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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 05-01-2019 , and ending 04-30-2020

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

C Name of organization
Columbus Community Hospital Inc
% Jennifer Weick
Doing business as

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

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

D Employer identification number
47-0542043

E Telephone number
(402) 562-3357

G Gross receipts $ 115,500,719

F Name and address of principal officer:
Chad Van Cleave
4600 38th Street
Columbus, NE 68601

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.columbushosp.org

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

L Year of formation: 1972

M State of legal domicile: NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
Our mission is to improve the health of the communities we serve.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	855
6	Total number of volunteers (estimate if necessary)	**6**	236
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	198,978
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	204,348	4,034,632
9	Program service revenue (Part VIII, line 2g)	104,835,880	105,005,807
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,882,739	2,445,237
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,705,994	3,663,454
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	108,628,961	115,149,130
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,721,884	1,587,616
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	49,847,053	58,524,329
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	42,400,110	42,934,720
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	94,969,047	103,046,665
19	Revenue less expenses. Subtract line 18 from line 12	13,659,914	12,102,465

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	158,385,214	184,179,331
21	Total liabilities (Part X, line 26)	8,780,694	21,789,686
22	Net assets or fund balances. Subtract line 21 from line 20	149,604,520	162,389,645

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

****** 2021-01-27
Signature of officer Date

CHAD VAN CLEAVE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-01-25		P00798244

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 1212 North 96th Street Suite 300
Omaha, NE 68114 | Phone no. (402) 348-1450

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Our mission is to improve the health of the communities we serve.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	98,377,790	including grants of $	239,293) (Revenue $	105,135,621)
4b	(Code: See Additional Data)	(Expenses $	1,348,323	including grants of $	1,348,323) (Revenue $	0)
4c	(Code:)	(Expenses $		including grants of $	) (Revenue $	)
4d	Other program services (Describe in Schedule O.)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		99,726,113			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	95		
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)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	855		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
▶Jennifer Weick 4600 38th Street Columbus, NE 68601 (402) 562-4646

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) Michael Hansen President/CEO/Secretary	39.0 1.0			X				785,508	0	89,634
(2) Edward Fehringer MD Physician	40.0 0.0					X		650,108	0	40,398
(3) John Beauvais MD Physician	40.0 0.0					X		634,825	0	28,467
(4) Richard Cimpl MD Physician	40.0 0.0					X		609,339	0	43,206
(5) Matthew Pieper MD Physician	40.0 0.0					X		615,965	0	30,106
(6) Anthony Krueger MD Physician	40.0 0.0					X		604,756	0	30,158
(7) Chad Van Cleave VP Finance	40.0 0.0			X				206,287	0	56,142
(8) Amy Blaser VP Business Development	40.0 0.0			X				197,301	0	54,965
(9) Dorothy Bybee VP Nursing	40.0 0.0			X				211,708	0	40,322
(10) Scott Messersmith VP Operations	40.0 0.0			X				187,344	0	53,170
(11) Brett Bonwell Chairman (START 5/1/19)	1.0 0.0	X		X				0	0	0
(12) Jeff Gokie Vice Chairman (START 5/1/19)	1.0 0.0	X		X				0	0	0
(13) Julie Haney Treasurer (START 5/1/19)	1.0 0.0	X		X				0	0	0
(14) Stan Emerson Director	1.0 0.0	X						0	0	0
(15) Jeffrey Gotschall MD Director	1.0 0.0	X						0	0	0
(16) Joan Keit MD Director	1.0 0.0	X						0	0	0
(17) Clark Lehr Chairman (Thru 5/1/19)	1.0 0.0	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) Sarah Pillen	1.0	X						0	0	0
Director	0.0									
(19) Elizabeth Przymus	1.0	X						0	0	0
Director	0.0									
(20) Daniel Rosenquist MD	1.0	X						0	0	0
Director	0.0									
(21) Tim Tooley	1.0	X						0	0	0
Director	0.0									
(22) Brian Schmidt	1.0	X						0	0	0
Director	0.0									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,703,141	0	466,568

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 ▶ 65

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JE DUNN CONSTRUCTION COMPANY, 1001 Locust St KANSAS CITY, MO 64106	Construction	16,380,502
Inpatient Physician Associates, 3200 Pine Lake Rd Ste A Lincoln, NE 68516	Hospitalist Svcs	1,151,197
TSP CONSTRUCTION SERVICES INC, 1112 N West Ave North SIOUX FALLS, SD 57104	Construction	1,014,996
Focusone Solutions LLC, PO Box 3037 Omaha, NE 68103	Contract Labor	315,470
Renovo Solutions LLC, 4 Executive Cir Ste 185 Irvine, CA 92614	Equipment Maint	245,848

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 ▶ 5

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	3,938,800			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	95,832			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		4,034,632			
Program Service Revenue		Business Code				
	2a Net Patient Service Revenue	621110	105,005,807	105,005,807		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		105,005,807			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,449,146			2,449,146
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	6a 507,186				
	b Less: rental expenses	6b 351,589				
	c Rental income or (loss)	6c 155,597	0			
	d Net rental income or (loss)			155,597		155,597
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	-3,909			
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c	-3,909			
	d Net gain or (loss)			-3,909		-3,909
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b Less: direct expenses	8b	0			
	c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities. See Part IV, line 19	9a	0			
	b Less: direct expenses	9b	0			
	c Net income or (loss) from gaming activities			0		
	10a Gross sales of inventory, less returns and allowances	10a	0			
	b Less: cost of goods sold	10b	0			
	c Net income or (loss) from sales of inventory			0		
	Miscellaneous Revenue	Business Code				
	11a Meals on Wheels	900099	61,283	61,283		
	b Cafeteria	900099	335,665			335,665
	c Health Watch	900099	68,531	68,531		
	d All other revenue		3,042,378		198,978	2,843,400
	e **Total.** Add lines 11a–11d		3,507,857			
	12 **Total revenue.** See instructions		115,149,130	105,135,621	198,978	5,779,899

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	239,293	239,293		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,348,323	1,348,323		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,895,733		1,895,733	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	44,816,455	44,816,455		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,676,502	1,676,502		
9 Other employee benefits	7,331,540	7,331,540		
10 Payroll taxes	2,804,099	2,804,099		
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	447,000		447,000	
d Lobbying	7,519		7,519	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	30,000	30,000		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,029,509	3,029,509		
12 Advertising and promotion	576,155		576,155	
13 Office expenses	13,240,788	13,240,788		
14 Information technology	3,064,853	3,064,853		
15 Royalties	0			
16 Occupancy	1,474,076	1,474,076		
17 Travel	235,479		235,479	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	158,666		158,666	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,331,943	6,331,943		
23 Insurance	382,345	382,345		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR BAD DEBTS	5,762,702	5,762,702		
b Minor Equip & Financing AGR	4,369,286	4,369,286		
c Purchased Services	2,962,902	2,962,902		
d RECRUITING	299,848	299,848		
e All other expenses	561,649	561,649		
25 **Total functional expenses.** Add lines 1 through 24e	103,046,665	99,726,113	3,320,552	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		13,528,791	1	26,168,311
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		12,778,321	4	10,293,606
	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		0	5	0
	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)		0	6	0
	7	Notes and loans receivable, net		542,275	7	457,780
	8	Inventories for sale or use		2,742,090	8	2,797,519
	9	Prepaid expenses and deferred charges		2,353,570	9	1,888,374
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 136,320,521			
	b	Less: accumulated depreciation	10b 64,630,903	52,610,944	10c	71,689,618
	11	Investments—publicly traded securities		73,468,463	11	70,679,953
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		360,760	15	204,170
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		158,385,214	16	184,179,331
Liabilities	17	Accounts payable and accrued expenses		8,780,694	17	21,789,686
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to 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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		0	25	0
	26	**Total liabilities.** Add lines 17 through 25		8,780,694	26	21,789,686
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		149,604,520	27	162,389,645
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ 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		149,604,520	32	162,389,645
	33	Total liabilities and net assets/fund balances		158,385,214	33	184,179,331

