

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493310001400

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1515 NORTH MADISON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ANDERSON, IN 460113453

D Employer identification number

35-1069822

E Telephone number

(765) 298-5125

G Gross receipts \$ 215,589,403

F Name and address of principal officer:
ELIZABETH S THARP MBA B
1515 NORTH MADISON AVENUE
ANDERSON, IN 460113453

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.COMMUNITYANDERSON.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1961

M State of legal domicile: IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
DEEPLY COMMITTED TO THE COMMUNITIES WE SERVE, WE ENHANCE HEALTH AND WELL-BEING. TO SIMPLY DELIVER AN EXCEPTIONAL EXPERIENCE - WITH EVERY LIFE WE TOUCH.

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

3 Number of voting members of the governing body (Part VI, line 1a) 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 9

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1,345

6 Total number of volunteers (estimate if necessary) 117

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 346,274

9 Program service revenue (Part VIII, line 2g) 201,674,226

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 6,265,566

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,239,084

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 209,525,150

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 370,297

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) 90,001,457

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 81,522,035

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 171,893,789

19 Revenue less expenses. Subtract line 18 from line 12 37,631,361

Expenses

20 Total assets (Part X, line 16) 307,261,619

21 Total liabilities (Part X, line 26) 21,393,104

22 Net assets or fund balances. Subtract line 21 from line 20 285,868,515

Net Assets or Fund Balances

Beginning of Current Year

End of Year

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
ELIZABETH S THARP MBA BSN RN PRESIDENT & CEO
Type or print name and title

2020-10-27
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ KSM BUSINESS SERVICES INC
Firm's address ▶ PO BOX 40857
INDIANAPOLIS, IN 462400857

Preparer's signature
Date 2020-10-27
Check ☐ if self-employed
PTIN P01271193
Firm's EIN ▶ 35-2123203
Phone no. (317) 580-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

DEEPLY COMMITTED TO THE COMMUNITIES WE SERVE, WE ENHANCE HEALTH AND WELL-BEING. TO SIMPLY DELIVER AN EXCEPTIONAL EXPERIENCE - WITH EVERY LIFE WE TOUCH.

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 \$ 194,239,386 including grants of \$) (Revenue \$ 204,803,575)
See Additional Data

4b (Code:) (Expenses \$ 12,248,115 including grants of \$ 12,248,115) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ► 206,487,501

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	169
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	9	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?		No

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
BRIAN MCCONNELL 8180 CLEARVISTA PARKWAY SUITE 200 INDIANAPOLIS, IN 46256 (317) 355-4212

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES CALLAHAN MD DIRECTOR	2.00 48.00	X						0	1,801,778	46,303
(2) JASON FAHRLANDER DIRECTOR	2.00 48.00	X						0	800,681	186,051
(3) CAROL WHITESEL VP PATIENT CARE/CNO	50.00 0.00					X		807,139	0	21,830
(4) ELIZABETH S THARP MBA BSN RN PRESIDENT & CEO	47.00 3.00	X		X				687,474	0	95,327
(5) MICHAEL HARPE VP HUMAN RESOURCES	50.00 0.00					X		742,776	0	31,013
(6) NIGHAT TAHIR MD PHYSICIAN	50.00 0.00					X		497,307	0	31,464
(7) JOHN B HARRIS VP OF FINANCE & CFO	47.00 3.00			X				452,178	0	64,770
(8) LEE ANN MCDANIEL CRNA	50.00 0.00					X		458,159	0	28,132
(9) SHERRY SIDWELL COO/VP INTEGRATED SERVICES	50.00 0.00				X			380,460	0	48,203
(10) KENNETH SHAVER MD SVP CHIEF PHYSICIAN EXECUTIVE	2.00 48.00				X			0	302,285	65,964
(11) CLIFFORD BEYLER SENIOR GENERAL COUNSEL	50.00 0.00					X		261,791	0	35,346
(12) THOMAS SHORT MD DIRECTOR	2.00 0.00	X						12,000	0	0
(13) TROY ABBOTT MD DIRECTOR	2.00 0.00	X						0	0	0
(14) JULIE HETTINGA SECRETARY	2.00 0.00	X		X				0	0	0
(15) JASON JAMERSON DIRECTOR	2.00 0.00	X						0	0	0
(16) JOHN KANE TREASURER	2.00 0.00	X		X				0	0	0
(17) ARTHUR J LEAK CHAIRMAN	2.00 5.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICK MOORE DIRECTOR	2.00 0.00	X						0	0	0
(19) MARIE MORRIS PHD VICE CHAIRMAN	2.00 0.00	X		X				0	0	0
(20) BILL O'NEAL PHD DIRECTOR	2.00 0.00	X						0	0	0
(21) JAY B RICKER DIRECTOR	2.00 0.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,299,284	2,904,744	654,403

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 ► 79

	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		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WR DUNKIN & SON INC 2409 W 18TH STREET ANDERSON, IN 46016	CONSTRUCTION SERVICES	2,243,926
ACCELECARE WOUND CENTER INC SKYLINE TWR 10900 NE 4TH ST 1920 BELIEVUE, WA 98004	MEDICAL SERVICES	690,782
SOUTH BEND MEDICAL FOUNDATION INC 530 N LAFAYETTE BLVD SOUTH BEND, IN 466011098	LABORATORY SERVICES	676,693
EPCHA PC 12953 PUBLISHERS DRIVE FISHERS, IN 47360	MEDICAL SERVICES	662,269
OPTUMINSIGHT 3797 MOMENTUM PLACE CHICAGO, IL 606898337	MEDICAL SERVICES	617,593

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 ► 37

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	352,136			
	e Government grants (contributions)	1e	85,019			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f		437,155			
Program Service Revenue	Business Code					
	2a PATIENT CARE SERVICE	622110	186,327,827	186,327,827		
	b ONCOLOGY SERVICES	622110	13,666,456	13,666,456		
	c RENTAL INCOME - RELATED	531120	2,605,583	2,605,583		
	d JOINT VENTURES	621400	1,370,144	1,370,144		
	e CLINICAL RESEARCH	541700	660,166	660,166		
	f All other program service revenue.					
g Total. Add lines 2a-2f.		204,630,176				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,388,403		5,388,403	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		6a				
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	1,406,758	2,520,598		
		b Less: cost or other basis and sales expenses	7b	1,283,911	280,304	
		c Gain or (loss)	7c	122,847	2,240,294	
	d Net gain or (loss)		2,363,141		2,363,141	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold		10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a CAFETERIA SALES	722514	943,439			943,439	
b TELECOMMUNICATIONS EXP REIMBURSEM	900099	108,704	108,704			
c ESPRESSO TO GO	722515	89,475			89,475	
d All other revenue		64,695	64,695			
e Total. Add lines 11a-11d		1,206,313				
12 Total revenue. See instructions		214,025,188	204,803,575	0	8,784,458	

Form 990 (2019)

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	12,248,115	12,248,115		
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	1,740,412	12,000	1,728,412	
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	68,081,782	60,685,672	7,396,110	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,556,758	3,091,953	464,805	
9 Other employee benefits	10,746,492	9,342,116	1,404,376	
10 Payroll taxes	4,817,195	4,187,673	629,522	
11 Fees for services (non-employees):				
a Management				
b Legal	75,598	70,238	5,360	
c Accounting	4,422	4,108	314	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	158,889		158,889	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,456,019	53,382,311	4,073,708	
12 Advertising and promotion	144,477	134,233	10,244	
13 Office expenses	4,199,399	3,901,656	297,743	
14 Information technology	367,946	341,858	26,088	
15 Royalties				
16 Occupancy	9,196,590	8,544,540	652,050	
17 Travel	271,773	252,504	19,269	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,871	9,171	700	
20 Interest	104,143	96,759	7,384	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,679,177	8,063,812	615,365	
23 Insurance	1,115,231	1,036,160	79,071	
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 MEDICAL SUPPLIES	31,318,687	31,318,687		
b HAF PROGRAM FEES	7,759,835	7,759,835		
c RENOVATION EXPENSES	1,505,514	1,398,771	106,743	
d DUES & SUBSCRIPTIONS	334,068	310,382	23,686	
e All other expenses	317,455	294,947	22,508	
25 Total functional expenses. Add lines 1 through 24e	224,209,848	206,487,501	17,722,347	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		35,893,198	1	19,896,546	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		32,292,541	4	25,825,956	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		3,159,324	8	3,051,097	
	9	Prepaid expenses and deferred charges		277,486	9	1,032,147	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	164,465,771			
	b	Less: accumulated depreciation	10b	101,910,999	66,066,309	10c	62,554,772
	11	Investments—publicly traded securities		167,492,333	11	212,445,585	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,080,428	15	3,378,829	
16	Total assets. Add lines 1 through 15 (must equal line 34)		307,261,619	16	328,184,932		
Liabilities	17	Accounts payable and accrued expenses		15,476,031	17	10,288,575	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties		3,628,951	24	2,015,647	
	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		2,288,122	25	12,157,555	
	26	Total liabilities. Add lines 17 through 25		21,393,104	26	24,461,777	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		285,868,515	27	303,723,155	
	28	Net assets with donor restrictions			28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		285,868,515	32	303,723,155	
33	Total liabilities and net assets/fund balances		307,261,619	33	328,184,932		

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	214,025,188
2	Total expenses (must equal Part IX, column (A), line 25)	2	224,209,848
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,184,660
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	285,868,515
5	Net unrealized gains (losses) on investments	5	28,142,328
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-103,028
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	303,723,155

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? 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		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 35-1069822
Name: COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC. ("CHA") IS AN ACUTE CARE MEDICAL FACILITY WITH 140 STAFFED BEDS (EXCLUDING NURSERY). IN 2019, THERE WERE 6,656 ADMISSIONS, 8,639 SURGERIES PERFORMED, 768 BIRTHS WITH A TOTAL OF 242,437 PATIENTS SERVED IN ALL DISCIPLINES. CHA PARTICIPATES IN MEDICARE, MEDICAID, CHAMPUS, TRICARE, AND/OR OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS. WE PROVIDE AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY. OUR STAFF MAKES EVERY EFFORT TO PROVIDE AN EFFECTIVE AND EFFICIENT HEALTH CARE DELIVERY SYSTEM. FINALLY, WE HAVE A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE THE MAJORITY.

Form 990, Part III, Line 4b:

COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC. CONTRIBUTED TO SEVERAL CHARITABLE ORGANIZATIONS. THE LARGEST DONATIONS ARE LISTED ON SCHEDULE I.

Form 990, Part III, Line 4c:

N/A

© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Employer identification number
35-1069822

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 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						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 35-1069822
Name: COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493310001400

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Employer identification number
35-1069822

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 an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 in 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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		6,403,988		6,403,988
b Buildings		77,460,002	41,838,426	35,621,576
c Leasehold improvements		1,311,533	240,989	1,070,544
d Equipment		77,301,014	57,991,138	19,309,876
e Other		1,989,234	1,840,446	148,788
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				62,554,772

Schedule D (Form 990) 2019

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. (Column (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. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	12,157,555

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 ☐

Schedule D (Form 990) 2019

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
------------------	-------------	--

Part XIII	Supplemental Information <i>(continued)</i>
------------------	----------------------------------------------------

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Employer identification number

35-1069822

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a Yes	
		3b Yes	
		4 Yes	
		5a Yes	
		5b	No
		5c	
		6a Yes	
		6b Yes	

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)		7,105	1,951,671	107,651	1,844,020	0.820 %
b Medicaid (from Worksheet 3, column a)			36,355,087	26,091,877	10,263,210	4.580 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs		7,105	38,306,758	26,199,528	12,107,230	5.400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	32	25,112	171,271	500	170,771	0.080 %
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)	2	1,100	514,108	0	514,108	0.230 %
j Total. Other Benefits	34	26,212	685,379	500	684,879	0.310 %
k Total. Add lines 7d and 7j	34	33,317	38,992,137	26,200,028	12,792,109	5.710 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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	7,398,299	
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	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	70,283,719
6 Enter Medicare allowable costs of care relating to payments on line 5	6	87,995,540
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-17,711,821
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:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 COMM ENDOSCOPY CTR	ENDOSCOPY CENTER	41.000 %	0 %	49.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
COMM HOSP OF ANDERSON & MADISON CTY**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" 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.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)

COMM HOSP OF ANDERSON & MADISON CTY

Name of hospital facility or letter of facility reporting group		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? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000% and FPG family income limit for eligibility for discounted care of 300.000000000000% b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input checked="" type="checkbox"/> Medical indigency e <input checked="" type="checkbox"/> Insurance status f <input checked="" type="checkbox"/> Underinsurance discount g <input checked="" type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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): <div><div>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)</div></div>	15	Yes
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V, SECTION C b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C 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 checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention 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 checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

Part V Facility Information (continued)**Billing and Collections**

COMM HOSP OF ANDERSON & MADISON CTY

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

COMM HOSP OF ANDERSON & MADISON CTY

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

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
23		No
24		No

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 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.

