,544.	0.
(4) NEIL THORNBURY	(I) 0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(II) 257,630.	0.	0.	15,215.	16,639.	289,484.	0.
(5) VENKATA REDDY	(I) 0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(II) 725,470.	235,760.	0.	0.	16,737.	977,967.	0.
(6) HARIKRISHNAN NAIR	(I) 0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(II) 839,899.	345,858.	0.	11,323.	16,685.	1,213,765.	0.
(7) CARLOS KUMMERFELDT	(I) 0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(II) 656,227.	99,900.	0.	8,013.	19,595.	783,735.	0.
(8) DONALD GOODIN	(I) 0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(II) 601,696.	56,270.	0.	11,127.	25,950.	695,043.	0.
(9) MICHAEL MARION	(I) 0.	0.	0.	0.	0.	0.	0.
PHYSICIAN	(II) 569,949.	51,912.	0.	0.	25,733.	647,594.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.
	(I) 0.	0.	0.	0.	0.	0.	0.
	(II) 0.	0.	0.	0.	0.	0.	0.
	(III) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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

PART I, LINE 3:

THE ORGANIZATION'S OFFICERS ARE PAID BY A RELATED ORGANIZATION.

PART I, LINE 7:

PHYSICIANS ARE ELIGIBLE FOR INCENTIVE COMPENSATION. PHYSICIANS MAY EARN

ADDITIONAL COMPENSATION THROUGH QUARTERLY PRODUCTIVITY BONUSES THAT ARE

BASED ON THE CALCULATED DIFFERENCE OF ACTUAL WRVUS FOR THE QUARTER LESS A

WRVU QUARTERLY TARGET.

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

2015

Open to Public
Inspection

Name of the organization

TJ HEALTH COLUMBIA, INC.

Employer identification number
81-0893103

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE SERVE AND THE HEALTHCARE PROFESSIONALS WHO SERVE THEM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE INPATIENT AND OUTPATIENT HOSPITAL AND ANCILLARY HEALTH CARE
SERVICES TO THE COMMUNITY OF COLUMBIA, KENTUCKY, ADAIR COUNTY AND THE
SOUTH-CENTRAL REGION OF KENTUCKY, REGARDLESS OF ANY PATIENT'S ABILITY
TO PAY.

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

THE 990 IS REVIEWED BY THE CEO AND CFO BEFORE FILED.

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

YEARLY THE BOARD REVIEWS THE POLICY AND ENSURES COMPLIANCE BY ALL MEMBERS.
EACH MEMBER MUST ANNUALLY DISCLOSE COMPLIANCE.

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

THE HOSPITAL USES AN OUTSIDE THIRD PARTY AGENCY TO HELP DETERMINE
COMPENSATION LEVELS

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

ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST FROM THE ORGANIZATION.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES

1,133,411.

Name of the organization

TJ HEALTH COLUMBIA, INC.

Employer identification number
81-0893103

<u>MANAGEMENT AND GENERAL EXPENSES</u>	98,557.
<u>FUNDRAISING EXPENSES</u>	0.
<u>TOTAL EXPENSES</u>	1,231,968.
<u>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</u>	1,231,968.

FORM 990, PART XII, LINE 2C, OVERSIGHT OF AUDIT:

THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE
AUDIT OF THE FINANCIAL STATEMENTS AND NO PROCESSES HAVE CHANGED FROM
THE PRIOR YEAR.

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.

For more information, see Schedule D (Form 2009) and the instructions in Part 15.

Name of the organization _____

Part 1 Information Section of Discarded Entities Complete if the organization answered "Yes" on Form 990 Part IV line 33

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 2(b)(3) controlled entity?
TJ REGIONAL HEALTH INC - 27-3988336 11301 NORTH RACE STREET GLASGOW, KY 42141	PARENT ORGANIZATION OF HEALTHCARE FACILITY	KENTUCKY	501(C)(3)	LINE 11B, II	TJ REGIONAL HEALTH INC	X
TJ HEALTH PARTNERS, LLC - 27-3988456 11301 NORTH RACE STREET GLASGOW, KY 42141	PHYSICIAN CLINICS	KENTUCKY	501(C)(3)	LINE 9	TJ REGIONAL HEALTH INC	X
TJ SAMSON COMMUNITY HOSPITAL - 61-0461767 11301 NORTH RACE STREET GLASGOW, KY 42141	HOSPITAL	KENTUCKY	501(C)(3)	LINE 3	TJ REGIONAL HEALTH INC	X
TJ COMMUNITY MISSION FOUNDATION - 47-2208322 11301 NORTH RACE STREET GLASGOW KY 42141	FOUNDATION	KENTUCKY	501(C)(3)	LINE 9	TJ REGIONAL HEALTH INC	X

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

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.

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

Related 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)

Part VII Supplemental Information

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