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	115,149,130
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,046,665
3	Revenue less expenses. Subtract line 2 from line 1	3	12,102,465
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,604,520
5	Net unrealized gains (losses) on investments	5	731,494
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-48,834
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	162,389,645

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Software ID:

Software Version:

EIN: 47-0542043

Name: Columbus Community Hospital Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Columbus Community Hospital (CCH) is a 47 bed acute care hospital which currently employs over 800 people. It is a significant, positive economic force for the Columbus area, returning dollars into the economy through local purchases by the organization and salaries that return to the community. It is an asset for the local communities where patients can obtain quality health care without the need to drive over 50 miles for care. CCH offers a variety of services that provide necessary care for area residents. Below is a brief summary of services offered by Columbus Community Hospital. - All 47 beds of the Hospital?s acute care services are also certified as swing beds. - CCH provides certified, dedicated medical interpreters to assist non-English speaking patients. The interpreters are available in-house or on-call 24/7 and serve as a liaison between the care providers and the patient. - The Hospital provides ICU, medical surgical, OB and orthopedic services, along with a variety of complimentary ancillary services. These ancillary services include wound care, diabetic education and cardiac rehab and also include clinical pharmacy services. To enhance patient safety, CCH uses bar-coded medication administration, smart pumps and computerized physician order entry. - So that area residents can receive care close to home, CCH offers rehabilitative services that include physical therapy, speech therapy, occupational therapy as well as specialized multidisciplinary therapy programs such as Thrive Cancer Rehabiliation Care, Parkinson Wellness Program, Rock Steady Boxing, Concussion Management Team, Complete Decongestive Lymphedema Therapy Clinic, a Driver's Rehabiliation Program, Visual and Vestibular Rehab, Aquatic Therapy Program, and Pelvic Floor Dysfunction (male/female urinary incontinence and pelvic pain) Program. The hospital's wiggles and giggles therapy for kids offers pediatric physical, occupational and speech for children ranging in age from infants to adolescents. In November 2015, outpatient therapy services moved into first floor space with greater access for patients at the new Columbus Wellness Center and now patients are integrated and transitioned into medical wellness programs after discharge such as the Parkinson's Exercise Group, the Loud Crowd Voice Exercise Group, TBI, & Stroke Support Group, Spinefit Exercise Classes, AI CHI Exercise Classes, Aquatic Exercise Classes, and TAI CHI for better balanceclasses. - Nurses in the Hospital?s Same Day Services (SDS) Department prepare patients for surgery and care for patients in both the inpatient and outpatient setting. The Department oversees several outpatient procedures, including 90 to 100 endoscopy procedures each month. SDS nurses also administer blood transfusions and chemotherapy infusions. - CCH offers some of the most advanced imaging services including MRI, CT, Digital Mammography and ultrasound. Radiologists are on campus and/or available 24/7. All images are digital, and the dictation used by radiologists is voice recognized and becomes part of the digital image. - The Hospital's laboratory performs an average of over 13,000 tests per month for both inpatients and outpatients. - The CCH Emergency Department (ED) employs highly trained emergency physicians and nurses, offering 24/7 care. Other Hospital departments providing support in the ED include Respiratory Care, Social Work, Laboratory, Medical Interpreters and Diagnostic Imaging. In May, 2006, the CCH Emergency Department was designated as a Level III Trauma Center. The Medical Staff and personnel in the Trauma Center have received specialized training to resuscitate and stabilize trauma patients. The Trauma Program provides systematic review of trauma care and participates in injury prevention activities throughout the community. - CCH opened wound care services in August, 2008, offering clinic hours one day per week. The identified service area includes a 45-mile radius around Columbus. By January 2009, a second day was added to support the demand. The program has exceeded the anticipated demand and provides a much needed service close to home. The clinic sees about 100 patients per month for wound care. - For services located in facilities off-site, the larger services are Home Health and Hospice. Home Health provides skilled health services for patients at their place of residence. The program is medically directed and must be ordered by the attending physician. Home Health is Medicare and Medicaid Certified and meets the requirements of the Joint Commission. Services provided within the program are: o Supervision and administration of medications o Intravenous therapy o Instructing patients in diabetic management o Nutritional assessmentso Home Health aides o Personal care services o Occupational, speech and physical therapies - Hospice services are provided to persons who are no longer receiving curative treatment and whose life expectancy is six months or less. Care is provided by an interdisciplinary team which consists of the physician, nurse, social worker, therapist, Home Health aide, spiritual advisor, volunteer and other health professionals. - Our local Healthy Family Nebraska Program (HFN) targets young, primarily single, pregnant mothers and their families. Our voluntary HFN home visitation program targets the most vulnerable young women and their families by offering them intense, in-home education, support and resources. This home visiting program covers families in a four county area. The HFN requires each mother/family to actively participate in building an individualized family plan. This strength-based approach promotes self-improvement and enhances self-esteem and independence for our young parents that will help them make better decisions and break out of destructive cycles. - The CCH Sleep Lab offers complete polysomnographic sleep testing by trained and licensed sleep technicians for the purpose of diagnosing obstructive/central sleep apnea. Both daytime and night sleep studies are performed. - Occupational Health Services (OHS) offers a menu of health care services designed to prevent and treat injuries in the workplace. Partnering with employers in more than 800 companies and with other health care professions, OHS provides the Columbus and regional area businesses and industry with a comprehensive range of services designed to support and maintain a healthy, safe workforce while assisting them in meeting OSHA and DOT compliance regulations. Their full range of services include: o A comprehensive testing procedure called Physical Capacity Profile (PCP) that matches employees to the job and is designed to accommodate individuals with handicaps. The PCP system was developed by an orthopedic physician. Through use of this testing, musculoskeletal imbalances are detected which helps employers place employees in the appropriate job to minimize the potential of injury. o 24/7 drug and alcohol testing services o Pre-employment/post job offer physical assessments o On-site nursing serviceso Hearing/vision testing o Hearing conservation program management o Respiratory fit testingo Respiratory evaluation services o Flu shots and immunization programso Wellness programs - Lifeline, an in-home emergency response program, provides the vital safety net that many people need to continue living at home in familiar and comforting surroundings. The program is completely focused on ensuring the patient's independence, safety and well-being in their home. It operates with a bracelet worn by the patient with a button that can be pressed if help is needed. Pre-determined responders are summoned to their home or emergency transfer can be call if needed. - Meals on Wheels are prepared by the Nutrition Services Department and are delivered by community volunteers. Seniors and physically handicapped adults qualify for the program. Special diets can also be accommodated. Financial assistance is available through the Nebraska Department of Social Services. - The Hospital also participates in and has hosted county-wide natural disaster and pandemic drills. As a member of a larger preparedness team, RROMRS, CCH can assist or receive assistance from this region's Medicare providers. Through these drills and exercises, the Hospital is well-prepared to handle a natural disaster or pandemic should one arise. - To better service our community, Columbus Community Hospital has partnered with Columbus Children's Healthcare to create the Columbus Community Hospital Pediatric Hospitalist Program in May of 2017. This service is applicable to inpatient and observation care only to patients ages newborn to age 18. Pediatric Hospitalists routinely complete rounds in morning and evenings, and as census and acuity demands. Physicians from other communities who are not currently credentialed at Columbus Community Hospital may refer to the Pediatric Hospitalist group for admission.