[illegible]

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? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C:	OTHER INCOME BASED CRITERIA FOR FREE OR DISCOUNTED CARECHA ALSO CONSIDERS THE PATIENT'S MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, AND RESIDENCY WHEN CONSIDERING THE PATIENT FOR FINANCIAL ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	RELATED ORGANIZATION INFORMATIONA COMMUNITY BENEFIT REPORT IS COMPLETED FOR THE COMMUNITY HEALTH NETWORK INCLUDING COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC. ("CHA") AND OTHER TAX-EXEMPT AFFILIATES OF THE NETWORK.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	COSTING METHODOLOGY EXPLANATIONA COST TO CHARGE RATIO WAS UTILIZED TO DETERMINE COSTS FOR LINES A THROUGH C IN THE TABLE. THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2. LINES E THROUGH I OF THE TABLE ARE BASED ON ACTUAL INCURRED EXPENSES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	<p>BAD DEBT EXPENSE METHODOLOGYTHE COST TO CHARGE RATIO UTILIZED FOR PURPOSES OF REPORTING BAD DEBT COSTS WAS DERIVED FROM WORKSHEET 2 AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.ADDITIONALLY, COMMUNITY HEALTH NETWORK ADOPTED A NEW STANDARD RELATED TO REVENUE RECOGNITION AND CODIFIED IN THE FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") AS TOPIC 606 ("ASC 606") IN FISCAL YEAR 2018. BECAUSE OF THE ADOPTION OF THIS STANDARD FROM AN ACCOUNTING PRESENTATION STANDPOINT, THE NETWORK NO LONGER EXPLICITLY REPORTS BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS. HOWEVER, THE NETWORK STILL DOES INCUR A SIGNIFICANT AMOUNT OF ADJUSTMENTS TO PATIENT'S ACCOUNTS FOR THOSE WHO DO NOT PAY THEIR PATIENT BALANCE WHICH RESULTS IN A SIGNIFICANT AND MATERIAL COST TO THE NETWORK. AS SUCH THE NETWORK WILL CONTINUE TO REPORT IN LINE 2 THE AMOUNT OF ADJUSTMENTS RELATED TO ADJUSTMENTS PREVIOUSLY IDENTIFIED AS BAD DEBT.</p>

Form and Line Reference	Explanation
PART III, LINE 3:	<p>BAD DEBT EXPENSE, PATIENTS ELIGIBLE FOR ASSISTANCE THE ESTIMATED AMOUNT OF THE ORGANIZATION 'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATIONS FINANCIAL AS SISTANCE POLICY WAS CALCULATED UTILIZING THE HISTORICAL LEVEL OF PATIENTS THAT WERE DETERM INED AS ELIGIBLE FOR FINANCIAL ASSISTANCE BASED ON A PRESUMPTIVE ELIGIBILITY PROCESS AND A PPLYING THIS RATIO TO THE REPORTED BAD DEBT EXPENSE ON THE FINANCIAL STATEMENTS. BAD DEBT SHOULD BE COUNTED AS COMMUNITY BENEFIT AS THIS IS A COST THAT THE NETWORK INCURS AND IS NO T REIMBURSED. FURTHER IT IS ESTIMATED A SIGNIFICANT PORTION OF BAD DEBT RELATES TO THE ACT UAL CHARITY OR LOW INCOME PATIENTS BUTH THEY HAVE NOT APPLIED FOR FINANCIAL ASSISTANCE. PAR T III, LINE 4: THE AUDITED FINANCIAL STATEMENTS CONTAIN THE FOLLOWING WITHIN THE FOOTNOTES: PATIENT ACCOUNTS RECEIVABLE AT DECEMBER 31, 2019 AND 2018, ARE REPORTED AT THE AMOUNTS THA T REFLECTS THE CONSIDERATION WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROV IDING PATIENT CARE, AS FURTHER DESCRIBED IN NOTE 2. THE COLLECTION OF OUTSTANDING RECEIVA BLES FOR MEDICARE, MEDICAID, MANAGED CARE AND COMMERCIAL INSURANCE PAYERS, AND PATIENTS IS THE NETWORK'S PRIMARY SOURCE OF CASH AND IS CRITICAL TO THE NETWORK'S OPERATING PERFORMAN CE. THE PRIMARY COLLECTION RISKS RELATE TO UNINSURED PATIENT ACCOUNTS AND PATIENT ACCOUNTS FOR WHICH THE PRIMARY INSURANCE CARRIER HAS PAID THE AMOUNTS COVERED BY THE APPLICABLE AG REEMENT, BUT PATIENT RESPONSIBILITY AMOUNTS (DEDUCTIBLES AND COINSURANCE) REMAIN OUTSTANDI NG. THE NETWORK GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE LOCAL R ESIDENTS AND ARE INSURED UNDER THIRD-PARTY PAYER AGREEMENTS. THE CONCENTRATION OF NET RECE IVABLES BY PAYER CLASS FOR BOTH PATIENTS AND THIRD-PARTY PAYERS AT DECEMBER 31, 2019 AND 2 018 IS AS FOLLOWS. NET RECEIVABLE FOR PATIENTS INCLUDES UNINSURED BALANCES WHICH ARE THE R ESPONSIBILITY OF THE PATIENT ASSOCIATED WITH THIRD-PARTY PAYERS LISTED BELOW: 2019 2018 MED ICARE 21% 23% MEDICAID 11% 11% MANAGED CARE AND COMMERCIAL INSURANCE 55% 53% PATIENTS 13% 13% 100% 100% CHARITY CARE THE NETWORK MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF C HARITY CARE IT PROVIDES. THE NETWORK PROVIDES 100% CHARITY CARE TO PATIENTS WHOSE INCOME L EVEL IS EQUAL TO OR BELOW 200% OF THE FEDERAL POVERTY LINE. PATIENTS WITH INCOME LEVELS RA NGING FROM 200%-300% OF THE CURRENT YEAR'S FEDERAL POVERTY LEVEL WILL QUALIFY FOR PARTIAL ASSISTANCE DETERMINED BY A SLIDING SCALE. THE NETWORK USES COST AS THE MEASUREMENT BASIS F OR CHARITY CARE DISCLOSURE PURPOSES WITH THE COST BEING IDENTIFIED AS THE DIRECT AND INDIR ECT COSTS OF PROVIDING THE CHARITY CARE. CHARITY CARE AT COST WAS \$11,870(000) AND \$10,719 (000) FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY. CHARITY CARE COST WAS ESTIMATED ON THE APPLICATION OF THE ASSOCIATED COST-TO-CHARGE RATIOS. PATIENT SERVICE REVEN UETHE NETWORK'S REVENUES GENERALLY RELATE TO CONTRACTS WITH PATIENTS IN WHICH THE NETWORK' S PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO THE PATIENTS. PATIENT SER VICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE NETWOR K EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FRO M PATIENTS AND THIRD-PARTY PAYERS (INCLUDING GOVERNMENT PROGRAMS AND MANAGED CARE AND COMM ERCEAL INSURANCE COMPANIES), AND INCLUDE VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE AD JUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS, AND INVESTIGATIONS. GENERALLY, THE NETWORK BILLS THE PATIENTS AND THIRD-PARTY PAYERS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED O R THE PATIENT IS DISCHARGED FROM THE FACILITY. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGA TIONS ARE SATISFIED. THE NETWORK DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGE S, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYERS, DISCOUNTS PROVIDED T O UNINSURED PATIENTS IN ACCORDANCE WITH THE NETWORK'S POLICY, AND IMPLICIT PRICE CONCESSIO NS. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE NETWORK. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED O N ACTUAL CHARGES INCURRED IN RELATION TO TOTAL EXPECTED OR ACTUAL CHARGES. THE NETWORK BEL IEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. G ENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS IN OUR HOSPITALS RECEIVING INPATIENT ACUTE CARE SERVICES. THE NETWORK MEASURES THE PERFORMANCE OBLIGATION F ROM ADMISSION INTO THE HOSPITAL TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERV ICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, WHICH INCLUDES OUTPATIENT SERVICES, IS GENERALL Y RECOGNIZED WHEN SERVICES ARE PROVIDED TO OUR PATIENTS AND THE NETWORK DOES NOT BELIEVE I T IS REQUIRED TO PROVIDE ADDITIONAL SERVICES TO TH</p>

Form and Line Reference	Explanation
PART III, LINE 3:	<p>E PATIENT.BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION O F LESS THAN ONE YEAR, THE NETWORK HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN FASB ASC 606-10-50-14A AND, THEREFORE, IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIA LLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFI ED PERFORMANCE OBLIGATIONS REFERRED TO PREVIOUSLY ARE PRIMARILY RELATED TO INPATIENT ACUTE CARE SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE C ONTRACTS ARE GENERALLY COMPLETED WHEN THE PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD.THE NETWORK DETERMINES ITS ESTIMAT ES OF CONTRACTUAL ADJUSTMENTS AND DISCOUNTS BASED ON CONTRACTUAL AGREEMENTS, ITS DISCOUNT POLICIES, AND HISTORICAL EXPERIENCE. MANAGEMENT CONTINUALLY REVIEWS THE CONTRACTUAL ESTIMA TION PROCESS TO CONSIDER AND INCORPORATE UPDATES TO LAWS AND REGULATIONS AND THE FREQUENT CHANGES IN MANAGED CARE CONTRACTUAL TERMS RESULTING FROM CONTRACT RENEGOTIATIONS AND RENEW ALS. ESTIMATES OF CONTRACTUAL ADJUSTMENTS UNDER MANAGED CARE AND COMMERCIAL INSURANCE PLAN S ARE BASED UPON THE PAYMENT TERMS SPECIFIED IN THE RELATED CONTRACTUAL AGREEMENTS. THE PA YMENT ARRANGEMENTS WITH THIRD-PARTY PAYERS PROVIDE FOR PAYMENTS TO THE NETWORK AT AMOUNTS DIFFERENT FROM ITS ESTABLISHED RATES. GENERALLY, PATIENTS WHO ARE COVERED BY THIRD-PARTY P AYERS ARE RESPONSIBLE FOR RELATED DEDUCTIBLES AND COINSURANCE, WHICH VARY IN AMOUNT. THE N ETWORK ALSO PROVIDES SERVICES TO UNINSURED PATIENTS, AND OFFERS THOSE UNINSURED PATIENTS A DISCOUNT, EITHER BY POLICY OR LAW, FROM STANDARD CHARGES. THE INITIAL ESTIMATE OF THE TRA NSACTION PRICE IS DETERMINED BY REDUCING THE STANDARD CHARGE BY ANY CONTRACTUAL ADJUSTMENT S, DISCOUNTS, AND IMPLICIT PRICE CONCESSIONS. FOR THE YEARS ENDED DECEMBER 31, 2019 AND 20 18, ESTIMATED IMPLICIT PRICE CONCESSIONS OF \$564,440(000) AND \$583,943(000), RESPECTIVELY, WERE RECORDED TO ADJUST REVENUES TO THE ESTIMATED AMOUNTS COLLECTIBLE.ESTIMATED IMPLICIT PRICE CONCESSIONS ARE RECORDED FOR ALL UNINSURED ACCOUNTS, WHICH INCLUDES UNINSURED PATIEN TS AND UNINSURED COINSURANCE AND DEDUCTIBLE AMOUNTS FOR PATIENTS WHO HAVE HEALTH CARE COVE RAGE, REGARDLESS OF THE AGING OF THOSE ACCOUNTS. THE ESTIMATES FOR IMPLICIT PRICE CONCESSI ONS ARE BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL WRITE-OFFS AND EXPECTED NET COLLE CTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL, STATE AND PRIVATE EMPLOYER HE ALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS. MANAGEMENT RELIES ON THE RESULTS OF DE TAILED REVIEWS OF HISTORICAL WRITE-OFFS AND COLLECTIONS AS A PRIMARY SOURCE OF INFORMATION IN ESTIMATING THE COLLECTABILITY OF OUR ACCOUNTS RECEIVABLE. THE NETWORK PERFORMS A HINDS IGH T ANALYSIS QUARTERLY, UTILIZING HISTORICAL ACCOUNTS RECEIVABLE COLLECTION AND WRITE-OFF DATA. THE NETWORK BELIEVES ITS QUARTERLY UPDATES TO THE ESTIMATED IMPLICIT PRICE CONCESSI ON AMOUNTS AT EACH OF ITS HOSPITAL FACILITIES PROVIDE REASONABLE VALUATION ESTIMATES OF TH E NETWORK'S REVENUES AND ACCOUNTS RECEIVABLE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	<p>BEGINNING JUNE 2012, THE STATE OF INDIANA OFFERED VOLUNTARY PARTICIPATION IN THE STATE OF INDIANA'S HAF PROGRAM. THE STATE OF INDIANA IMPLEMENTED THIS PROGRAM TO UTILIZE SUPPLEMENTAL REIMBURSEMENT PROGRAMS FOR THE PURPOSE OF PROVIDING REIMBURSEMENT TO PROVIDERS TO OFFSET A PORTION OF THE COST OF PROVIDING CARE TO MEDICAID AND INDIGENT PATIENTS. THIS PROGRAM IS DESIGNED WITH INPUT FROM CMS AND IS FUNDED WITH A COMBINATION OF STATE AND FEDERAL RESOURCES, INCLUDING FEES OR TAXES LEVIED ON THE PROVIDERS. REIMBURSEMENT UNDER THE PROGRAM IS REFLECTED WITHIN PATIENT SERVICE REVENUE AND THE FEES PAID FOR PARTICIPATION IN THE HAF PROGRAM ARE RECORDED IN SUPPLIES AND OTHER EXPENSES WITHIN THE CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS. THE FEES AND REIMBURSEMENTS ARE SETTLED MONTHLY. REVENUE RECOGNIZED RELATED TO THE HAF PROGRAM WAS \$198,105(000) AND \$135,510(000) FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY. EXPENSE FOR FEES RELATED TO THE HAF PROGRAM WAS \$83,600(000) AND \$66,236(000) FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018, RESPECTIVELY. THE HAF PROGRAM RUNS ON AN ANNUAL CYCLE FROM JULY 1 TO JUNE 30 AND IS EFFECTIVE UNTIL JUNE 30, 2021. THE CONSOLIDATED BALANCE SHEETS AT DECEMBER 31, 2019 AND 2018 INCLUDES LESS THAN ONE MONTH OF HAF ACTIVITY, OR \$939[000] AND \$1,880[000], RESPECTIVELY, IN ESTIMATED THIRD-PARTY PAYER SETTLEMENTS PAYABLE RELATED TO THE HAF PROGRAM.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	<p>MEDICARE EXPLANATIONPER THE 990 INSTRUCTIONS, THE MEDICARE COST REPORT WAS UTILIZED TO DETERMINE THE MEDICARE SHORTFALL. HOWEVER, THE MEDICARE COST REPORT IS NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH MEDICARE PROGRAMS SUCH AS PHYSICIAN SERVICES AND SERVICES BILLED VIA FREE STANDING CLINICS. FURTHER, THE MEDICARE COST REPORT EXCLUDES REVENUES AND COSTS OF MEDICARE PARTS C AND D. THE MEDICARE COST REPORT IS \$6,254,440. AS SUCH, THE TOTAL MEDICARE SHORTFALL FOR ALL MEDICARE PROGRAMS IS \$18,876,777. MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS COMMUNITY BENEFIT BECUASE MEDICARE REPRESENTS 54.5% OF THE OVERALL PAYER MIX FOR COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC.</p>