Form 990, Part III, Line 4b:

PROVIDE UNCOMPENSATED SERVICES TO PEOPLE WHO ARE UNABLE TO PAY. CCH CHARITY/FINANCIAL AID POLICY REFLECTS THE MISSION, VISION AND VALUES OF CCH. IT IS INTENDED TO ASSIST LOW-INCOME, UNDERINSURED, AND UNINSURED INDIVIDUALS WHOSE FINANCIAL STATUS, UNDER THE HOSPITAL'S QUALIFICATION CRITERIA, MAKES IT IMPRACTICAL OR IMPOSSIBLE TO PAY FOR NECESSARY MEDICAL SERVICES. CCH HAS A FIDUCIARY RESPONSIBILITY TO SEEK PAYMENT FOR SERVICES FROM THOSE WHO CAN PAY, AND EVERY EFFORT WILL BE MADE TO APPLY CONSISTENT, FAIR AND EQUITABLE FINANCIAL AID PRACTICES IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS. CCH FOLLOWS THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE BOTH ELIGIBILITY FOR FREE CARE, 100% OF FPG, AND DISCOUNTED CARE, 200% FPG. CCH ALSO OFFERS CATASTROPHIC CHARITY ASSISTANCE. APPLICANT MAY QUALIFY FOR PARTIAL CHARITY/FINANCIAL ASSISTANCE AND/OR TOTAL BALANCE WRITE-OFF ADDITIONAL WRITE-OFF WILL BE DONE AS OUTLINED BELOW: - REDUCE TO $1,200 - ADJUSTMENTS WILL BE DONE FROM OLDEST TO NEWEST.

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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
Columbus Community Hospital Inc

Employer identification number
47-0542043

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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**. . . . . ▶ ☐

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

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 ☐ 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: 47-0542043

Name: Columbus Community Hospital 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: 93493033006221

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		7,519
j	Total. Add lines 1c through 1i			7,519
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1g	DIRECT CONTACT WITH STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENT OFFICIALS. WE HAVE ADVOCATED FOR RURAL HEALTHCARE LEGISLATION (E.G. RURAL HOSPITAL DEMONSTRATION PROGRAM).
Schedule C, Part II-B, Line 1i	Dues paid to American Hospital Association allocated to lobbying $3,358 and dues paid to Nebraska Hospital Association allocated to lobbying $4,161.

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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
Columbus Community Hospital Inc

Employer identification number
47-0542043

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" 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 ▶ $ _____

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:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	1,912,239	1,863,805	1,846,405	1,832,057	1,806,283
b Contributions	544,148	48,434	17,400	14,348	25,774
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	2,456,387	1,912,239	1,863,805	1,846,405	1,832,057

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ 100.000 %

c Temporarily restricted endowment ▶ .....

The percentages 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:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		8,313,043		8,313,043
b Buildings		67,785,080	64,630,903	3,154,177
c Leasehold improvements				
d Equipment		37,041,034		37,041,034
e Other		23,181,364		23,181,364
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				71,689,618

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	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	0

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	Endowment funds are held and maintained by Columbus Community Hospital Foundation. The end owment funds exist in support of improved health services by Columbus Community Hospital.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	The Hospital adopted Financial Accounting Standards Board (FASB) Interpretation No. 48, Ac counting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No, 109. FI N 48 provides specific guidance on how to address uncertainty in accounting for income tax assets and liabilities, prescribing recognition thresholds and measurement attributes. Th e adoption of FIN 48 by Columbus Community Hospital did not have a material impact on the Hospital's financial position, results of operations, or cash flows. In fiscal years endin g 2020 and 2019, management determined that there are no income tax positions requiring re cognition in the financial statements.

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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
Columbus Community Hospital Inc

Employer identification number
47-0542043

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 130 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	Yes	
	☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			688,724		688,724	0.710 %
b Medicaid (from Worksheet 3, column a)			5,825,101	1,467,240	4,357,861	4.480 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			6,513,825	1,467,240	5,046,585	5.190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).		127,599	238,500	24,041	214,459	0.220 %
f Health professions education (from Worksheet 5)		176	18,166	125	18,041	0.020 %
g Subsidized health services (from Worksheet 6)		0	9,971		9,971	0.010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		1,379	36,570		36,570	0.040 %
j **Total.** Other Benefits		129,154	303,207	24,166	279,041	0.290 %
k **Total.** Add lines 7d and 7j		129,154	6,817,032	1,491,406	5,325,626	5.480 %

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		1,800	18,290		18,290	0.020 %
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building		225	14,109	6,260	7,849	0.010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total		2,025	32,399	6,260	26,139	0.030 %

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		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 2 5,762,702			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	22,078,261
6	Enter Medicare allowable costs of care relating to payments on line 5	6	29,057,605
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-6,979,344
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HealthPark LLC	Property management	22.759 %		77.241 %
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)

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

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): See Section C			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): See Section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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)

Columbus Community Hospital Inc

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?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 130. % and FPG family income limit for eligibility for discounted care of 200. %			
b ☐ Income level other than FPG (describe in Section C)			
c ☐ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a ☑ The FAP was widely available on a website (list url): See Section C			
b ☑ The FAP application form was widely available on a website (list url): See Section C			
c ☑ A plain language summary of the FAP was widely available on a website (list url): See Section C			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ 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 ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Columbus Community Hospital Inc

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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ 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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ 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 ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Columbus Community Hospital Inc