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>NOTWITHSTANDING ANY OTHER PROVISION OF ANY OTHER POLICY AT COMMUNITY REGARDING BILLING AND COLLECTION MATTERS, COMMUNITY WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS BEFORE IT MAKES REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL WHO HAS AN UNPAID BILL FROM COMMUNITY IS ELIGIBLE FOR FINANCIAL ASSISTANCE FROM UNDER THIS POLICY. THE ACTIONS COMMUNITY MAY TAKE IN THE EVENT OF NONPAYMENT AND THE PROCESS AND TIME FRAMES FOR TAKING THESE ACTIONS ARE MORE FULLY DESCRIBED IN COMMUNITY'S BILLING AND COLLECTIONS POLICY.</p> <p>PART VI, LINE 2 NEEDS ASSESSMENT: THE IDENTIFICATION OF HEALTH NEEDS FOR CHNW REGIONS WAS CARRIED OUT USING TWO TYPES OF DATA: (1) PRIMARY DATA OBTAINED THROUGH AN ONLINE SURVEY OF CHNW HEALTHCARE PROVIDERS (E.G. PHYSICIANS, NURSES, AND SOCIAL WORKERS) AND A SURVEY OF COMMUNITY RESIDENTS IN EACH CHNW REGION AND (2) SECONDARY DATA FROM THE HEALTHY COMMUNITIES INSTITUTE (HCI) DASHBOARD AND OTHER LOCAL AND NATIONAL AGENCIES (E.G. COUNTY HEALTH RANKINGS). TO SUPPLEMENT THESE DATA AND IDENTIFY POPULATION-SPECIFIC HEALTH NEEDS AMONG COMMUNITY MEMBERS IN THE ANDERSON REGION IN PARTICULAR, FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WERE CONDUCTED. THESE DATA SOURCES ARE DESCRIBED IN THE FOLLOWING SECTIONS: PRIMARY DATA: THIS ASSESSMENT USED THREE SOURCES OF COMMUNITY INPUT: 1) AN ONLINE SURVEY OF CHNW PROVIDERS; 2) FOCUS GROUPS WITH COMMUNITY STAKEHOLDER ORGANIZATIONS; AND 3) A COMMUNITY SURVEY. IMPORTANTLY, FOCUS GROUPS CONDUCTED FOR THIS CHNA INCLUDED ONE OR MORE REPRESENTATIVES FROM A GOVERNMENTAL HEALTH DEPARTMENT. THE PRIMARY DATA GATHERING AND ANALYSIS PROCESS IS DESCRIBED IN MORE DETAIL BELOW.</p> <p>CHNW PROVIDER SURVEY: AN ONLINE SURVEY OF CHNW HEALTH PROVIDERS WAS CONDUCTED IN APRIL 2018 TO COLLECT CHNW PROVIDER PERCEPTIONS ABOUT WHAT POPULATIONS WERE AT GREATEST SOCIAL/MEDICAL DISADVANTAGE AND WHICH COMMUNITY CIRCUMSTANCES IMPACTING POPULATION HEALTH WERE MOST URGENT. ANY CLINICIAN THAT INTERACTS WITH PATIENTS WAS INVITED TO PARTICIPATE IN THE PROVIDER SURVEY. THE SURVEY WAS DESIGNED BY POLIS AND THE FAIRBANKS SCHOOL OF PUBLIC HEALTH (FSPH) IN PARTNERSHIP WITH CHNW AND IMPLEMENTED USING QUALTRICS, AN ONLINE SURVEY SERVICE. A TOTAL OF 819 CHNW PROVIDERS RESPONDED TO THE SURVEY. SEVEN PERCENT (7%, N= 59) OF THOSE NAMED ANDERSON REGION AS THEIR REGION OF PRIMARY PRACTICE OR SERVICE. THE MAJORITY OF THE RESPONDENTS FROM THE ANDERSON REGION WERE A PRIMARY CARE OR SPECIALTY CARE PROVIDER (46% AND 44%, RESPECTIVELY), FOLLOWED BY OTHER, NURSE, AND ADMINISTRATOR (5%, 3%, AND 2%, RESPECTIVELY).</p> <p>FOCUS GROUPS: A FOCUS GROUP WITH COMMUNITY STAKEHOLDER ORGANIZATIONS FROM THE ANDERSON REGION WAS ORGANIZED BY CHNW AND DESIGNED AND CONDUCTED BY FSPH ON MAY 17, 2018. REPRESENTATIVES FROM EIGHTEEN ORGANIZATIONS IN MADISON COUNTY PARTICIPATED IN THE CHNW ANDERSON REGION FOCUS GROUP. A VARIETY OF ORGANIZATION TYPES, INCLUDING SCHOOL SYSTEMS, SOCIAL SERVICES, HEALTHCARE, STATE GOVERNMENT, LAW ENFORCEMENT, AND GOVERNMENTAL PUBLIC HEALTH WERE REPRESENTED IN THE FOCUS GROUPS. FOCUS GROUP PARTICIPANTS WERE ASKED TO IDENTIFY THE TWO MOST IMPORTANT UNMET NEEDS AFFECTING THE HEALTH OF THEIR COMMUNITY AND THE TWO MOST VULNERABLE POPULATIONS. AT THE END OF THE FOCUS GROUPS, PARTICIPANTS WERE ASKED TO DISCUSS POSSIBLE SOLUTIONS TO ADDRESS THE UNMET NEEDS AMONG THE MOST VULNERABLE POPULATIONS.</p> <p>THE FOLLOWING COMMUNITY STAKEHOLDER ORGANIZATIONS PARTICIPATED IN THE MAY 17, 2018 FOCUS GROUP IN THE ANDERSON REGION: 1. ANDERSON IMPACT CENTER 2. COMMUNITY HEALTH NETWORK BEHAVIORAL HEALTH 3. FRANKTON-LAPEL COMMUNITY SCHOOLS 4. COMMUNITY HOSPITAL WOMEN AND CHILDREN HEALTH SERVICES 5. EAST CENTRAL INDIANA CASA (COURT APPOINTED SPECIAL ADVOCATES) 6. JANE PAULEY COMMUNITY HEALTH CENTERS (THREE IN MADISON COUNTY) 7. CHRISTIAN CENTER 8. SALVATION ARMY 9. LIBERTY CHRISTIAN HIGH SCHOOL 10. DOVE HARBOR RESIDENTIAL HOUSING PROGRAM 11. MADISON COUNTY HEALTH DEPARTMENT 12. COMMUNITY HOSPITAL SEXUAL ASSAULT CENTER 13. SECOND HARVEST FOOD BANK 14. UNITED WAY OF MADISON COUNTY 15. OPERATION LOVE MINISTRIES 16. MADISON COUNTY SHERIFF'S OFFICE 17. MADISON COUNTY COMMUNITY HEALTH CENTER 18. INDIANA STATE LEGISLATURE-STATE REPRESENTATIVE KEY INFORMANT INTERVIEWS WERE ALSO CONDUCTED WITH THE STATE OF INDIANA'S TOP HEALTH LEADERS: DIRECTOR OF THE MARION COUNTY PUBLIC HEALTH DEPARTMENT, THE COMMISSIONER FOR THE INDIANA STATE DEPARTMENT OF HEALTH, AND THE FAMILY AND SOCIAL SERVICES ADMINISTRATION.</p> <p>COMMUNITY SURVEY: THE FIVE MAJOR HOSPITAL SYSTEMS IN INDIANAPOLIS REFERRED TO AS THE INDIANAPOLIS HOSPITAL COLLABORATIVE AND INCLUDING CHNW, JOINTLY CONTRACTED THE UNIVERSITY OF EVANSVILLE AND THE INDIANA UNIVERSITY CENTER FOR SURVEY RESEARCH (CSR) TO DESIGN AND CONDUCT A BROAD COMMUNITY SURVEY IN 2018. THIS SURVEY WAS DESIGNED AND CONDUCTED INDEPENDENTLY OF THE CHNA ACTIVITIES CONDUCTED BY POLIS AND FSPH. TWO QUESTIONS FROM THIS SURVEY WERE USED AS MEASURES OF COMMUNITY CONCERN FOR THE CHNW CHNA. ONE QUESTION ASKED RESPONDENTS TO CHOOSE WHAT THEY PERCEIVED AS TOP HEALTH CONCERNS IN THEIR</p>

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>R COMMUNITY AND A SECOND QUESTION ASKED RESPONDENTS TO INDICATE HOW IMPORTANT LISTED HEALTH AND COMMUNITY SERVICES WERE FOR THEIR COMMUNITY. AS PART OF THEIR SURVEY EFFORT CSR SELECTED RANDOM ADDRESS-BASED POPULATION SAMPLES FROM EACH OF THE FIVE CHNW REGIONS AND ADMINISTERED A MAIL SURVEY TO THOSE SAMPLES. THE SURVEY RESULTS WERE ALGORITHMICALLY WEIGHTED BY CSR TO CONTROL FOR DIFFERENCES IN THE DEMOGRAPHIC MAKEUP OF SURVEY PARTICIPANTS COMPARED TO THE TOTAL POPULATION OF EACH REGION. IDENTIFICATION OF SIGNIFICANT COMMUNITY HEALTH NEED: COMMUNITY HEALTH NEEDS AND ISSUES PRESENTED IN THIS REPORT WERE CONSIDERED SIGNIFICANT IF THEY WERE IDENTIFIED AS PROBLEMATIC IN TWO OR MORE OF THE PRIMARY AND SECONDARY DATA SOURCES DESCRIBED IN THIS SECTION. FOR EXAMPLE, FOOD INSECURITY WAS MENTIONED AS PROBLEMATIC IN THE PROVIDER SURVEY, IN FOCUS GROUPS, AND IN THE COMMUNITY SURVEY. POVERTY WAS FOUND TO BE ABOVE AVERAGE IN SECONDARY DATA, AND PROVIDERS RESPONDING TO THE PROVIDER SURVEY IDENTIFIED LOW-INCOME/IMPOVERISHED PEOPLE TO BE AT THE "GREATEST DISADVANTAGE" IN THE ANDERSON REGION. DATA LIMITATIONS SECONDARY DATA: ONE OF THE MOST NOTABLE LIMITATIONS OF THE SECONDARY DATA WAS THAT DIFFERENT DATA SOURCES APPLIED DIFFERENT MODELS TO ESTIMATE COMMUNITY HEALTH INDICATORS. SOME INDICATORS WERE BASED ON ADMINISTRATIVE DATA WHILE OTHERS WERE BASED ON SAMPLE SURVEYS. IN ADDITION, SECONDARY DATA WAS SOURCED FROM DIFFERENT DATA YEARS, BASED ON DATA AVAILABILITY. THE YEAR OF THE AVAILABLE DATA RANGED FROM A 2010-2014 FIVE-YEAR AVERAGE IN SOME CASES TO 2018 IN OTHERS. ANOTHER NOTABLE LIMITATION WAS THAT WHEN MORTALITY AND MORBIDITY RATES WERE NOT AVAILABLE, HOSPITALIZATION RATES WERE USED. HOSPITALIZATION RATES ARE AVAILABLE FROM STATE HOSPITAL ASSOCIATIONS AND ARE OFTEN USED AS SURROGATE MEASURES OF COMMUNITY HEALTH NEED. HOSPITALIZATION RATES TYPICALLY ARE BASED ON PATIENT HOME ADDRESSES VERSUS TREATMENT LOCATION, WHICH IS APPROPRIATE WHEN ATTEMPTING TO USE THESE RATES TO MEASURE COMMUNITY HEALTH. HOWEVER, A LIMITATION IS THAT HOSPITALIZATION RATES MAY UNDERREPORT THE RATE OF A HEALTH CONDITION BECAUSE HOSPITALIZATION RATES ONLY CAPTURE DATA FROM INDIVIDUALS WHO SEEK HOSPITAL CARE AND DO NOT CAPTURE DATA FROM INDIVIDUALS WHO HAVE THE HEALTH CONDITION BUT DO NOT RECEIVE ASSOCIATED HOSPITAL CARE. ANOTHER LIMITATION IS THAT POPULATIONS WITH CLOSER PROXIMITY TO A HOSPITAL FACILITY MAY BE MORE LIKELY TO SEEK TREATMENT FOR HEALTH CONDITIONS AND, AS SUCH, AREAS WITH A HOSPITAL FACILITY MAY APPEAR TO HAVE POPULATIONS WITH HIGHER RATES OF HEALTH CONDITIONS. ANOTHER LIMITATION WAS THAT THE GEOGRAPHIC LEVEL OF AVAILABLE DATA DID NOT ALWAYS MATCH THE HOSPITAL SERVICE AREA (REGION). CHNW REGIONS WERE DEFINED AS COLLECTIONS OF ZIP CODES BUT NOT ALL DATA ARE AVAILABLE AT THE ZIP CODE LEVEL. IN CASES WHERE ONLY COUNTY-LEVEL DATA WERE AVAILABLE, THE TOTAL POPULATION WITHIN THE INTERSECTIONS OF THE CHNW REGION AND THE COUNTY(IES) WERE USED TO GENERATE WEIGHTED VALUES AND BUILD REGIONAL ESTIMATES. PROVIDER SURVEY: THE PRINCIPAL LIMITATION OF THE PROVIDER SURVEY WAS THAT IT WAS NOT CONDUCTED USING A RANDOM SAMPLING TECHNIQUE AND MAY REFLECT RESPONSE BIAS. THIS MEANS THAT THE RESPONSES WERE NOT NECESSARILY REPRESENTATIVE OF THE FULL POPULATION OF CHNW PROVIDERS. ANOTHER LIMITATION WAS THAT RESPONDENTS WERE ASKED TO SELECT FROM PRE-DEFINED LISTS OF DISADVANTAGED POPULATIONS AND POTENTIAL CONCERNS. WHILE THE LIST OF POSSIBLE CONCERNS WAS DEVELOPED BASED ON EXPERT KNOWLEDGE, IT IS POSSIBLE THAT THERE WERE OTHER CONCERNS THAT WERE NOT LISTED. COMMUNITY SURVEY: A GENERAL LIMITATION OF BROAD COMMUNITY SURVEYS IS THAT PARTICIPATION TENDS TO BE GREATER AMONG RETIREES OR THOSE OTHERWISE UNEMPLOYED COMPARED TO YOUNGER, EMPLOYED PERSONS. STATISTICAL WEIGHTING WAS UTILIZED BY THE INDIANA UNIVERSITY CENTER FOR SURVEY RESEARCH (CSR) TO CORRECT FOR THESE AND OTHER DIFFERENCES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>ANOTHER LIMITATION THAT SHOULD BE NOTED IS THAT THE COMMUNITY SURVEY DEVIATED ENOUGH FROM THE PROVIDER SURVEY AND SECONDARY DATA SO THAT DIRECT COMPARISONS COULD NOT BE DRAWN. FUTURE ITERATIONS OF THE PROVIDER AND THE COMMUNITY SURVEY SHOULD CONTAIN THE SAME LANGUAGE OPTIONS.IMPLEMENTATION STRATEGY TO ADDRESS SIGNIFICANT HEALTH NEEDS THIS IMPLEMENTATION STRATEGY DESCRIBES HOW THE HOSPITAL PLANS TO ADDRESS THE SIGNIFICANT COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA. THE HOSPITAL REVIEWED THE CHNA FINDINGS AND APPLIED THE FOLLOWING CRITERIA TO DETERMINE THE MOST APPROPRIATE NEEDS FOR THE ANDERSON REGION TO ADDRESS:1. THE EXTENT TO WHICH THE HOSPITAL HAS RESOURCES AND COMPETENCIES TO ADDRESS THE NEED2. THE IMPACT THAT THE HOSPITAL COULD HAVE ON THE NEED (I.E., THE NUMBER OF LIVES THE HOSPITAL CAN IMPACT)3. THE FREQUENCY WITH WHICH STAKEHOLDERS IDENTIFIED THE NEED AS A SIGNIFICANT PRIORITY4. THE EXTENT OF COMMUNITY SUPPORT FOR THE HOSPITAL TO ADDRESS THE ISSUE AND POTENTIAL FOR PARTNERSHIPS TO ADDRESS THE ISSUEBY APPLYING THESE CRITERIA, THE HOSPITAL DETERMINED THAT IT WOULD ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED BY Y (FOR YES) IN THE TABLE THAT FOLLOWS. ISSUES IDENTIFIED BY N (FOR NO) REPRESENT ISSUES THAT THE HOSPITAL DOES NOT PLAN TO ADDRESS DURING THE 2019-2021 TIME-PERIOD.SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA INTEND TO ADDRESS1. SOCIAL DETERMINANT OF HEALTH Y2. MENTAL HEALTH Y3. SERVICES FOR SENIORS N4. SUBSTANCE ABUSE (ALCOHOL) Y5. SUBSTANCE ABUSE (OPIOIDS AND OTHER DRUGS) Y6. OBESITY Y7. ACCESS TO HEALTH SERVICES Y8. CHRONIC DISEASE MANAGEMENT Y9. TOBACCO USE Y10. DIABETES YHEALTH NEEDS NOT ADDRESSEDHEALTH NEEDS NOT IDENTIFIED AS A PRIORITY FALL INTO ONE OF THREE CATEGORIES:1. BEYOND THE SCOPE AND CAPACITY OF CHNW SERVICES2. NEEDS FURTHER INTERVENTION, BUT NO PLANS TO EXPAND COMMUNITY BENEFIT SERVICES AT THIS TIME3. RELY ON COMMUNITY PARTNERS TO LEAD EFFORTS WITH EXPERTISE IN THESE AREAS WITH CHNW IN A SUPPORTING ROLETHE NEEDS IDENTIFIED BELOW ARE NOT SPECIFICALLY INCLUDED IN THE HOSPITAL'S IMPLEMENTATION STRATEGY FOR 2019-2021:1. SERVICES FOR SENIORS: ALIGNMENT WITH SIGNIFICANT HEALTH NEEDS OUTLINED IN THE IMPLEMENTATION STRATEGY.2. MATERNAL AND CHILD HEALTH: ALIGNMENT WITH MENTAL HEALTH, SUBSTANCE USE DISORDER, FOOD INSECURITY AND TOBACCO USE.SECONDARY DATA: THE COMMUNITY HEALTH NETWORK COMMUNITY DASHBOARD DEVELOPED BY HCI WAS USED AS A PRIMARY SOURCE OF SECONDARY DATA. THIS DASHBOARD INCLUDES DATA FROM THE INDIANA HOSPITAL ASSOCIATION, AS WELL AS THE INDIANA STATE DEPARTMENT OF HEALTH, NATIONAL CANCER INSTITUTE, CENTERS FOR DISEASE CONTROL AND PREVENTION, CENTERS FOR MEDICAID AND MEDICARE SERVICES, NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD AND TB PREVENTION, INSTITUTE FOR HEALTH METRICS AND EVALUATION, COUNTY HEALTH RANKINGS, US CENSUS BUREAU, US DEPARTMENT OF AGRICULTURE, AND OTHER SOURCES.ADDITIONAL STATE AND NATIONAL SECONDARY DATA SOURCES WERE ACCESSED BY THE CHNA TEAM FOR MORE RECENT AND GEOGRAPHICALLY SPECIFIC INFORMATION, INCLUDING THE FOLLOWING: AMERICAN LUNG ASSOCIATION, ANNIE E. CASEY FOUNDATION, CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (CDC-NCHHSTP) ATLAS, COUNTY HEALTH RANKINS, FEEDING AMERICA, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH (ISDH), INDIANA UNIVERSITY CENTER FOR HEALTH POLICY, SG2, CLARITAS, US CENSUS BUREAU, THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM, PUBLISHED BY THE CENTERS FOR DISEASE CONTROL.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>COMMUNITY WILL UNDERTAKE THE FOLLOWING EFFORTS TO WIDELY PUBLICIZE ITS FINANCIAL ASSISTANCE POLICY:1) WRITTEN NOTIFICATION - A PLAN LANGUAGE SUMMARY WILL BE POSTED IN EACH PATIENT REGISTRATION AND WAITING AREA AND AVAILABLE ONLINE AT ECOMMUNITY.COM. IN THE CASE OF SERVICES RENDERED IN THE HOME, THE FINANCIAL ASSISTANCE SUMMARY WILL BE PROVIDED TO THE RESPONSIBLE PARTY DURING THE FIRST IN-HOME VISIT. ALL PUBLICATIONS AND INFORMATIONAL MATERIALS RELATED TO THE FINANCIAL ASSISTANCE PROGRAM WILL BE TRANSLATED INTO LANGUAGES APPROPRIATE TO THE POPULATION IN THE SERVICE AREA.2) ORAL NOTIFICATION: ALL POINTS OF ACCESS WILL MAKE EVERY EFFORT TO INFORM EACH RESPONSIBLE PARTY ABOUT THE EXISTENCE OF COMMUNITY'S FINANCIAL ASSISTANCE PROGRAM IN THE APPROPRIATE LANGUAGE DURING ANY PRE-ADMISSION, REGISTRATION, ADMISSION OR DISCHARGE PROCESS. ADDITIONALLY, THE POST-SERVICE COLLECTION PROCESS WILL INTEGRATE NOTIFICATION OF THE AVAILABILITY OF ASSISTANCE INTO THE STANDARD PROCESS WHEN COLLECTION EFFORTS FAIL.3) STATEMENT NOTIFICATIONS: STATEMENTS WILL PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM.4) "ABOUT YOUR BILL: FREQUENTLY ASKED QUESTIONS:" COPIES OF THESE DOCUMENTS WILL BE AVAILABLE IN PATIENT REGISTRATION AREAS, THROUGH THE BUSINESS OFFICES AND PATIENT FINANCIAL COUNSELORS.5) COMMUNITY WILL MAKE REASONABLE EFFORTS TO INFORM AND NOTIFY RESIDENTS OF THE COMMUNITY SERVED ABOUT THE FINANCIAL ASSISTANCE POLICY IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE. MODES OF DELIVERY OF THIS INFORMATION MAY INCLUDE NEWSLETTERS, BROCHURES AND/OR THE PROVISION OF ONLINE ACCESS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	COMMUNITY INFORMATION1. THE CURRENT POPULATION IS 128,928. A FIVE-YEAR TREND (2018-2023) SHOWS POPULATION AT 128,6012. WHITES COMPRISED 84.7% OF THE POPULATION, WITH AFRICAN-AMERICANS AT 8.5%, HISPANIC/LATINOS AT 4.0% AND OTHER RACE OR ETHNICITY AT 2.9%3. THE FASTEST GROWING AGE GROUP IS 65+ AT 11%4. THE ANDERSON REGION WILL EXPERIENCE 0.7% DECLINE IN GROWTH BETWEEN 2018-2023.5. THE ANDERSON REGION HAS ONE OF THE LOWEST MEDIAN HOUSEHOLD INCOMES OF \$42,819.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTHA MAJORITY OF COMMUNITY HEALTH NETWORK'S (COMMUNITY) BOARD OF DIRECTORS IS COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN COMMUNITY'S PRIMARY SERVICE AREAS. COMMUNITY EXTENDS MEDICAL PRIVILEGES TO ALL PHYSICIANS WHO MEET THE CREDENTIALING QUALIFICATIONS NECESSARY FOR APPOINTMENT TO ITS MEDICAL STAFF. COMMUNITY DOES NOT DENY APPOINTMENT BASED ON GENDER, RACE, CREED, OR NATIONAL ORIGIN. COMMUNITY, IN COLLABORATION WITH MARIAN UNIVERSITY OSTEOPATHIC SCHOOL OF MEDICINE, TRAINS THE NEXT GENERATION OF PHYSICIANS IN A LEARNING ENVIRONMENT. COMMUNITY APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION, AND RESEARCH.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	AFFILIATED HEALTH CARE SYSTEMCOMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY, INC. ("CHA") IS PART OF AN AFFILIATED HEALTH CARE SYSTEM. SEE THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW CHA IS INVOLVED IN PROMOTING THE HEALTH OF THE COMMUNITY IT SERVES.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, ITEM 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	INDIANA

Additional Data

Software ID:

Software Version:

EIN: 35-1069822

Name: COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	COMM HOSP OF ANDERSON & MADISON CTY 1515 NORTH MADISON AVENUE ANDERSON, IN 46011 WWW.COMMUNITYANDERSON.COM 19-005100-1	X	X					X		SEE PART V, ADD'L INFORMATION	

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

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

Form and Line Reference	Explanation
PART V, SECTION A:	PART V, SECTION B, LINE 7A: HTTPS://WWW.ECOMMUNITY.COM/COMMUNITY-BENEFIT/ARCHIVED-REPORTS PART V, SECTION B, LINE 10A: HTTPS://WWW.ECOMMUNITY.COM/COMMUNITY-BENEFIT/ARCHIVED-REPORTS PART V, SECTION A - FACILITY INFORMATIONCHA IS AN ACUTE CARE MEDICAL FACILITY WITH 134 STAFFED BEDS. IN 2019, THERE WERE 6,656 ADMISSIONS WITH AN AVERAGE LENGTH OF STAY OF 3.89 DAYS. THERE WERE 35,783 EMERGENCY ROOM CASES RESPONDED TO IN OUR 24-HOUR/SEVEN DAY A WEEK EMERGENCY ROOM. 65% OF THE BIRTHS IN MADISON COUNTY WERE DELIVERED AT CHA FOR A TOTAL OF 768 BIRTHS IN 2019.

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

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	<p>PART V, SECTION B, LINE 5: IN 2018, COMMUNITY HEALTH NETWORK CONDUCTED A CHNA TO UNDERSTAND THE GREATEST HEALTH NEEDS IN THE COMMUNITIES SERVED BY OUR HOSPITALS. THIS ASSESSMENT WAS LARGE IN PART A JOINT PROCESS AMONG FOUR INDIANA HEALTH SYSTEMS: COMMUNITY HEALTH NETWORK, IU HEALTH, ST. FRANCIS ALLIANCE, AND ST. VINCENT. COMBINED, THESE ARE THE LARGEST HEALTH SYSTEMS IN INDIANA. THROUGH THIS COLLABORATIVE PARTNERSHIP, COMMUNITY HEALTH DATA WAS COLLECTED IN THREE WAYS: 1. SECONDARY DATA COLLECTION: DATA ON HEALTH AND WELLNESS ISSUES WAS COLLECTED. SOURCES INCLUDE COUNTY HEALTH RANKINGS, CENSUS BUREAU DATA, VARIOUS REPORTS FROM THE INDIANA STATE DEPARTMENT OF HEALTH, AND OTHER NATIONAL REPORTS. INDIANA INDICATORS, COMMUNITY COMMONS, AND HEALTHY COMMUNITIES INSTITUTE DATA MANAGEMENT SYSTEMS ALSO CONTRIBUTED TO THE SECONDARY DATA USED. 2. SOURCES OF THE SECONDARY DATA ARE IDENTIFIED THROUGHOUT THE COMMUNITY BENEFITS REPORT. 3. COMMUNITY HEALTH SURVEY: A CORE OF 20 MANDATORY QUESTIONS BASED ON PERCEPTION OF COMMUNITY AND PERSONAL NEEDS WERE CREATED. IN ADDITION, PROFESSIONALS ASSIGNED TO EACH COUNTY WORKED WITH ESTABLISHED COMMUNITY HEALTH COLLABORATIVES, LOCAL HOSPITALS, AND THE LOCAL HEALTH DEPARTMENT TO DEVELOP VOLUNTARY COMMUNITY HEALTH NEEDS ASSESSMENT TO CREATE 9 QUESTIONS SPECIFIC TO THE COUNTY. THIS RESULTED IN A SURVEY WITH 20 TO 29 QUESTIONS, DEPENDENT ON THE RESPONDENT'S COUNTY OF RESIDENCE. THE SURVEY WAS DISTRIBUTED ELECTRONICALLY AND ON PAPER. IN ADDITION TO THE QUANTITATIVE DATA, FREE TEXT RESPONSES WERE CODED AND CALCULATED TO PROVIDE FURTHER CLARIFICATION OF THE QUANTITATIVE DATA. 4. FOCUS GROUPS: IN ADDITION TO THE SURVEY THE PARTNERSHIP HOSTED FOCUS GROUPS THAT INCLUDED 15-60 COMMUNITY LEADERS FROM GOVERNMENTAL PUBLIC HEALTH, HEALTH CARE, SOCIAL SERVICE AGENCIES, RELATED NONPROFITS, CIVIC ORGANIZATIONS, AND GRASSROOTS/NEIGHBORHOOD ORGANIZATIONS. IN LARGER FOCUS GROUPS, SUB-GROUPS WERE UTILIZED TO GIVE ALL PARTICIPANTS A VOICE. EACH FOCUS GROUP DETERMINED THE TOP FOUR TO SIX HEALTH NEEDS IN THE COMMUNITY; POTENTIAL RESOURCES OR PARTNERS; AND SOME ACTIONS/INTERVENTIONS THAT MIGHT WORK BEST. OUTSIDE OF THE COLLABORATIVE, COMMUNITY HEALTH NETWORK INVITED KEY PUBLIC HEALTH INFORMANTS TO PROVIDE THEIR INPUT ON COMMUNITY HEALTH NEEDS. THE FOLLOWING INFORMANTS WERE INTERVIEWED: DUANE KRAMBECK-PRINCIPAL OF CHRISTIAN PARK ELEMENTARY SCHOOL IN INDIANAPOLIS PUBLIC SCHOOLS; MARY CONWAY, MSN, RN ADMINISTRATIVE COORDINATOR FOR NURSING SERVICES IN INDIANAPOLIS PUBLIC SCHOOLS; AND RANDY MILLER EXECUTIVE DIRECTOR OF DRUG FREE MARION COUNTY. THESE QUANTITATIVE AND QUALITATIVE DATA COLLECTION MECHANISMS HELPED IDENTIFY COMMUNITY HEALTH NEEDS AND SECONDARY DATA CONFIRMED THE NEEDS PERFORM BELOW STATE AVERAGES. FURTHER REVIEW OF THE HEALTH NEEDS DETERMINED THE EXTENT TO WHICH HEALTH INEQUITIES MAY EXIST AND WHICH SEGMENTS OF THE POPULATION ARE MORE NEGATIVELY IMPACTED.</p>

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

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	PART V, SECTION B, LINE 6A: THE CHNA FOR COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES: COMMUNITY HEALTH NETWORK, INC. (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC., COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC., COMMUNITY HOWARD REGIONAL HEALTH, INC., AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC. IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANSISCAN ST. FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST. VINCENT HOSPITAL.