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **13**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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
Schedule H, Part I, Line 3c	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a	A COMMUNITY BENEFIT REPORT IS INCLUDED EACH YEAR IN THE HOSPITAL'S QUARTERLY NEWSLETTER "HOUSECALL" WITH AN ELECTRONIC VERSION OF THE NEWSLETTER HOUSED ON THE HOSPITAL'S WEBSITE. A SEPARATE LANDING PAGE ON THE WEBSITE WAS ALSO CREATED FOR THE REPORT TO PROVIDE EASY ACCESS TO THE REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7B	THE REVENUE GENERATED BY MEDICAID PATIENTS IS MULTIPLIED BY THE COST TO CHARGE RATIO DEVELOPED IN WORKSHEET 2. THE REMAINING PRODUCT IS THE CALCULATED COST ASSOCIATED WITH THE CHARGES FROM MEDICAID PATIENTS. THESE COSTS ARE REDUCED BY THE REIMBURSEMENTS COLLECTED FOR THE MEDICAID CHARGES. THE REMAINING NUMBER IS THE NET COMMUNITY BENEFIT EXPENSE. Schedule H, PART I, LINE 7E EXPENSES REPRESENT WAGES ALONG WITH SERVICES AND SUPPLIES PURCHASED BY THE HOSPITAL. DIRECT OFFSETTING REVENUES REPRESENT CASH COLLECTED FOR THESE SERVICES. Schedule H, PART I, LINE 7I CASH DONATIONS MADE TO EAST CENTRAL HEALTH DEPARTMENT (ECHD) AND THE GOOD NEIGHBOR COMMUNITY HEALTH CENTER REPRESENT THE MAJORITY OF THESE DONATIONS. Schedule H, PART I, LINE 7, COLUMN (F) THE AMOUNT OF $97,283,963 USED AS THE DENOMINATOR TO COMPUTE COLUMN (F) IS CALCULATED BY TAKING TOTAL FUNCTIONAL EXPENSES OF $103,046,665 MINUS BAD DEBT EXPENSE OF $5,762,702.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II	Community Building Activities Columbus Community Hospital (CCH) continues to collaborate with the local Chamber of Commerce to recruit skilled professionals to fill job openings in the community. The Hospital also provides support and staff time to assist in highlighting the health care community, offering specific department or Hospital tours in order to recruit skilled professionals to live and work in Columbus. On Hospital-donated land, the City of Columbus created a twelve acre urban lake and, on the same property, an additional 20 acres designated as the future site of a fire station. A handicap/stroller-accessible dock on the urban lake allows access for fishing or to watch water fowl rest in the area as they migrate through Columbus. The urban lake provides a community space within the city limits for people of all ages. The Hospital continues to partner with our local public health department and community health center (CHC) on several projects and community disease prevention initiatives, providing financial support and professional staff time as liaisons to these community partnerships throughout the year. Working together with these agencies, some of the chronic disease and accident prevention strategies addressed include: Type II Diabetes, hypertension and heart disease, pre and postnatal newborn care, physical activity and exercise, colon cancer prevention and early detection, and community preparedness for natural and man-made disasters. These programs reach countless members of the community each year, making a difference in the lives of people living with chronic health issues. Other hospital-driven community health initiatives include: free flu shots for residents at the shelter for the homeless and participation in numerous community health fairs/events each year providing medical screenings and free health information/education. To encourage entry into the medical profession, Columbus Community Hospital partners with local day care facilities, area schools and colleges, offering its medical professionals as guest speakers or instructors at hands-on learning events. To help in recruitment of health care professionals and also to relieve the daycare shortage in Columbus. In August 2017, Columbus Community Hospital opened the ChildCare Center northeast of the hospital. The ChildCare Center has capacity to care for 105 children from infants to age 12. In an ongoing commitment as an employer and community partner, Columbus Community Hospital strives to provide a better life for the families in our community and to help alleviate the childcare shortage in Columbus. Columbus Community Hospital has an independent Board of Directors, consisting of community leaders with diverse backgrounds. The CCH Board approved the construction of a $21 million, 85,723 square foot community wellness facility that opened on October 27, 2015. The Columbus Family YMCA leased, below fair market value, 62,397 square feet of the facility that is available for use by the entire community and includes: 2 gyms, 3 pools, and weight and exercise equipment. Classes for wellness and fitness are provided by health care professionals from the Hospital and YMCA staff. In separate areas, the facility also houses the Hospital's adult and pediatric therapies. As a way to celebrate the two-year anniversary of Columbus Community Hospital Rehabilitative Services relocating to the Columbus Wellness Center, Columbus Community Hospital hosted an open house for all patients both past and present. The event also acknowledged the exponential growth the hospital's rehabilitative services department and the Columbus Wellness Center have seen since it was completed in 2015.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2	The methodology used to estimate bad debt expense is to take the private pay write-offs for the year and divide them by the total revenue generated from self-pay patients and multiply the product by the self-pay accounts receivable. This gives the amount of reserve necessary to cover the potential bad debt in current self-pay accounts receivable. Bad debt expense for the fiscal year is the amount of additional expense necessary to bring that reserve account to the calculated (estimated) balance.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4	Financial statements do not include any text for bad debt. The amount in Line 2 is the book bad debt amount.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8	In accordance with 42 CFR 413.24, Columbus Community Hospital uses the step-down method as its costing methodology. Departments within a provider are usually divided into two types: 1) Those that produce patient care revenue (e.g., routing services, radiology), and 2) Those that do not directly generate patient care revenue, but are utilized as a service by other departments (e.g., laundry and linen, dietary). The two types of departments are commonly referred to as revenue-producing cost centers and nonrevenue-producing cost centers. Although nonrevenue-producing cost centers do not directly produce patient care revenue, they contribute indirectly to patient care revenue generated by serving as a service to the revenue-producing centers and also to other nonrevenue-producing centers. Therefore, for the purpose of proper matching of revenue and expenses, the cost of the revenue-producing centers should include both its direct expenses and its proportionate share of the costs of each nonrevenue-producing center (indirect costs) based on the amount of services received. The process of allocating the cost of a particular nonrevenue-producing center to other nonrevenue-producing centers and revenue-producing centers is performed by utilizing a set of statistics (e.g. pounds of laundry for allocating laundry and linen costs, square feet for allocating depreciation building costs). Every nonrevenue-producing cost center has the potential of being allocated to every other nonrevenue-producing cost center in addition to the revenue-producing cost centers. This precludes a simple allocation of the direct expense of the nonrevenue-producing cost center because the indirect costs derived from allocation of other nonrevenue-producing cost centers must be computed in determining the full cost (direct and indirect costs) of the nonrevenue-producing cost center being allocated. The step-down method recognizes that services furnished by certain nonrevenue-producing departments are utilized by certain other nonrevenue-producing centers as well as by the revenue-producing centers. All costs of nonrevenue-producing centers are allocated to all centers that they serve, regardless of whether or not these centers produce revenue. The cost of the nonrevenue-producing center servicing the greatest number of other centers, while receiving benefits from the least number of centers, is apportioned first, following the apportionment of the cost of the non-revenue-producing center, that center will be considered closed and no further costs are apportioned to that center. This applies even though it may have received some service from a center whose cost is apportioned later. Generally, if two centers furnish services to an equal number of centers while receiving benefits from an equal number, that center which has the greatest amount of expense should be allocated first.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b	The purpose of our Financial Assistance/Charity Program is to further the charitable mission of CCH by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with the requirements of the Internal Revenue Code and implementing regulations under 501(r). CCH's Financial Assistance Policy reflects the mission, vision and values of CCH. It is intended to assist low income, uninsured and underinsured individuals whose financial status, under the hospital's qualification criteria, makes it impractical or impossible to pay for medically necessary and emergency care. Our Financial Assistance Program has an Implied and Presumptive avenue, as well as medical indigence. The Program provides a fair and comprehensive system of distributing free or discounted medical care to poor and financially disadvantaged patients within the available resources of CCH. This Policy addresses: Eligibility criteria for financial assistance, The extent to which financial assistance includes free and discounted care, and medically indigent care, The basis for calculating amounts charged to eligible patients (the calculations of amounts generally billed (AGB)); The method for applying for assistance and application period; Actions that may be taken by CCH in the event of nonpayment; and Measures to widely publicize the Policy. CCH recognizes the individual's right to obtain quality health care regardless of age, sex, race, disability, national origin, marital status, sexual orientation, personal beliefs or their ability to pay. CCH has a fiduciary responsibility to seek payment for services from those who can pay.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2	Needs Assessment In 2010, Columbus Community Hospital began implementing a five-year strategic plan. The plan includes a thorough assessment of the organization's external environment in terms of opportunities and threats, as well as an assessment of the organization's internal strengths and weaknesses. The plan also includes strategic issues, goals and related strategies for future organizational effectiveness. Six organizational pillars were identified: Quality, Culture, People, Service, Facilities and Finance. 1) Quality: Quality efforts have been focused on evidence-based processes (EBP) and educating staff on the importance of using and integrating these processes in daily operations. CCH has implemented an electronic medical record to afford ease of information access and communication across the continuum of care. The clinical leadership groups for nursing and respiratory therapy have initiated a review of how to integrate EBP into the clinical areas and will be starting classes to educate staff within and outside nursing. 2) Culture: In an effort to achieve a high-performance organization, CCH is in the process of implementing a 4-part culture improvement initiative that includes: TeamStepps, Just Culture, Student and LEAN/Six Sigma process improvement. The hospital continues to work with the Studer Group to hardwire appropriate tools, focusing on improving patient outcomes and create a culture/environment, making CCH an employer of choice, and where physicians want to bring their patients for care. 3) People: CCH has continued to be aggressive in its recruitment efforts to attract and retain the workforce needed to support strategic growth initiatives across all service lines. CCH is initiating a new on-boarding process for new employees. In addition, nursing has updated their orientation program and has trained preceptors and nurse mentors/coaches. 4) Services: CCH performs an annual comprehensive program review of existing and new services and has ranked priority service line development in the areas of hospital medicine, orthopedics, cardiology, cancer and rehab services. 5) Facilities: CCH has developed a comprehensive master facilities plan that can adapt to current and future patient care needs. An emergency department expansion was completed in 2012 with a new medical office building recently completed to house Visiting Physicians and the Wound, Ostomy, and Continence Care (W.O.C.) Clinic. 6) Finance: CCH is working diligently to maintain financial stability. Our approach includes: Work to extend the Demonstration Project with an alternate plan in place if the program is discontinued. The hospital maintains a conservative successful investment strategy and continue growth in the CCH Foundation.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3	Patient Education of Eligibility for Assistance Financial assistance information is available on the Hospital's website, including links to additional, in-depth information. CCH has taken measures to widely publicize the financial assistance policy. Patient Charity/Financial Assistance Program: A) Monthly Payment Option: 1) If you are unable to pay your balance in full, please call the Patient accounts Department to set up an acceptable payment arrangement. B) Patient Charity/Financial Assistance Program: 1) If patients feel their income is not sufficient to pay for services at Columbus Community Hospital, they are encouraged to contact the Patient Accounts Department and/or Social Workers for information regarding charity/financial assistance. 2) Further information about Medicare/Medicaid/Charity Care is provided in both English and Spanish on our website. The State has Medicaid applications available online. Our Registration, Patient Accounts and Social Services staff can provide patients with financial/charity applications in either English or Spanish. 3) Additionally, signage is posted to include the Financial Assistance Policy Summary in English and Spanish directing patients to call or come in as needed for financial help and employees are encouraged at the earliest possible point to refer individuals to Patient Accounts or Social Services who will see patients individually and counsel on specific circumstances. We have implemented measures to widely publicize the Financial Assistance Program. 4) Monthly statements include the following information: a. Payment plans b. Charity/Financial Assistance Program c. 24/7 online Business Office access, which includes information on payment plans, charity/financial assistance and applications for financial/charity assistant available in both English and Spanish that can be downloaded from our website. d. The phone number of Patient Accounts and the on-line hospital website. 5) All registration areas have signage posted in English and Spanish of the Financial Assistance Policy Summary, brochures which address financial assistance, CCH affiliates and non-affiliates (independent physicians and other independents). 6) The CCH Website in English and Spanish Charity/Financial Assistance application, Financial Assistance Policy Summary, Financial Aid/Charity Program Policy, calculations of amounts generally billed (AGB) which is revised annually, Columbus Community Hospital and CCH-Employed Physicians, practitioners and clinics and independent community physicians and other independents (which are revised quarterly).