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	<p>PART V, SECTION B, LINE 6B: THE CHNA WAS ALSO CONDUCTED WITH HEALTHY COMMUNITIES INSTITUTE .COMM HOSP OF ANDERSON & MADISON CTY:PART V, SECTION B, LINE 11: CHA IS ADDRESSING THE SIG NIFICANT NEEDS OF THE COMMUNITY BASED ON INPUT PROVIDED BY COMMUNITY RESIDENTS, PUBLIC HEA LTH PARTNERS, INTERNAL AND EXTERNAL LEADERSHIP WHO PARTICIPATED IN FOCUS GROUPS, STAKEHOLD ER INTERVIEWS OR COMPLETED THE CHNA SURVEY THROUGHOUT THE CENTRAL INDIANA REGION.CHNA DATA WAS ANALYZED AND PRIORITIZED USING THESE KEY FACTORS: FEASIBILITY FOR OUR HOSPITALS TO IM PACT CHANGE, HEALTH SYSTEM EXPERTISE IN THE FIELD OF THE ASSESSED NEED, AND THE HOSPITALS ABILITY TO BE THE MOST EFFECTIVE WITH THE RESOURCES AVAILABLE. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ALL OUR COMMUNITIES WERE: ACCESS TO HEALTHCARE; OBESITY; PEDIATRIC AS THMA AND COMMUNITY DRIVEN INITIATIVES.A MISSION CENTERED ON HELPING OTHERS IS THE FOUNDATI ON OF EVERYTHING WE DO AT COMMUNITY HEALTH NETWORK - AND EXTENDS FROM THE CARE WE PROVIDE TO THE COMMUNITIES WE SERVE THROUGH A BROAD SPECTRUM OF COMMUNITY BENEFIT ACTIVITIES OR PR OGRAMS. OUR COMMUNITY BENEFIT RESPONDS TO IDENTIFIED COMMUNITY NEEDS AND MEETS AT LEAST ON E OF THE FOLLOWING CRITERIA:1. IMPROVES ACCESS TO HEALTH CARE SERVICES.2. ENHANCES HEALTH OF THE COMMUNITY.3. ADVANCES MEDICAL OR HEALTH KNOWLEDGE.4. RELIEVES OR REDUCES THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS.OUR COMMUNITY BENEFIT IS ORGANIZED IN THREE CATE GORIES:CATEGORY 1: FINANCIAL ASSISTANCE-FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PER SONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ELIGIBILITY CRITERIA OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. FINANCIAL ASSISTANCE IS REPORTED IN TERMS OF COSTS, NOT CHARG ES. FINANCIAL ASSISTANCE DOES NOT INCLUDE BAD DEBT. CATEGORY 2: GOVERNMENT-SPONSORED MEANS -TESTED HEALTH CARE - UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFA LL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST OF CARING FOR PUB LIC PROGRAM BENEFICIARIES. THIS PAYMENT SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWAN CE, WHICH IS THE FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMENT PAYMENTS. CATEGORY 3: COMM UNITY BENEFIT SERVICES - PROGRAMS THAT RESPOND TO AN IDENTIFIED COMMUNITY HEALTH NEED AND ARE DESIGNED TO ACCOMPLISH ONE OR MORE COMMUNITY BENEFIT OBJECTIVES; PROGRAMS AND ACTIVITI ES DIRECTED TO OR INCLUDING AT-RISK PERSONS, SUCH AS UNDERINSURED AND UNINSURED PERSONS AN D PROGRAMS OFFERED TO THE BROAD COMMUNITY (INCLUDING AT-RISK PERSONS) DESIGNED TO IMPROVE COMMUNITY HEALTH.HIGHLIGHTS FOR COMMUNITY BENEFIT SERVICES THAT ALIGN WITH THE IDENTIFIED NEEDS INCLUDES:ACCESS TO HEALTHCARE:COMMUNITY HEALTH NETWORK SUPPORTS THE JANE PAULEY COMM UNITY HEALTH CENTER WHICH OPENED ITS DOORS IN SEPTEMBER 2009 TO PROVIDE PRIMARY HEALTH SER VICES TO EASTSIDE RESIDENTS, REGARDLESS OF INCOME OR INSURANCE COVERAGE. WITH 16 LOCATIONS , THE CENTER SERVES IN PARTNERSHIP WITH THE METROPOLITAN SCHOOL DISTRICT OF WARREN TOWNSHI P, COMMUNITY HEALTH NETWORK, T</p>

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	<p>HE COMMUNITY HEALTH NETWORK FOUNDATION, IU SCHOOL OF DENTISTRY AND HANCOCK REGIONAL HOSPIT AL. SERVICES ARE PROVIDED ON A DISCOUNTED BASIS BASED ON THE PATIENT'S HOUSEHOLD INCOME. E ASTSIDE INDIANAPOLIS NATIVE AND FORMER NBC NEWS ANCHOR JANE PAULEY LENT HER NAME TO THE FA CILITY AS AN ADVOCATE FOR ACCESSIBLE HEALTHCARE SERVICES FOR PEOPLE UNDERSERVED BY TRADITI ONAL HEALTHCARE MODELS. THE CENTER OFFERS A FULL RANGE OF SERVICES INCLUDING PRIMARY HEALT HCARE, CASE MANAGEMENT, PRESCRIPTION ASSISTANCE AND BEHAVIORAL HEALTH SERVICES, WHILE ALSO FOCUSING ON THE MANAGEMENT OF CHRONIC DISEASES. THE CENTER IS ABLE TO PROVIDE ALL OF THES E IN BOTH ENGLISH AND SPANISH.COMMUNITY HEALTH NETWORK'S SCHOOL-BASED PROGRAMS COVER A WID E RANGE OF NEEDS FOR YOUTH ACROSS CENTRAL INDIANA. ONSITE NURSES, THERAPISTS AND PHYSICIAN S ADDRESS STUDENTS' NEEDS IN THE SCHOOL AND AFTER-SCHOOL SETTING, HELPING TO ENSURE CONSIS TENCY IN CARE AND LESS TIME AWAY FROM THE CLASSROOM OR PLAYING FIELD. THE VAST MAJORITY OF THESE SERVICES, INCLUDING ANY NURSING OR BEHAVIORAL HEALTH SUPPORT, ARE OFFERED FREE OF C HARGE TO SCHOOLS THANKS TO COMMUNITY'S ON-GOING COMMITMENT TO ENHANCING HEALTH FOR FUTURE GENERATIONS.FROM EVERYDAY SCRAPES AND BRUISES ON THE PLAYGROUND TO MANAGING CHRONIC ILLNES SES LIKE ASTHMA AND DIABETES, COMMUNITY NURSES OFFER SUPPORT FOR STUDENTS AT MORE THAN 100 SCHOOLS IN THE COMMUNITIES WE SERVE. THEIR WORK ENSURED A 97.2 PERCENT RETURN TO CLASSROO M RATE FOR STUDENTS WHO CAME TO THEM FOR CARE IN 2018. SPECIFIC SERVICES OFFERED TO STUDEN TS INCLUDE:1. MANAGEMENT OF INJURIES REQUIRING FIRST AID;2. MANAGEMENT OF LIFE-THREATENING ALLERGIES, ASTHMA, DIABETES AND SEIZURES;3. MANAGEMENT OF ANY HEALTH CONCERN AND REFERRAL TO APPROPRIATE CARE WHEN NEEDED; AND4. EMERGENCY RESPONSE TO ANY HEALTH-RELATED CONCERN W ITHIN THE SCHOOL BUILDING.IN ADDITION, FOR STUDENTS FACING CHRONIC HEALTH CONDITIONS AND O NGOING HEALTH NEEDS, MEDICATIONS PRESCRIBED BY PHYSICIANS ARE ADMINISTERED BY COMMUNITY'S SCHOOL-BASED NURSING STAFF. IN THE INSTANCE OF OCCASIONAL MEDICATION NEEDS, PARENTS FURNIS H OVER-THE-COUNTER MEDICATIONS THAT ARE THEN ADMINISTERED BY NURSING STAFF. AND, FOR PREVE NTATIVE CARE PURPOSES, NURSING STAFF ADMINISTER FLU VACCINES AT A NUMBER OF LOCAL CHARTER SCHOOLS TO ENSURE THE WELLNESS OF STUDENTS THROUGHOUT THE SCHOOL YEAR.OBESITY (ACCESS TO H EALTHY FOODS):COMMUNITY HEALTH NETWORK TOOK OVER THE DAY-TO-DAY OPERATIONAL MANAGEMENT OF THE CUPBOARD, A FOOD PANTRY THAT SERVES RESIDENTS OF LAWRENCE TOWNSHIP OF INDIANAPOLIS, AN D ASSISTS AN ESTIMATED 300 FAMILIES PER WEEK, PROVIDES HEALTHIER FOOD OPTIONS AND HELPS RE LIEVE THE STRAIN CAUSED BY FOOD INSECURITY. IN 2018, THE CUPBOARD PROVIDED SERVICES TO APP ROXIMATELY 63,133 PERSONS. THE CUPBOARD IS A CLIENT-CHOICE FOOD PANTRY, SERVING RESIDENTS THROUGH PARTNERSHIPS WITH GLEANERS FOOD BANK OF INDIANA, MIDWEST FOOD BANK, AND LOCAL RELI GIOUS INSTITUTIONS AND BUSINESSES. THE FOOD PANTRY IS OPEN WEDNESDAYS FROM 10 A.M. TO 4 P. M. AND 6 P.M. TO 8 P.M., FRIDA</p>

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	<p>YS FROM 10 A.M. TO 4 P.M., AND THE THIRD SATURDAY OF THE MONTH FROM 10 A.M. TO NOON.COMMUN ITY HEALTH NETWORK SUPPORTS MANY URBAN FARMING AND FARMERS MARKET INITIATIVES THAT PROVIDE FRESH PRODUCE AND HEALTHY OPTIONS. FARMERS MARKETS ARE FOR EVERYONE. ACCESS TO AFFORDABLE , FRESH, AND HEALTHY WHOLE FOODS IS A CHALLENGE FOR MANY PEOPLE WHO RELY ON FOOD ASSISTANC E PROGRAMS LIKE SNAP THAT HELP LOW-INCOME FAMILIES AND INDIVIDUALS BUY FRESH, INDIANA-GROW N FOOD THAT PROVIDES REAL SUSTENANCE FOR THEMSELVES AND THEIR COMMUNITIES. FOR INSTANCE, C OMMUNITY EMPLOYEES ALSO VOLUNTEER AND SUPPORT INDY URBAN ACRES WHICH IS AN ORGANIC FARM TH AT DONATES 100% OF THE FRESH FRUITS AND VEGETABLES HARVESTED TO LOCAL FOOD PANTRIES THROUG H A PARTNERSHIP WITH GLEANERS FOOD BANK. SINCE 2011, INDY URBAN ACRES HAS GROWN INTO A MUL TI-DISCIPLINARY FARM THAT PROVIDES FOOD EQUALITY FOR LOW-INCOME FAMILIES, EDUCATES THOUSAN DS OF YOUTH THROUGH TOURS AND FARM-TO-PLATE WORKSHOPS, PROVIDES COMMUNITY ENGAGEMENT TO TH OUSANDS OF VOLUNTEERS AND GROUPS, TEACHES TEENS VALUABLE JOB SKILLS AND HELPS IMPROVE INDY 'S FOOD SYSTEM.ASTHMA:OUR PRESIDENT AND CEO, BRYAN MILLS, HAS JOINED WITH A NUMBER OF PART NERS FROM HEALTHCARE AND THE BUSINESS COMMUNITY - INCLUDING THE INDIANA HOSPITAL ASSOCIATI ON, THE INDIANA STATE MEDICAL ASSOCIATION AND THE INDIANA CHAMBER OF COMMERCE-TO CREATE A NEW ORGANIZATION KNOWN AS THE ALLIANCE FOR A HEALTHIER INDIANA. IN 2016, THE GROUP ANNOUNC ED PLANS TO TACKLE ITS FIRST CHALLENGE: THE HIGH RATE OF TOBACCO USE IN OUR STATE. TOBACCO USE LEADS TO DISEASE AND DISABILITY AND HARMS NEARLY EVERY ORGAN OF THE BODY. IT IS THE L EADING CAUSE OF PREVENTABLE DEATH. RESEARCH AS SHOWN THAT SMOKE FROM CIGARS, CIGARETTES, A ND PIPES HARMS YOUR BODY IN MANY WAYS, BUT IT IS ESPECIALLY HARMFUL TO THE LUNGS OF A PERS ON WITH ASTHMA. TOBACCO SMOKE - INCLUDING SECONDHAND SMOKE - IS ONE OF THE MOST COMMON AST HMA TRIGGERS. THE ALLIANCE ASKED INDIANA'S STATE LEGISLATURE TO CONSIDER A VARIETY OF MEAS URES, INCLUDING HIGHER TOBACCO TAXES, AN INCREASE IN THE SMOKING AGE AND A REPEAL OF THE S MOKERS' BILL OF RIGHTS. COMMUNITY HEALTH NETWORK MADE A MAJOR INVESTMENT OF TIME AND RESOU RCES INTO A COMBINED TOBACCO CAMPAIGN THIS YEAR, AND WHILE WE DID NOT GET THE TOBACCO TAX INCREASE WE SOUGHT, WE DID MOVE THE BALL FORWARD ON A TAX AND SECURE A PARTIAL VICTORY ON TOBACCO CESSATION FUNDING. INDIANA LEGISLATORS PROVIDED A 50% INCREASE IN STATE FUNDING FO R TOBACCO CESSATION SERVICES, BRINGING THE ANNUAL TOBACCO CESSATION BUDGET TO \$7.5 MILLION . THE NEW ALLIANCE FOR A HEALTHIER INDIANA IS A GREAT EXAMPLE OF HOW WE AT COMMUNITY PARTN ER WITH OTHERS TO FURTHER OUR WORK. FROM FOOD INSECURITY TO EDUCATIONAL CHALLENGES TO SUIC IDE TO SMOKING AND OTHER ADDICTIONS, WE'RE COMMITTED TO TACKLING SOCIETAL ISSUES THAT AFPE CT HEALTH AND QUALITY OF LIFE.</p>

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	<p>PART V, SECTION B, LINE 11: COMMUNITY-DRIVEN INITIATIVES:COMMUNITY FARM: LOCATED ON MORE THAN 120 ACRES OF LAND AT THE EDGE OF ANDERSON'S CITY LIMITS, IN 2018 COMMUNITY BECAME THE FIRST HOSPITAL IN THE STATE TO HAVE AN IN-GROUND FARM LOCATED ON ITS CAMPUS. ONE OF COMMUNITY FARM'S GOALS IS TO DISTRIBUTE FRESH PRODUCE TO PATIENTS. THIS INVOLVES WORKING WITH DIETITIANS, PRIMARY CARE PROVIDERS, AND OTHER INTEGRAL STAFF TO IMPLEMENT THE PROCESS OF FARM-TO-TABLE, WHILE ALSO PROVIDING EDUCATION TO HELP PATIENTS LEARN HOW TO EAT HEALTHY. THE FARM TEAM WORKS CLOSELY WITH OUR VOLUNTEERS TO COORDINATE FREE, FRESH FLOWER DELIVERY TO PATIENTS TO HELP BRIGHTEN THEIR HOSPITAL STAY. OPERATION UNDIES: THIS IS AN ANNUAL CAMPAIGN CONDUCTED BY COMMUNITY HOSPITAL ANDERSON EMPLOYEES TO WORK TOGETHER TO COLLECT NEW, PACKAGED UNDERWEAR FOR MADISON COUNTY SCHOOL CHILDREN. THE CAMPAIGN BEGAN AS A WAY TO HELP SCHOOL NURSES WITH EMERGENCY SUPPLIES OR WHEN A STUDENT IS IN NEED. IN 2018, THE TEAM WAS ABLE TO COLLECT, SORT, AND DONATE 3,280 PAIRS OF UNDERWEAR, HELPING EVERY ELEMENTARY SCHOOL IN MADISON COUNTY. KEITH TRENT'S COATS OF CARING: SINCE 2001, THIS ANNUAL EVENT HAS GATHERED WINTER GARMENTS FOR THOSE IN NEED, HELPING KEEP RESIDENTS OF MADISON COUNTY WARM. OVER THE YEARS, MORE THAN 16,000 COATS HAVE BEEN DISTRIBUTED, THANKS TO THE CARING HEARTS AT COMMUNITY HOSPITAL ANDERSON AND SUPPORTERS IN THE COMMUNITY. COMMUNITY BIKES: A BICYCLE-SHARING PROGRAM IS OFFERED THAT IS AIMED AT HELPING THOSE FACING ECONOMIC ISSUES INCLUDING HOMELESSNESS. THIRTY COMMERCIAL-GRADE BICYCLES ARE PARKED NEAR TRANSITIONAL HOUSING FACILITIES FOR RESIDENTS TO USE THE TWO-WHEELED TRANSPORTATION TO CONNECT WITH JOBS, HEALTHCARE, AND A BRIGHTER FUTURE. HUMAN MILK PROGRAM: COMMUNITY ANDERSON ESTABLISHED A HUMAN MILK PROGRAM TO ENSURE THE BEST RANGE OF OPTIONS FOR NEWBORNS IN OUR CARE. AFFILIATED WITH THE MILK BANK, A NONPROFIT DONOR HUMAN MILK BANK LOCATED IN INDIANAPOLIS, COMMUNITY ANDERSON NOW MAKES PASTEURIZED HUMAN MILK AVAILABLE FOR NEWBORNS. COMMUNITY ANDERSON ALSO SERVES AS A MILK DEPOSITORY, A LOCATION WHERE BREASTFEEDING MOTHERS CAN DROP OFF DONATED MILK.COMMUNITY HEALTH NETWORK, CENTRAL INDIANA'S LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES, ANNOUNCED ITS COMMITMENT TO BECOMING THE FIRST HEALTH CARE SYSTEM IN THE COUNTRY TO FULLY IMPLEMENT THE ZERO SUICIDE MODEL, DEVELOPED BY THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION AND OTHER PARTNERS. AT THE SAME TIME, THE INDIANA DIVISION OF MENTAL HEALTH AND ADDICTION AND COMMUNITY HAVE PARTNERED TO SPEARHEAD THE STATE'S SUICIDE PREVENTION MOVEMENT TO SAVE YOUNG LIVES. WITH AN ASPIRATIONAL GOAL OF ACHIEVING A ZERO PERCENT SUICIDE INCIDENT RATE AMONG PATIENTS IN THE NEXT 10 YEARS, COMMUNITY'S ZERO SUICIDE INITIATIVE AIMS TO SAVE HOOSIER LIVES SPECIFICALLY THROUGH EARLY INTERVENTION AND PREVENTION, THE CONSTRUCTION OF A ROBUST CENTRAL INDIANA CRISIS NETWORK AND THE UTILIZATION OF INNOVATIVE MENTAL HEALTH DIAGNOSTICS AND TREATMENT PROTOCOLS. THE STRA</p>

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	TEGY BRINGS CRISIS, TELEMEDICINE AND INTENSIVE CARE COORDINATION SERVICES TO MORE THAN 600 PRIMARY CARE PHYSICIANS, 10 EMERGENCY DEPARTMENTS AND 12 HOSPITALS LOCATED THROUGHOUT THE STATE, REPRESENTING BOTH COMMUNITY FACILITIES AND PARTNER ORGANIZATIONS WHERE COMMUNITY PROVIDES BEHAVIORAL HEALTH SERVICES. AS PART OF THE EFFORT TO COMBAT SUICIDE AMONG YOUNG HOOSIERS, COMMUNITY PROVIDES MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES TO STUDENTS IN THE SCHOOL ENVIRONMENT IN MORE THAN 80 SITES FOR INDIANAPOLIS PUBLIC SCHOOLS AND THE METROPOLITAN SCHOOL DISTRICTS OF LAWRENCE, WARREN, WASHINGTON AND WAYNE TOWNSHIPS. IN ADDITION, COMMUNITY HEALTH NETWORK AND WTHR-TV CHANNEL 13 JOINED FORCES TO LAUNCH HAVE HOPE, A TWO-YEAR PUBLIC SERVICE EFFORT TO RAISE AWARENESS ABOUT SUICIDE IN INDIANA AND TO HELP MORE HOOSIERS GET THE HELP THEY NEED. THE HAVE HOPE EFFORT COMPLEMENTS COMMUNITY'S HAVEHOPE.COM, AN ONLINE SUICIDE PREVENTION RESOURCE FOR TEENAGERS, PARENTS AND EDUCATORS. ONE COMMERCIAL OFFERS STATISTICS TO BUILD AWARENESS OF TEEN SUICIDE IN INDIANA. ANOTHER SHARES A MESSAGE WITH PARENTS, TEACHERS, CAREGIVERS AND LOVED ONES ABOUT THE ROLE THEY PLAY IN SUPPORTING THE CHILDREN AND TEENS IN THEIR LIVES. A THIRD COMMERCIAL THAT HAS ALREADY BEEN ON THE AIR HAS BEEN UPDATED AND WILL CONTINUE AS PART OF THE NEW CAMPAIGN. WTHR NEWS STAFF WILL ALSO READ PUBLIC SERVICE ANNOUNCEMENTS.DURING THE ASSESSMENT PHASE WE IDENTIFIED MANY NEEDS THAT FALL OUTSIDE THE EXPERTISE OF THE HEALTH SYSTEM AND ITS CORE COMPETENCIES. EXAMPLES OF NEEDS IDENTIFIED BUT FALLING OUTSIDE OF THE HEALTH SYSTEM CORE COMPETENCIES INCLUDE LONG COMMUTE TIMES, LACK OF BACHELOR DEGREE ATTAINMENT, AND READING AT GRADE LEVEL. WHILE SOME OF OUR PROGRAMS MAY SYSTEMICALLY IMPROVE NEEDS SUCH AS READING LEVEL OR BACHELOR DEGREE ATTAINMENT, THE PRIORITIZATION PROCESS CRITERIA DICTATES THAT THE HEALTH SYSTEM NARROW ITS FOCUS TO CLINICAL CORE COMPETENCIES. COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY - PART V, LINE 16AECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY COMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY - PART V, LINE 16BECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICYCOMMUNITY HOSPITAL OF ANDERSON & MADISON COUNTY - PART V, LINE 16CECOMMUNITY.COM/FINANCIAL-ASSISTANCE-POLICY

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

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

Form and Line Reference	Explanation
COMM HOSP OF ANDERSON & MADISON CTY	PART V, SECTION B, LINE 16J: CHA PUBLICIZES THE FACT THAT WE HAVE FINANCIAL ASSISTANCE AVAILABLE FOR THOSE WHO CANNOT PAY FOR HEALTHCARE. SIGNS ARE POSTED THROUGHOUT THE HOSPITAL (INCLUDING ER, THE ADMITTING OFFICE, AND THE PATIENT ACCOUNTS OFFICE) LETTING PEOPLE KNOW WE HAVE ASSISTANCE AVAILABLE. OUR CURRENT COMPUTER SYSTEM ALSO PROMPTS ALL PATIENT ACCESS STAFF REGISTERING PATIENTS TO ASK, "WOULD YOU LIKE A COPY OF OUR FINANCIAL ASSISTANCE POLICY?" INFORMATION IS ALSO INCLUDED IN THE ADMISSION PACKET AS WELL AS ON THE CONSENT FORMS AND BILLS IN BOTH ENGLISH AND SPANISH. OUR POLICY IS ALSO POSTED ON OUR WEBSITE. WE HAVE DEDICATED AN ENTIRE PAGE ON OUR WEBSITE TO THOSE WITHOUT INSURANCE. THERE IS ALSO INFORMATION ON OUR BILLING STATEMENTS AND COLLECTION LETTERS INFORMING PATIENTS WE HAVE ASSISTANCE AVAILABLE. IN ADDITION, ALL CUSTOMER SERVICE STAFF AND FINANCIAL COUNSELORS ARE TRAINED TO SCREEN FOR POSSIBLE FINANCIAL ASSISTANCE.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Employer identification number

35-1069822

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PRIOR TO THE DISBURSEMENT OF ANY GRANT PROCEEDS, CHA ENSURES THAT THE PURPOSE OF THE GRANT IS CONSISTENT WITH CHA'S CHARITABLE PURPOSES. THE TERMS OF ALL GRANTS REQUIRE THAT THE RECIPIENT EXPEND THE FUNDS SOLELY FOR CHARITABLE PURPOSES.

Additional Data

Software ID:
Software Version:
EIN: 35-1069822
Name: COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANDERSON FIRE DEPARTMENTCITY OF ANDERSON 120 E 8TH STREET ANDERSON, IN 46016	35-6000939	GOV	35,000				FIRE SAFETY TRAINING TRAILER
ANDERSON IMPACT CENTER 630 NICHOL AVENUE ANDERSON, IN 46016	90-0521040	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH NETWORK FOUNDATION 7330 SHADELAND STATION SUITE 100 INDIANAPOLIS, IN 46256	51-0181688	501(C)(3)	12,000				GENERAL SUPPORT
COMMUNITY HOSPITAL ANDERSON FOUNDATION 1515 N MADISON AVENUE ANDERSON, IN 46011	86-1053152	501(C)(3)	12,048,839				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPORATION FOR ECONOMIC DEVELOPMENT 739 MAIN STREET ANDERSON, IN 46016	35-1473675	501(C)(3)	15,000				GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 1215 JACKSON STREET ANDERSON, IN 46016	35-0874263	501(C)(3)	18,775				BUDDY BAGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH & HOSPITAL CORPORATION OF MARION COUNTY 3838 N RURAL STREET 8TH FLOOR INDIANAPOLIS, IN 46205	35-6005697	GOV	10,000				COVERING KIDS AND FAMILIES
OPERATION LOVE MINISTRIES 620 E 21ST STREET ANDERSON, IN 46015	31-1114443	501(C)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF EAST CENTRAL INDIANA 6621 N OLD SR 3 MUNCIE, IN 47303	31-1111795	501(C)(3)	37,500				GENERAL SUPPORT
UNITED WAY OF MADISON COUNTY 1201 E 5TH STREET SUITE 1019 ANDERSON, IN 46015	35-1052350	501(C)(3)	40,000				GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY INC		Employer identification number 35-1069822