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4	Community Information The Local Economy Columbus Community Hospital is located in Columbus , Nebraska, which has a population of approximately 22,000. It is the county seat and the largest city in Platte County, which has a population of approximately 33,500. Almost 70 p ercent of Platte County's residents live in Columbus. The average unemployment rate in Pla tte County over the past five years is 3.2 percent as of September 2018. The average unemp loyment rate reported in August 2020 was also 3.2 percent. This is compared to the nationa l average unemployment rate of 8.4 percent which was reported in September 2020. Platte Co unty has been recognized as the third best place to find a job by CNN/Money Magazine and t he average per capita income in the county is about $30,000 as of July 2019. The estimated average wage in Platte County, as reported in 2016, was about $18/hour or $730/week. Colu mbus has also been recognized by Money Magazine as one of The Top 100 Best Small Towns to Live. According to the Nebraska Department of Labor, Columbus is considered a major hub fo r the manufacturing industry and has a greater share of manufacturing employment than othe r Nebraska metropolitan areas. The Columbus and area economy is based on agriculture and m anufacturing, with many industrial companies attracted by plentiful, low-priced hydroelect ric power. A hardworking, well-educated workforce, low energy costs and a local environmen t friendly to business, provide encouragement for strong economic and industrial developme nt within our area. Among the major employers are Archer Daniels Midland (ADM), an ethanol manufacturing company; Flexcon; Central Confinement Services; Pillen Family Farms; Vishay ; two BD medical plants which are medical equipment companies; Behlen Manufacturing, which manufactures steel buildings and Nebraska Public Power, whose headquarters is in Columbus . These business opportunities have led to an influx of single people and young families m oving into the Columbus-area seeking employment. This growth of Columbus, Platte County an d the surrounding communities has, in turn, led to an increase in admissions at CCH. As re ported in the 2019-2020 CCH Annual Report, the hospital had about 1,800 inpatient admissio ns; 11,900 emergency visits, 2,900 outpatient procedures and 600 inpatient procedures in t he preceding year. Service Capacity Columbus Community Hospital (CCH) is a community-owned , not-for-profit hospital, located on 60 acres in the northwest part of Columbus, Nebraska . It is a 47-bed acute care facility that is certified for Swing Beds, with four Skilled N ursing beds and 14 ambulatory outpatient beds. CCH moved to its current location more than 5 years ago. Since 2002, the community has grown and the hospital's services have followe d suit. To keep up with increased demand for health care offerings in the area, CCH is in the process of a $35-million renovation project. The renovation will primarily impact CCH' s surgical services, maternal child health and radiology departments and will cause severa l structural and departmental adjustments within the hospital. Construction started in Apr il 2019, with the entire project slated for completion by 2021. CCH offers comprehensive c are, including 24-hour emergency care, intensive care, medical-surgical care, inpatient an d outpatient care, as well as general, ENT, urology, podiatry and orthopedic surgical proc edures. Other ancillary services include: respiratory care, wound care, diabetes education , endoscopy and cardiopulmonary rehabilitation. The hospital also offers comprehensive out patient laboratory, radiology and rehabilitative services as well as free, 24/7 interprete r services. The hospital's Healthpark medical office building currently houses a Visiting Physicians' Clinic and the CCH Laboratory, along with Columbus Otolaryngology Clinic, Colu mbus Orthopedic & Sports Medicine Clinic, Columbus Plastic Surgery, Columbus General Surge ry, Columbus Concussion Management Clinic and the Columbus Psychiatry Clinic. Additionally , CCH has a second campus, which houses medical outreach services such as Home Health and Hospice, Healthy Families and Occupational Health Services. The hospital has more than 800 employees and an active medical staff of 53 physicians who represent 14 medical specialti es. An additional 15 specialty services are brought to the community on an intermittent ba sis by visiting physicians. CCH is committed to actively recruiting and developing long-te rm relationships with physicians to meet the growing needs of the communities it serves. I n the 2019-2020 fiscal year, a total of 6 providers were successfully recruited. This incl udes full-time, midlevel and satellite providers in areas such as emergency medicine, orth opedics, and psychiatry, among others. To better serve the needs of its community, CCH add ed an on-call Pediatric Hospitalist program which is available 24/7 and 365 days a year. T his service provides care to inpatient and observa