Part I	Questions Regarding Compensation		Yes	No
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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	Yes	
		4b	Yes	
		4c		No
	Only 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.	5a		No
		5b		No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.	6a		No
		6b		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	MICHAEL HARPE - SEVERANCE: \$461,136 CAROL WHITESEL - SEVERANCE: \$502,694
PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS	COMMUNITY HEALTH NETWORK, INC. RESTORATION PLAN COMMUNITY HEALTH NETWORK, INC. ("COMMUNITY") ADOPTED THIS COMMUNITY HEALTH NETWORK RESTORATION PLAN ("PLAN") AS OF DECEMBER 1, 2017 TO PROVIDE A SUPPLEMENTAL INCOME FOR RETIREMENT UPON VESTING IN THE BENEFITS AS DESCRIBED IN THE PLAN DOCUMENT. THE PLAN IS DESIGNED UNDER CODE SECTION 457(F) AS A "TOP-HAT PLAN" (I.E. AN UNFUNDED DEFERRED COMPENSATION PLAN MAINTAINED FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES PURSUANT TO SECTIONS 201(2), 301(A)(3) AND 401(A)(1) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"). ELIGIBILITY: INDIVIDUALS WHO HAVE THE TITLE OF PRESIDENT, SENIOR VICE PRESIDENT OR EXECUTIVE VICE PRESIDENT AND WHOSE PLAN COMPENSATION FOR THE APPLICABLE PLAN YEAR EXCEEDS THE ANNUAL COMPENSATION LIMIT UNDER CODE SECTION 401(A)(17), AS ADJUSTED FROM TIME TO TIME. CONTRIBUTIONS: 1. MATCHING CONTRIBUTIONS: IF A PARTICIPANT RECEIVES THE MAXIMUM PERMISSIBLE MATCHING CONTRIBUTION UNDER THE 401(K) PLAN, THEY WILL RECEIVE A MATCHING CONTRIBUTION IN THE PLAN THAT IS EQUAL TO THEIR COMPENSATION THAT IS GREATER THAN THE 401(K) PLAN LIMIT MULTIPLIED BY THE MAXIMUM PERMITTED MATCHING CONTRIBUTION PERCENTAGE IN THE 401(K) PLAN FOR THAT YEAR. 2. NON-ELECTIVE CONTRIBUTIONS: IF A PARTICIPANT RECEIVES A NON-ELECTIVE CONTRIBUTION IN THE 401(K) PLAN, THEY WILL RECEIVE A NON-ELECTIVE CONTRIBUTION IN THE PLAN THAT IS EQUAL TO THEIR COMPENSATION THAT IS GREATER THAN THE 401(K) PLAN LIMIT MULTIPLIED BY THE NON-ELECTIVE CONTRIBUTION PERCENTAGE IN THE 401(K) PLAN FOR THAT YEAR. NOTE THAT NO NON-ELECTIVE CONTRIBUTIONS ARE CURRENTLY BEING MADE TO THE 401(K) PLAN. CONTRIBUTIONS WILL BE CREDITED TO A PARTICIPANT'S ACCOUNT AS SOON AS ADMINISTRATIVELY FEASIBLE FOLLOWING THE END OF THE PLAN YEAR TO WHICH THE CONTRIBUTIONS RELATE. VESTING: A PARTICIPANT WILL BE 100% VESTED IN HIS ACCOUNT UPON THE EARLIEST TO OCCUR OF THE FOLLOWING: 1. ATTAINMENT OF AGE 65 PRIOR TO SEPARATION FROM SERVICE 2. DISABILITY 3. INVOLUNTARY SEPARATION FROM SERVICE FOR A REASON OTHER THAN FOR CAUSE 4. SEPARATION FROM SERVICE FOR GOOD REASON 5. A NONCOMPETITIVE PARTICIPANT'S COMPLIANCE WITH ALL TERMS OF A NONCOMPETING AGREEMENT, OR 6. DEATH FORFEITURES: IF ACCOUNT IS NOT VESTED AS DESCRIBED ABOVE, THE ACCOUNT WILL BE COMPLETELY FORFEITED. AMOUNTS FORFEITED DURING A PLAN YEAR REMAIN A GENERAL ASSET OF COMMUNITY.
PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED	DR. TAHIR IS ELIGIBLE FOR AN INCENTIVE PAYMENT BASED ON PRODUCTIVITY. CHA DEVELOPED ITS COMPENSATION PLAN IN CONJUNCTION WITH AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE PLAN WAS APPROVED BY THE CHA EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS. IN ADOPTING ITS INCENTIVE BASED COMPENSATION PLAN, CHA (TOGETHER WITH ITS INDEPENDENT COMPENSATION CONSULTANT, ITS EXTERNAL LEGAL COUNSEL, AND THE NETWORK EXECUTIVE COMPENSATION COMMITTEE) CONSIDERED AND APPLIED THE PROVISIONS OF CODE SECTION 4958 (AND THE CORRESPONDING TREASURY REGULATIONS) TO ENSURE THAT ITS COMPENSATION DECISIONS REFLECT ARMS LENGTH, FAIR MARKET TERMS. CERTAIN INDIVIDUALS OF THE LEADERSHIP TEAM PARTICIPATE IN A SENIOR LEADERSHIP INCENTIVE PROGRAM. THE PROGRAM WAS ADOPTED BY CHA'S EXECUTIVE COMPENSATION COMMITTEE, AND IS INTENDED TO INFLUENCE OUTSTANDING PERFORMANCE BY THE SENIOR LEADERS, AS MEASURED AGAINST BOTH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. THE PROGRAM IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPOSED OF EXTERNAL BOARD MEMBERS. THE INCENTIVE COMPENSATION THAT IS AWARDED IS INCLUDED IN TOTAL COMPENSATION TO THE EXECUTIVE. THE TOTAL COMPENSATION (INCLUDING ANY PAYMENTS UNDER THE PROGRAM) IS SUBJECT TO THE REVIEW AND APPROVAL OF THE EXECUTIVE COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION CONSULTANT, IN CONSIDERATION OF CODE SECTION 4958 (AND THE CORRESPONDING TREASURY REGULATIONS) TO ENSURE THAT IT REFLECTS ARMS LENGTH, FAIR MARKET TERMS.

Additional Data

Software ID:

Software Version:

EIN: 35-1069822

Name: COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES CALLAHAN MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,650,738	0	151,040	16,800	29,503	1,848,081	0
1JASON FAHRLANDER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	645,348	128,400	26,933	153,691	32,360	986,732	128,400
2CAROL WHITESEL VP PATIENT CARE/CNO	(i)	145,063	131,925	530,151	7,112	14,718	828,969	68,327
	(ii)	0	0	0	0	0	0	0
3ELIZABETH S THARP MBA BSN RN PRESIDENT & CEO	(i)	360,946	218,951	107,577	72,701	22,626	782,801	157,449
	(ii)	0	0	0	0	0	0	0
4MICHAEL HARPE VP HUMAN RESOURCES	(i)	149,949	115,468	477,359	11,200	19,813	773,789	57,128
	(ii)	0	0	0	0	0	0	0
5NIGHAT TAHIR MD PHYSICIAN	(i)	302,002	194,660	645	9,308	22,156	528,771	82,000
	(ii)	0	0	0	0	0	0	0
6JOHN B HARRIS VP OF FINANCE & CFO	(i)	270,123	129,080	52,975	45,626	19,144	516,948	83,178
	(ii)	0	0	0	0	0	0	0
7LEE ANN MCDANIEL CRNA	(i)	424,496	1,872	31,791	11,177	16,955	486,291	1,872
	(ii)	0	0	0	0	0	0	0
8SHERRY SIDWELL COO/VP INTEGRATED SERVICES	(i)	232,820	100,247	47,393	38,589	9,614	428,663	62,445
	(ii)	0	0	0	0	0	0	0
9KENNETH SHAVER MD SVP CHIEF PHYSICIAN EXECUTIVE	(i)	0	0	0	0	0	0	0
	(ii)	235,427	50,437	16,421	46,022	19,942	368,249	50,437
10CLIFFORD BEYLER SENIOR GENERAL COUNSEL	(i)	217,877	10,267	33,647	25,740	9,606	297,137	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Employer identification number
35-1069822

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SAMUEL SHAVER MD	DIRECTOR'S SON	171,968	WAGES		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

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.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

35-1069822

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	RELATED PARTY INFORMATION AMONG OFFICERS JASON FAHRLANDER AND ARTHUR J. LEAK SERVED AS DIR ECTORS AND/OR OFFICERS OF COMMUNITY HEALTH NETWORK, INC. JASON FAHRLANDER RECEIVED COMPENS ATION FROM COMMUNITY HEALTH NETWORK, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	<p>MANAGEMENT DELEGATED AMENDED AND RESTATED BYLAWS WERE ADOPTED AS OF MAY 9, 2019 AND THE FOLLOWING ACTIONS NOW REQUIRE, IN ADDITION TO THE APPROVAL OR RECOMMENDATION, AS APPLICABLE, OF THE BOARD, WRITTEN APPROVAL OF THE MEMBER: A) AMENDMENT OF ORGANIZATIONAL DOCUMENTS, B) UNBUDGETED INDEBTEDNESS - THE INCURRENCE OF ANY UNBUDGETED LOANS OR OTHER INDEBTEDNESS IN AN AGGREGATE AMOUNT GREATER THAN \$750,000, C) SIGNIFICANT CHANGES - THE FORMATION OF LEGAL ENTITIES, THE SALE, TRANSFER OR SUBSTANTIAL CHANGE IN USE OF ALL OR SUBSTANTIALLY OF ALL THE ASSETS OF THE CORPORATION, OR THE DIVESTURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION OR REORGANIZATION OF THE CORPORATION, D) ASSET ACQUISITIONS AND SALES ABOVE \$500,000, E) DISPOSITION OF ASSETS ON DISSOLUTION, F) CAPITAL AND OPERATING BUDGETS, PLANS, OR FORECASTS, G) AUDITORS - THE SELECTION, EVALUATION AND TERMINATION OF THE INDEPENDENT AUDITING FIRM FOR THE CORPORATION, H) CERTAIN COMPENSATION FOR EMPLOYED PHYSICIANS, THE CORPORATION'S PRESIDENT, AND SENIOR ADMINISTRATORS OR LEADERS OF THE CORPORATION OR INDEPENDENT PHYSICIANS PROVIDING SERVICES TO THE CORPORATION, I) CAPITAL IMPROVEMENTS GREATER THAN THE BUDGETED AMOUNT BY \$500,000 PER FISCAL YEAR IN THE AGGREGATE, J) STRATEGIC PLANS, K) PRESIDENT'S EMPLOYMENT, AND L) THE LINES OF BUSINESS - COMMENCEMENT OR DISCONTINUATION OF ANY LINE OF BUSINESS OR HEALTHCARE SERVICES TO BE PROVIDED AT THE CORPORATION'S FACILITIES. PRIOR TO MAY 9, 2019, THERE WAS AN AFFILIATION AGREEMENT EFFECTIVE SEPTEMBER 1, 1996, WHEREBY CHA'S BOARD OF TRUSTEES RETAINED CONTROL OVER MANAGEMENT DUTIES FOR CHA. HOWEVER, FOR THE FOLLOWING GOVERNANCE ITEMS, CHA SENT RECOMMENDATIONS TO THE COMMUNITY HEALTH NETWORK, INC. ("CHNW") BOARD OF DIRECTORS FOR ITS APPROVAL OF THE FOLLOWING: A) STRATEGIC AND OPERATING PLANS; B) ANNUAL OPERATING AND CAPITAL BUDGETS AND ANY UNBUDGETED CAPITAL C) AMENDMENTS TO THE ARTICLES OR BYLAWS OF THE CHA BOARD OF TRUSTEES, THE BYLAWS OF THE CHA MEDICAL STAFF, OR TO THE AFFILIATION AGREEMENT; D) APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER OF CHA; E) UNBUDGETED SALES, LEASES OR TRANSFERS OF ASSETS ABOVE \$500,000; F) INCURRENCE OF DEBT OTHER THAN IN THE ORDINARY COURSE OF BUSINESS OR IN ACCORDANCE WITH THE OPERATING PLANS, OPERATING BUDGET, OR CAPITAL BUDGET RECOMMENDED BY THE CHA BOARD OF TRUSTEES AND APPROVED BY THE CHNW BOARD OF DIRECTORS; G) CHANGE IN THE MISSION OF CHA; H) ELECTION OF NEW MEMBERS OR REAPPOINTMENT OF CURRENT MEMBERS TO THE CHA BOARD OF TRUSTEES; I) PARTICIPATION IN MANAGED CARE AND OTHER NETWORKS OR AFFILIATIONS; AND J) RELOCATION OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH CHNW TO MADISON COUNTY. THE AFFILIATION AGREEMENT WAS TERMINATED EFFECTIVE JUNE 1, 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	<p>SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS CHA ADOPTED AMENDED AND RESTATED BYLAWS EFFECTIVE MAY 9, 2019. THE COMPOSITION OF THE BOARD OF DIRECTORS WAS CHANGED TO REQUIRE A MINIMUM OF 5 DIRECTORS AND A MAXIMUM OF 13. THE BYLAWS WERE ALSO REVISED TO STATE THAT THE MEMBER , COMMUNITY HEALTH NETWORK, INC., ACTING THROUGH ITS BOARD OF DIRECTORS, SHALL APPOINT AND REMOVE A MAJORITY OF THE DIRECTORS. THE BOARD SHALL HAVE THE RIGHT TO APPOINT AND REMOVE THE REMAINING DIRECTORS. THE QUALIFICATIONS FOR BOARD MEMBERS CHANGED SO THAT AT LEAST TWO -THIRDS OF THE BOARD MEMBERS MUST BE RESIDENTS OF THE COMMUNITY AND AT LEAST A MAJORITY OF THE BOARD MEMBERS MUST NOT BE EMPLOYEES OF THE MEMBER OF THE CORPORATION. THE AMENDED AND RESTATED BYLAWS AS WELL AS AMENDED AND RESTATED ARTICLES OF INCORPORATION REVISED THE BOARD OF TRUSTEES TO BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS COMMUNITY HEALTH NETWORK, INC. ("CHNW") IS THE SOLE MEMBER OF COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC. ("CHA"). CHNW IS AN EXEMPT ORGANIZATION PURSUANT TO SECTION 501(C)(3).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	<p>ELECTION OF MEMBERS AND THEIR RIGHTS PRIOR TO MAY 9, 2019 CHA'S BOARD OF TRUSTEES MEMBERSHIP WAS DETERMINED AS FOLLOWS: A) CHNW, AS THE SOLE MEMBER OF CHA, NOMINATED AND ELECTED ONE MEMBER OF CHA'S BOARD OF TRUSTEES, B) ONE MEMBER OF THE CHA BOARD OF TRUSTEES WAS TO BE THE CHIEF EXECUTIVE OFFICER OF CHA, C) THREE MEMBERS WERE TO BE ACTIVE MEMBERS OF THE CHA MEDICAL STAFF THAT WERE NOMINATED AND ELECTED BY THE CHA MEDICAL STAFF, AND RATIFIED BY THE CHA BOARD OF TRUSTEES, D) THE NINE REMAINING POSITIONS WERE TO BE FILLED BY PERSONS ELECTED BY CHNW'S BOARD OF DIRECTORS, AND E) ADDITIONALLY, THE PRESIDENT OF THE MEDICAL STAFF WAS TO SERVE AS AN EX OFFICIO, NONVOTING MEMBER OF THE BOARD OF TRUSTEES. EFFECTIVE MAY 9, 2019 CHA'S BOARD OF DIRECTORS MEMBERSHIP IS DETERMINED AS FOLLOWS: A) THE BOARD OF DIRECTORS SHOULD HAVE A MINIMUM OF FIVE DIRECTORS AND A MAXIMUM OF THIRTEEN MEMBERS, WITH THE EXACT NUMBER OF DIRECTORS SPECIFIED FROM TIME TO TIME BY RESOLUTION OF THE BOARD. THE MEMBER, CHNW ACTING THROUGH IT'S BOARD OF DIRECTORS, SHALL DIRECTLY APPOINT AND REMOVE A MAJORITY OF THE BOARD. THE BOARD SHALL HAVE THE RIGHT TO APPOINT AND REMOVE THE REMAINING DIRECTORS. B) NO PERSON WHO HAS SERVED AS A BOARD-APPOINTED DIRECTOR SHALL SERVE FOR MORE THAN THREE SUCCESSIVE TERMS. (A PARTIAL TERM SHALL NOT BE REGARDED AS A FULL TERM). C) AT LEAST TWO-THIRDS OF THE MEMBERS OF THE BOARD SHALL BE RESIDENTS OF THE COMMUNITY AND AT LEAST A MAJORITY OF THE BOARD MUST BE RESIDENTS OF THE COMMUNITY WHO ARE NOT EMPLOYEES OF THE MEMBER OR THE CORPORATION. ALL DIRECTORS SHALL COMPLY WITH ALL REQUIREMENTS IMPOSED BY ANY APPLICABLE HEALTH CARE REGULATORY BODY AND SHALL BE SUBJECT TO ALL APPLICABLE SELF-EVALUATION AND QUALIFICATION REQUIREMENTS OF THE MEMBER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DECISIONS SUBJECT TO APPROVAL OF MEMBERS PRIOR TO MAY 9, 2019, THE FOLLOWING ITEMS WERE REQUIRED TO BE APPROVED BY CHNW, AS THE SOLE MEMBER OF CHA: A) STRATEGIC AND OPERATING PLANS ; B) ANNUAL OPERATING AND CAPITAL BUDGETS AND ANY UNBUDGETED CAPITAL EXPENDITURES; C) AMENDMENTS TO THE ARTICLES OR BYLAWS OF THE CORPORATION AND THE BYLAWS OF THE MEDICAL STAFF OF THE CORPORATION, D) APPOINTMENT AND REMOVAL OF THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION; E) UNBUDGETED SALES, LEASES, OR TRANSFERS OF ASSETS ABOVE \$500,000, WHICH AMOUNT MAY BE ADJUSTED FROM TIME TO TIME AS AGREED BY THE BOARD OF TRUSTEES AND THE BOARD OF DIRECTORS OF THE MEMBER, F) INCURRENCE OF DEBT OTHER THAN IN THE ORDINARY COURSE OF BUSINESS OR IN ACCORDANCE WITH THE OPERATING PLANS, OPERATING BUDGET, OR CAPITAL BUDGET RECOMMENDED BY THE BOARD OF TRUSTEES AND APPROVED BY THE BOARD OF DIRECTORS OF THE MEMBER; G) CHANGE IN THE MISSION OF THE CORPORATION; H) ELECTION OF NEW MEMBERS OR REAPPOINTMENT OF CURRENT MEMBERS TO THE BOARD OF TRUSTEES; I) PARTICIPATION IN MANAGED CARE AND OTHER NETWORKS OR AFFILIATIONS; AND J) RELOCATION OF PHYSICIANS EMPLOYED BY OR UNDER CONTRACT WITH THE MEMBER TO MADISON COUNTY. WRITTEN APPROVAL OF THE MEMBER: AMENDED BYLAWS WERE ADOPTED MAY 9, 2019 THAT REQUIRE THE FOLLOWING, IN ADDITION TO THE APPROVAL OR RECOMMENDATION OF THE BOARD, TO HAVE WRITTEN APPROVAL FROM CHNW, THE SOLE MEMBER OF CHA: A) AMENDMENT OF ORGANIZATIONAL DOCUMENTS, B) UNBUDGETED INDEBTEDNESS - THE INCURRENCE OF ANY UNBUDGETED LOANS OR OTHER INDEBTEDNESS IN AN AGGREGATE AMOUNT GREATER THAN \$750,000, C) SIGNIFICANT CHANGES - THE FORMATION OF LEGAL ENTITIES, THE SALE, TRANSFER OR SUBSTANTIAL CHANGE IN USE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE CORPORATION, OR THE DIVESTURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION OR REORGANIZATION OF THE CORPORATION, D) ASSET ACQUISITIONS AND SALES ABOVE \$500,000, E) DISPOSITION OF ASSETS ON DISSOLUTION, F) CAPITAL AND OPERATING BUDGETS, PLANS, OR FORECASTS, G) AUDITORS - THE SELECTION, EVALUATION AND TERMINATION OF THE INDEPENDENT AUDITING FIRM FOR THE CORPORATION, H) CERTAIN COMPENSATION FOR EMPLOYED PHYSICIANS, THE CORPORATION'S PRESIDENT, AND SENIOR ADMINISTRATORS OR LEADERS OF THE CORPORATION OR INDEPENDENT PHYSICIANS PROVIDING SERVICES TO THE CORPORATION, I) CAPITAL IMPROVEMENTS GREATER THAN THE BUDGETED AMOUNT BY \$500,000 PER FISCAL YEAR IN THE AGGREGATE, J) STRATEGIC PLANS, K) PRESIDENT'S EMPLOYMENT, AND L) THE LINES OF BUSINESS - COMMENCEMENT OR DISCONTINUATION OF ANY LINE OF BUSINESS OR HEALTHCARE SERVICES TO BE PROVIDED AT THE CORPORATION'S FACILITIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	ORGANIZATION'S PROCESS TO REVIEW FORM 990 CHNW HAS ASSUMED RESPONSIBILITY FOR CHA'S AUDIT, COMPLIANCE, AND EXECUTIVE COMPENSATION MATTERS. CHNW'S BOARD OF DIRECTORS HAS DELEGATED AUTHORITY FOR THE REVIEW OF CHA'S FORM 990 TO TWO COMMITTEES COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS: A) THE NETWORK EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION ASPECTS OF CHA'S FORM 990, AND B) THE NETWORK FINANCE COMMITTEE REVIEWED THE REMAINDER OF THE CHA'S FORM 990. IN ADDITION, CHA'S OUTSIDE ACCOUNTING FIRM AND LAW FIRM REVIEWED THE FORM 990 PRIOR TO FILING. CHA AND CHNW UTILIZED THIS PROCESS TO ENSURE THAT CHA'S FORM 990 RECEIVED SUBSTANTIVE REVIEW BY DIRECTORS AND PROFESSIONALS WITH SPECIFIC KNOWLEDGE OF CHA'S ACTIVITIES AND EXTENSIVE FINANCIAL, ACCOUNTING, AND TAX EXPERTISE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ENFORCEMENT OF CONFLICT OF INTEREST POLICY CHA HAS ADOPTED A CONFLICT OF INTEREST POLICY APPLICABLE TO ALL EMPLOYEES. THE CONFLICT OF INTEREST POLICY REQUIRES EMPLOYEES SUBMIT A CONFLICT OF INTEREST DISCLOSURE FORM UPON EMPLOYMENT WITH CHA AND ON AN ANNUAL BASIS THEREAFTER. PRIOR TO COMPLETING AND SIGNING THE DISCLOSURE, ALL EMPLOYEES MUST READ AND UNDERSTAND CHA'S CONFLICT OF INTEREST POLICY STATEMENT, WHICH PROVIDES THAT NO CHA EMPLOYEE SHALL MAKE A PROFIT BECAUSE OF HIS OR HER POSITION AT CHA. THE DISCLOSURE REQUIRES EMPLOYEES TO DISCLOSE, IN WRITING, ANY KNOWN FINANCIAL INTEREST THAT THE INDIVIDUAL (TOGETHER WITH THEIR SPOUSE AND FAMILY MEMBERS) HAS IN ANY BUSINESS ENTITY THAT CONDUCTS OR WILL POTENTIALLY CONDUCT BUSINESS WITH CHA. EMPLOYEES ARE ALSO REQUIRED TO IMMEDIATELY DISCLOSE TO THE CHA HUMAN RESOURCES DEPARTMENT ANY SUBSEQUENT CHANGES THAT ARISE MID-YEAR AND WOULD OTHERWISE BE REPORTED ON THE ANNUAL DISCLOSURE STATEMENT. IN ADDITION, THE CHA AMENDED AND RESTATED BYLAWS PROVIDES A CONFLICT OF INTEREST POLICY FOR THE CHA BOARD OF DIRECTORS. CHA'S AMENDED AND RESTATED BYLAWS REQUIRES ALL BOARD MEMBERS TO IDENTIFY AND DISCLOSE IN WRITING TO THE CORPORATION, ON AN ANNUAL BASIS, ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST WITH THE CORPORATION OF THE MEMBER OR THEIR RESPECTIVE AFFILIATES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION PROCESS FOR TOP OFFICIAL CHA HAS A COMPENSATION COMMITTEE COMPOSED OF INDEPENDENT MEMBERS OF ITS BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR EVALUATING AND DETERMINING COMPENSATION FOR CHA'S EXECUTIVE PERSONNEL. IN DISCHARGING THESE DUTIES, THE COMPENSATION COMMITTEE APPLIES THE PRINCIPLES OF THE REBUTTABLE PRESUMPTION AS OUTLINED IN CODE SECTION 4958 AND THE CORRESPONDING TREASURY REGULATIONS. MOST NOTABLY, THE COMPENSATION COMMITTEE OBTAINS AND RELIES UPON COMPARABILITY DATA WHEN SETTING COMPENSATION AND CONTEMPORANEOUSLY DOCUMENTS ITS DECISIONS AND THE PROCESS THAT IT EMPLOYS IN WRITING. IN ADDITION, THE COMPENSATION COMMITTEE PERIODICALLY RETAINS AN OUTSIDE COMPENSATION CONSULTANT TO PROVIDE INPUT REGARDING THE APPROPRIATENESS OF CHA'S COMPENSATION DECISIONS.</p> <p>FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE PART VI, LINE 15A ABOVE</p> <p>FORM 990, PART VI, LINE 16B - JOINT VENTURE PROCEDURE JOINT VENTURE OPERATING AGREEMENTS INVOLVING CHA INCLUDE PROVISIONS TO PROTECT CHA'S TAX-EXEMPT STATUS. EACH AGREEMENT CONTAINS SPECIFIC LANGUAGE RELATED TO THE PROVISION OF HEALTH CARE SERVICES WITH FOCUS ON COMMUNITY HEALTH BENEFIT AND MUST FOLLOW A FORMAL REVIEW PROCESS PRIOR TO CONTRACT EXECUTION. CHA CONTINUALLY ENSURES THAT ITS TAX-EXEMPT STATUS IS PROTECTED BY ACTIVELY PARTICIPATING IN THE GOVERNANCE OF ALL JOINT VENTURES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION A) THE ARTICLES OF INCORPORATION AND BUSINESS ENTITY REPORT ARE ON FILE WITH THE INDIANA SECRETARY OF STATE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE INDIANA SECRETARY OF STATE OR FREE OF CHARGE ON THE SECRETARY OF STATE'S WEBSITE. B) WHILE NOT AVAILABLE TO THE PUBLIC, CHA'S CONFLICT OF INTEREST POLICY IS DESCRIBED IN PART VI, LINE 12C. C) CHA DOES NOT HAVE INDIVIDUALLY AUDITED FINANCIAL STATEMENTS. ITS FINANCIAL RESULTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF COMMUNITY HEALTH NETWORK, INC. AND AFFILIATES. AS SUCH, THERE ARE NO INDIVIDUAL FINANCIAL STATEMENTS TO POST. CHA DOES FILE THE 990 TAX RETURN ON AN ANNUAL BASIS WHICH IS AVAILABLE UPON REQUEST AND/OR AVAILABLE ON A DELAYED BASIS ON GUIDESTAR.ORG. D) COMMUNITY HEALTH NETWORK, INC. AND AFFILIATES PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII - ADDITIONAL INFORMATION	PART VII, SECTION B - INDEPENDENT CONTRACTOR DISCLOSURE COMPENSATION TO WR DUNKIN & SON, INC. INCLUDES MATERIAL COSTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES : PROGRAM SERVICE EXPENSES 53,382,311. MANAGEMENT AND GENERAL EXPENSES 4,073,708. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 57,456,019.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Employer identification number
35-1069822

Part I

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

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

Part II

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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.

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) CHN ASSURANCE COMPANY LTD PO BOX 1051GT GRAND CAYMAN CJ 98-0418913	SELF INSURANCE	CJ	N/A	C				Yes	
(2) PILLARS COMMUNITY HOUSING INC 3500 SOUTH LAFOUNTAIN STREET KOKOMO, IN 46902 16-1652666	HOUSING	IN	N/A	C				Yes	
(3) VISIONARY ENTERPRISES INC 6626 EAST 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 35-1538433	MANAGEMENT SERVICES	IN	N/A	C				Yes	
(4) VEI MICHIGAN INC 940 N MAIN STREET ANN ARBOR, MI 48104 30-0097377	MANAGEMENT SERVICES	MI	N/A	C				Yes	
(5) WESTVIEW DELIVERY SYSTEM INC 3630 GUION ROAD INDIANAPOLIS, IN 46222 35-1910292	MANAGEMENT SERVICES	IN	N/A	C				Yes	

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 organization(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)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1069822
Name: COMMUNITY HOSPITAL OF ANDERSON AND
MADISON COUNTY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1515 NORTH MADISON AVENUE ANDERSON, IN 46011 35-6065606	SUPPORT	IN	501(C)(3)	LINE 12A, I	N/A		No
7330 SHADELAND STATION SUITE 100 INDIANAPOLIS, IN 46256 51-0181688	SUPPORT	IN	501(C)(3)	LINE 12B, II	CHNW	Yes	
7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 35-0983617	HOSPITAL	IN	501(C)(3)	LINE 3	N/A		No
7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 45-4817436	HEALTH CARE	IN	501(C)(3)	LINE 3	CHNW	Yes	
9894 EAST 121ST STREET FISHERS, IN 46037 35-0953467	HEALTH CARE	IN	501(C)(3)	LINE 10	CHNW	Yes	
1515 NORTH MADISON AVENUE ANDERSON, IN 46011 86-1053152	SUPPORT	IN	501(C)(3)	LINE 12A, I	CHA	Yes	
1402 E COUNTY LINE ROAD SOUTH INDIANAPOLIS, IN 46227 35-1088640	HOSPITAL	IN	501(C)(3)	LINE 3	CHNW	Yes	
3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 35-1865344	HOSPITAL	IN	501(C)(3)	LINE 3	CHNW	Yes	
PO BOX 9011 KOKOMO, IN 46904 23-7309596	SUPPORT	IN	501(C)(3)	LINE 7	N/A		No
1030 S SCATTERFIELD ROAD ANDERSON, IN 460124235 35-1877441	HEALTH CARE	IN	501(C)(3)	LINE 10	CHA	Yes	
7240 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 20-5392766	PHYSICIAN SERVICES	IN	501(C)(3)	LINE 10	CHNW	Yes	
8102 CLEARVISTA PARKWAY INDIANAPOLIS, IN 46256 35-0811197	HOSPITAL	IN	501(C)(3)	LINE 3	CHNW	Yes	
3660 GUION ROAD INDIANAPOLIS, IN 46256 35-2022402	FITNESS	IN	501(C)(3)	LINE 10	CHNW	Yes	
3630 GUION ROAD INDIANAPOLIS, IN 46222 35-1094734	HOSPITAL	IN	501(C)(3)	LINE 3	CHNW	Yes	
8102 CLEARVISTA PARKWAY INDIANAPOLIS, IN 46256 20-3094377	CHARTER SCHOOL	IN	501(C)(3)	LINE 2	FAIRBANKS HOSPITAL	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COMMUNITY ENDOSCOPY CENTER	S	1,365,300	BOOK VALUE
COMMUNITY HOSP ANDERSON FDN INC	B	12,048,839	BOOK VALUE
COMMUNITY HOSP ANDERSON FDN INC	C	352,136	BOOK VALUE
COMMUNITY HOSP ANDERSON FDN INC	Q	228,079	BOOK VALUE
COMMUNITY HOSP ANDERSON FDN INC	R	349,905	BOOK VALUE
COMMUNITY PHYSICIANS OF IN INC	A	1,451,433	BOOK VALUE
COMMUNITY PHYSICIANS OF IN INC	P	851,018	BOOK VALUE
COMMUNITY PHYSICIANS OF IN INC	R	6,070,441	BOOK VALUE