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4	tion patients who are newborn up to 18 years old. The pediatric hospitalist's job is to he lp stabilize and improve a patient's health as quickly as possible. Pediatric hospitalists are available by request. Once a pediatric hospitalist has been requested, the hospitalis t will follow the patient until discharge. Recently, CCH also added several new telehealth services, including the telestroke program, e-mental health triage and the telestewardshi p program. Each program gives CCH's physicians access to specialists in larger communities without leaving Columbus. These expanded telehealth services increase access to psychiatr y, and geriatric psychiatry services, as well as services for stroke patients. E-mental he alth triage allows for behavioral health assessments out of CCH's emergency department and the telestroke program allows CCH stroke patients and the physicians to immediately conne ct and consult with expert Nebraska Medicine neurologists. This fiscal year, CCH expanded its partnership with Bryan Telemedicine to offer local patients around-the-clock access to a board-certified psychiatrist without leaving the hospital. In 2018, CCH expanded its se rvice offerings by forming new partnerships and opening a new clinic. In May 2018, CCH mer ged with Columbus General Surgery to provide even better, more coordinated general surgery care to area patients. The surgeons at Columbus General Surgery evaluate and treat the fo llowing: gastrointestinal pathology, breast pathology, skin lesions, thyroid nodules and v aricose veins. Columbus General Surgery also provides colon cancer screenings. In October 2018, CCH merged with North Central Radiology, a radiology practice that has been in the c ommunity more than 40 years. In January 2019, CCH opened Columbus Plastic Surgery, the fir st Plastic Surgery to be established in Columbus. It offers the services of Dr. Sanjay Muk erji who is board-certified in Plastic Surgery and has been in practice for more than 20 y ears. In August 2019, CCH opened the Columbus Psychiatry Clinic, the only full-time, local ly based psychiatry clinic in Columbus. The clinic offers the services of Venkata Kolli, M BBS, who is board-certified in adult psychiatry and child and adolescent psychiatry. The C olumbus Psychiatry Clinic is in the Healthpark Medical Office building at 4508 38th St., S uite 165. To further improve patient experiences, CCH continues to use a patient-centered methodology called LEAN Healthcare. The ultimate goal behind LEAN is to eliminate waste, i mprove processes and increase overall patient satisfaction. CCH has been working to create a culture surrounding these simple goals. Employees are encouraged to take part in the pr actice and share any ideas they have to improve quality of care in the facility. The hope is to improve patient care, patient satisfaction, staff satisfaction and regulatory compli ance, as well as reduce inventory, costs, mortality rates and morbidity rates.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	Promotion of Community Health CCH's mission is to improve the health of the communities it serves. Each year, the hospital strives to provide the best care to its patients, while a lso providing wellness events and activities that are easily accessible to community membe rs. In accordance with these goals, CCH holds various community health and wellness events , and organized health and safety initiatives. In August 2018, CCH held a S.N.A.P. camp (S - Safety, N - Nutrition, A - Awareness, P - Physical Activity) camp for children to help them make healthy choices in nutrition, exercise and safety. The camp was for children ent ering grades 4, 5 and 6. CCH held the camp again in August 2019 and though the event was c ancelled in 2020, CCH posted information on its social media about these subjects. CCH hel d two community health events in September 2019. The 15th Annual Tune Up for Life Communit y Health Fair was held Saturday, September 7, 2019. The health fair featured free health s creenings for blood pressure, body composition, bone mineral density, colorectal cancer, f lexibility, hearing, strength and vision. Discounted health tests and vaccines were also a vailable, including arterial fibrillation, abdominal aortic ultrasound, peripheral arteria l disease, carotid artery ultrasound, seasonal flu shots, pneumonia vaccinations and much more. On September 24, 2019, CCH held a Senior Living Festival that provided local seniors with information on the latest innovations in hearing and balance, as well as information on medication safety. CCH offered medical services such as blood pressure and bone minera l density screenings free of charge. Flu shots and Pneumonia vaccinations were also availa ble for attendees. To promote community wellness, CCH held its 9th annual We Can Run, Walk & Roll event on September 14, 2019. The event is designed to celebrate the abilities of i ndividuals with disabilities and to promote health and well-being in the community. Procee ds from We Can Run, Walk & Roll are used to purchase amtrykes for those in the community w ho need the adapted tricycles and would not otherwise be able to purchase them. CCH held t he 16th annual diabetes awareness day on October 15, 2019 that offered community members t he chance to learn about a variety of diabetes-related topics, attend a healthy cooking de monstration, and do a variety of health screenings as well as receive immunizations and va ccines. In November 2017, CCH created the pain management task force with the goal of deli vering safe, compassionate, evidence-based pain management to the community of Columbus. D uring the fiscal year, the task force developed guidelines for pain management and the dis pensing of opioids. It also added non-narcotic pain options to the pharmacy formulary and developed a non-medication comfort menu for patients, among other accomplishments. These e fforts were designed to change the way providers and patients think about pain management, reduce the number of opioid pills which become uncontrolled and make education easily acc essible to everyone. CCH continues to follow the guidelines set forth by the taskforce. On June 22, 2018, CCH hosted the CCH Pain Management Symposium. The topic of the symposium w as 2018: The opioid epidemic and the current state of pain management in America. The even t was held to educate community members about opioid abuse, prescription addiction and dea ths associated with prescription medication. The event featured the speakers Dr. Marty Mak ary, a surgeon and researcher at John Hopkins University School of Medicine and Dr. Philli p Essay with Nebraska Spine + Pain Center. To address the health of the children in its co mmunity, CCH offered the Food, Fitness & Fun Program in January 2019. The free, eight-week afterschool program taught kids in grades one through six about nutrition and healthy lif estyle choices. In 2018, CCH offered low-dose CT lung screenings to qualifying patients wh o were referred by their doctors. The screenings were offered at a reduced cost of $250 ea ch. To further enhance medication safety, CCH and local health care providers urged commun ity members to think about medication safety. To this end, the team produced and promoted updated medication lists. These are lists people can carry with them in case of an emergen cy or take to a doctor's appointment. They help providers in our community make better inf ormed decisions about their patients so patients can receive better quality care. The medi cation lists, pockets and brochures have been well received by nursing homes, assisted liv ing facilities, pharmacies, home health care agencies, emergency services, physician's cli nics and the hospital. The complete health improvement program (CHIP) is another program C CH implemented to improve the health of its community. The program initially began as a pi lot program for employees in June 2016 but was expanded in later years to be open to the p ublic. CHIP is an affordable, evidence-based, inte

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5	nsive lifestyle enrichment program designed to reduce disease risk factors through the ado ption of better health habits and appropriate lifestyle modifications. The goal of the pro gram is to lower blood cholesterol, hypertension and blood sugar levels and reduce excess weight by improving dietary choices, enhancing daily exercise, increasing support systems and decreasing stress, thus aiding in the prevention and reduction of disease. As of Augus t 2018, more than 15 sessions of CHIP have been completed. The following are the average r esults per session: - 5.1 reduction in blood glucose - 10.1 reduction in triglycerides - 1 2.0 LDL cholesterol reduction - 4.8 HDL cholesterol reduction - 18.4 total cholesterol red uction - 6.0 diastolic blood pressure reduction - 11.3 systolic blood pressure reduction - 136.9 pounds lost Participants have reported feeling better overall in addition to having increased energy. They've also reported reduced inflammation and joint pain, and increase d range of motion. Several participants who had previously been taking prescription medica tion under their physician's guidance, have had their dosage reduced or been able to be co mpletely taken off the medication. In addition to CHIP, CCH offers several ongoing program s that educate the community about nutrition and healthy eating. This includes monthly coo king classes and a program called food thoughts. The healthy cooking classes are held the third Tuesday of each month. For $15, community members can learn a collection of easy and healthy recipes. Dieticians also give participants advice on how to cut down on unhealthy ingredients like fat and sodium. CCH dieticians also offer free food thoughts sessions wh ich give community members the opportunity to get one-on-one time with a dietician every w eek. Each session includes an educational discussion, followed by a question and answer se gment. CCH dietitians can answer questions about diabetes, weight loss, heart health, heal thy cooking and much more. CCH held its 16th annual Tune-up for Life on September 7, 2019. the event featured free health screenings for blood pressure, body composition, bone mine ral density, as well as tests on flexibility, strength, hearing and vision. At the event, attendees could also get discounted health screenings, and seasonal flu shots and the pneu monia vaccine. Also in September 2019, CCH participated in Kids Safety Day, where area fam ilies could learn safety tips from local experts. The event included demonstrations and di splays that allowed children and teens to learn about fire, seat belt and powerline safety , among other important topics. Attendees could also participate in various drawings, incl uding the chance to win a free bicycle. On September 24, 2019 CCH held a senior living fes tival which educated seniors on skin lesions and CCH's surge joint replacement center. The event also gave participants the chance to get free bone mineral density and blood pressu re screenings, as well as flu shots and pneumonia vaccinations. CCH staff were also on han d to answer questions about the hospital's services and a diabetes educator was on-site as well. On September 14, 2019 CCH again held its annual We Can Run, Walk and Roll event in which participants could choose to compete in a 5k (3.1 miles) or 1-mile race. Proceeds fr om the event went toward purchasing amtrykes for individuals and families in the community . Amtrykes are adaptive tricycles that allow differently-abled individuals to participate more fully in health and wellness activities. CCH held its 16th annual Diabetes Awareness Day on October 15, 2019. The event allowed area residents to learn more about diabetes and CCH staff were on hand to provide health screenings. Attendees could also visit numerous informational booths, listen to speakers and attend a health cooking demonstration.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6	Affiliated Health Care System N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	State Filing of Community Benefit Report The Community Benefit information from the 2017-2018 annual report can be found at: https://www.columbushosp.org/sites/www/Uploads/AnnualReport0818web.pdf

Additional Data

Software ID:

Software Version:

EIN: 47-0542043

Name: Columbus Community Hospital 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** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Columbus Community Hospital Inc 4600 38th Street Columbus, NE 686011800 www.columbushosp.org 630001	X	X					X		47 Bed Acute Care Hospital w/ 24 hr ER Services	

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
Schedule H, Part V, Line 5	MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) PROCESS WAS DEVELOPED BY AND IS RECOMMENDED FOR COMMUNITY ASSESSMENT BY THE NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS (NACCHO) AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). THE NEBRASKA RURAL HEALTH ASSOCIATION ALSO RECOMMENDED MAPP AS A COMMUNITY ASSESSMENT FOR NEBRASKA'S COMMUNITY, NONPROFIT HOSPITAL IN ITS COMMUNITY HEALTH ASSESSMENT COLLABORATIVE PRELIMINARY RECOMMENDATIONS SO THE HOSPITAL COULD COMPLY WITH NEW REQUIREMENTS FOR TAX EXEMPT STATUS ENACTED BY THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (SEPTEMBER 2011). MAPP ALLOWS FOR INPUT FROM PARTIES WHO REPRESENT BROAD INTERESTS IN THE COMMUNITIES. INPUT FROM DIVERSE SECTORS INCLUDING MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY POPULATIONS AND INDIVIDUALS FROM DIVERSE AGE GROUPS WAS OBTAINED THROUGH SURVEYS, TARGETED FOCUS GROUPS, OPEN PUBLIC MEETINGS AND TARGET INVITATIONS TO COMMUNITY LEADERS AND AGENCIES. THE HOSPITAL'S PARTICIPATION IN THE CURRENT MAPP ASSESSMENT IS THE MOST THOROUGH TO DATE WITH OVER 100 INDIVIDUALS IN THE DISTRICT PARTICIPATING IN THE PROCESS. THIS DOES NOT COUNT THE 1,000 INDIVIDUAL SURVEYS OR FOCUS GROUP PARTICIPANTS.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 6a	- CHI Health, Schuyler - Genoa Community Hospital - Boone County Health Center

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
Schedule H, Part V, Line 6b	- East Central District Health Department - Good Neighbor Community Health Center

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
Schedule H, Part V, Line 7d	The detailed assessment and related components are available via link on https://www.columbushosp.org/news_events/community_health_needs_assessment _chna.aspx or available on request and available for review at Columbus Community Hospital.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Line 10A	THE IMPLEMENTATION STRATEGY IS AVAILABLE VIA LINK ON HTTPS://WWW.COLUMBUSHOSP.ORG/NEWS_EVENTS/CHIP_IMPLEMENTATION_PLAN_2018.ASP X

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
Schedule H, Part V, Line 11	CHNA IDENTIFIED HEALTH CARE NEEDS THE FOLLOWING "HEALTH PRIORITIES" WERE IDENTIFIED AS REC OMMENDED AREAS OF INTERVENTION UNDER THE CHNA CONDUCTED IN COLLABORATION WITH THE East Cen tral District Health Department (ECDHD), COVERING THE COUNTIES OF PLATTE, BOONE, COLFAX & NANCE: - ACCESS TO HEALTH CARE - OBESITY - FAMILY SUPPORT - SUBSTANCE - BEHAVIORAL HEALTH CCH WILL WORK HAND-IN-HAND WITH THE ECDHD & OTHER HEALTH & BUSINESS-RELATED AGENCIES TO AD DRESS THESE NEEDS. CCH WILL TAKE THE LEAD IN ADDRESSING THE IDENTIFIED NEEDS OF ACCESS TO HEALTH CARE & OBESITY BY CONDUCTING THE ACTIVITIES DESCRIBED BELOW. IT WILL SUPPORT THE ID ENTIFIED NEEDS OF FAMILY SUPPORT, SUBSTANCE ABUSE & BEHAVIORAL HEALTH AS REQUESTED BY OTHE R PARTICIPANTS OF THE CHNA THAT HAVE AGREED TO TAKE THE LEAD IN THESE AREAS. THESE PARTICI PANTS ALREADY HAVE PROGRAMS IN PLACE & EXPERTISE IN THESE AREAS. THE ALLOCATION OF DUTIES IN ADDRESSING THESE IDENTIFIED HEALTH CARE NEEDS, PROMOTES PROGRAM EFFECTIVENESS & SUPPORT S THE EFFICIENT ALLOCATION OF LIMITED HEALTH CARE DOLLARS. IMPLEMENTATION STRATEGY ACCESS TO HEALTH CARE OBJECTIVE: UPDATE OUR FACILITIES TO OFFER OUR PATIENTS THE MOST COMPREHENSI VE, HIGH-QUALITY CARE ACTION STEP: CCH CONTINUED CONSTRUCTION ON A $35-MILLION RENOVATION PROJECT THAT WILL PRIMARILY IMPACT SURGICAL SERVICES, MATERNAL CHILD HEALTH & RADIOLOGY. T HE CONSTRUCTION STARTED IN APRIL 2019, WITH THE ENTIRE PROJECT EXPECTED TO BE COMPLETED BY 2021 OBJECTIVE: BRING IN NEW TECHNOLOGY TO OFFER INCREASED SERVICES IN OUR COMMUNITY ACTI ON STEP: THE CONSTRUCTION PROJECT WILL INTRODUCE NEW & IMPROVED TOOLS. THESE NEW TOOLS WIL L HELP EXPAND THE SERVICES THE HOSPITAL WILL BE ABLE TO PROVIDE TO AREA PATIENTS. AMONG TH E TOOLS ARE A NEW SYSTEM FOR INTERVENTIONAL RADIOLOGY & CARDIOLOGY PROCEDURES, A NEW CT SC ANNER THAT OFFERS SHORTER SCAN TIMES & IMPROVED IMAGING & A NEW MRI MACHINE. OBJECTIVE: BR ING IN NEW EQUIPMENT TO OFFER INCREASED SERVICES TO AREA RESIDENTS ACTION STEP: CCH BROUGH T IN NEW EQUIPMENT AS PART OF ITS MULTIMILLION-DOLLAR CONSTRUCTION & RENOVATION PROJECT - CCH'S 2019 REMODEL OF THE CARDIOPULMONARY REHAB DEPARTMENT ALLOWED THE DEPARTMENT TO MOVE FROM THE 3RD FLOOR INTO 4,700 SQUARE FEET IN THE EAST ADDITION. THE MAIN AEROBIC GYM FEATU RES 9 TREADMILLS, INCLUDING ONES THAT DECREASE THE IMPACT ON JOINTS & OTHERS THAT OFFER TV & HEADPHONES FOR CUSTOM VIEWING. ADDITIONAL EQUIPMENT INCLUDES RECUMBENT CROSS-TRAINING M ACHINES, TOTAL-BODY RECUMBENT ELLIPTICALS, UPRIGHT & RECUMBENT BIKES, BIKES WITH AIR-RESIS TANCE TECHNOLOGY & CORE STICKS THAT HELP PROVIDE FUNCTIONAL TRAINING. THERE IS ALSO A WEIG HT AREA TO EXERCISE MAJOR MUSCLE GROUPS. OBJECTIVE: BRING IN NEW EQUIPMENT TO ALLOW PEOPLE TO STAY IN THE COMMUNITY FOR CARE ACTION STEP: CCH BROUGHT IN NEW STATE-OF-THE-ART EQUIPM ENT THAT WILL ALLOW IT TO EXPAND SURGICAL OFFERINGS IN THE COMMUNITY - CCH BECAME ONE OF T HE FIRST HOSPITALS IN THE AREA TO OFFER ROBOTIC-ARM ASSISTED TOTAL KNEE, PARTIAL KNEE & TO TAL HIP REPLACEMENTS WITH STRY

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
Schedule H, Part V, Line 11	KER'S MAKO ROBOTIC-ARM ASSISTED SURGERY SYSTEM. - CCH PURCHASED THE ACCLARENT TRUDI NAV SY STEM, AN ELECTROMAGNETIC NAVIGATION SYSTEM FOR EAR, NOSE & THROAT SURGERIES WHICH IS USED FOR ENDOSCOPIC SINUS SURGERY & OTHER TYPES OF ENT PROCEDURES. THE SYSTEM ENABLES CCH'S ENT S TO BETTER SERVE PATIENTS WITH SINUS DISEASE, ALLERGIES & NASAL POLYPS. OBJECTIVE: EXPAND CANCER CARE OFFERINGS IN THE COMMUNITY ACTION STEP: TO BETTER SERVE AREA RESIDENTS WHO HA VE BEEN DIAGNOSED WITH CANCER, CCH DEVELOPED A PATIENT NAVIGATION PROGRAM & CREATED THE PO SITIONS OF ONCOLOGY NURSE NAVIGATOR & ONCOLOGY SOCIAL WORKER. ADRIAN TASA, RN, BSN, OCN, W AS HIRED AS CCH'S FIRST ONCOLOGY NURSE NAVIGATOR & SHELBY CZARNICK, CMSW, LIMHP, WAS HIRED AS CCH'S FIRST ONCOLOGY SOCIAL WORKER. THESE POSITIONS WERE CREATED TO HELP BETTER EDUCAT E & PREPARE PATIENTS FOR CANCER TREATMENT. TASA & CZARNICK CONNECT WITH PATIENTS SOON AFTE R THEIR CANCER DIAGNOSIS & GUIDE THEM THROUGH THE ENTIRE PROCESS OF THEIR CANCER TREATMENT . IN 2019, JUDY PRIBNOW, LPN JOINED THE PROGRAM AS A PT ONCOLOGY NURSE NAVIGATOR. OBJECTIV E: RECRUIT QUALITY PHYSICIANS TO MEET THE GROWING NEEDS OF THE COMMUNITIES WE SERVE ACTION STEP: A TOTAL OF 6 PROVIDERS WERE SUCCESSFULLY RECRUITED. THIS INCLUDES FULL-TIME, MIDLEV EL & SATELLITE PROVIDERS IN AREAS SUCH AS PSYCHIATRY, ORTHOPEDICS & EMERGENCY MEDICINE. OB JECTIVE: ENHANCE HEALTH CARE OFFERINGS BY EXPANDING TELEHEALTH SERVICES ACTION STEP: CCH C ONTINUED TO OFFER THE TELESTROKE PROGRAM, E-MENTAL HEALTH TRIAGE & THE TELESTEWARDSHIP PRO GRAM. THESE PROGRAMS ALLOW CCH PATIENTS TO INTERACT WITH HEALTH SPECIALISTS IN LARGER COMM UNITIES. TELESTROKE ALLOWS CCH PATIENTS TO CONSULT WITH A NEBRASKA MEDICINE NEUROLOGIST WI THOUT HAVING TO LEAVE COLUMBUS. CCH ALSO HAS A PARTNERSHIP WITH BRYAN TELEMEDICINE TO OFFE R LOCAL PATIENTS AROUND-THE-CLOCK ACCESS TO A BOARD-CERTIFIED PSYCHIATRIST WITHOUT LEAVING THE HOSPITAL. THE SERVICE IS AVAILABLE TO ALL PATIENTS IN THE EMERGENCY DEPARTMENT(ED) & ACUTE CARE UNIT FOR EMERGENT OR FOLLOW-UP CONSULTATIONS. THROUGH THE PROGRAM, ATTENDING PH YSICIANS HAVE ACCESS TO A MOBILE TELEMEDICINE CART THAT CAN BE WHEELED INTO EACH PATIENT'S ROOM. ONCE INSIDE, A NURSE OR PHYSICIAN CONNECTS TO A BOARD-CERTIFIED PSYCHIATRIST FROM B RYAN TELEMEDICINE. OBJECTIVE: INCREASE ACCESS TO CANCER SCREENINGS ACTION STEP: CCH OFFERE D LOW-DOSE CT LUNG SCREENINGS TO QUALIFYING PATIENTS WHO WERE REFERRED BY THEIR DOCTOR. TH E SCREENINGS WERE OFFERED AT A REDUCED COST OF $250 EACH. CCH'S COLUMBUS ENT CLINIC HAS AL SO OFFERED ORAL, HEAD & NECK CANCER SCREENINGS. OBJECTIVE: MAKE THE EHEALTH LIBRARY ON THE CCH WEBSITE A GOOD RESOURCE FOR THE PUBLIC ACTION STEP: THE EHEALTH LIBRARY & THE CCH WEB SITE CONTINUE TO BE UPDATED WITH THE NEWEST INFORMATION ON SERVICE LINES & RESOURCES. IT C ONTINUES TO BE A REPUTABLE RESOURCE FOR ALL. OBJECTIVE: EXPAND THE VISITING PHYSICIANS CLI NIC TO INCREASE OFFICE HOURS AS WELL AS INCREASE PHYSICIAN RECRUITMENT FOR MULTIPLE SPECIA LTIES & LOCAL PRIMARY CARE CLI

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
Schedule H, Part V, Line 11	NICS ACTION STEP: CONTINUED PHYSICIAN RECRUITMENT & OFFERED INCREASED ACCESS TO THE VISITI NG PHYSICIAN'S CLINIC OBJECTIVE: BRING ADDITIONAL MEDICAL SERVICES TO THE COMMUNITY BY OPE NING OR ACQUIRING NEW CLINICS ACTION STEP: CCH JOINED FORCES WITH COLUMBUS ENT CLINIC TO P ROVIDE A WIDE RANGE OF HIGH-QUALITY & CLOSE-TO HOME ENT SERVICES TO COLUMBUS RESIDENTS. TH E CLINIC PROVIDES A FULL RANGE OF ENT SERVICES. CCH EXPANDED ITS SERVICES BY ACQUIRING COL UMBUS GENERAL SURGERY, A GENERAL SURGERY CLINIC THAT HAD BEEN IN THE COMMUNITY SINCE 1987. THE CLINIC OFFERS A VARIETY OF SURGICAL PROCEDURES IN THE FIELD OF GENERAL SURGERY, & TRE ATS GASTROINTESTINAL PATHOLOGY, BREAST PATHOLOGY, SKIN LESIONS, THYROID NODULES & VARICOSE VEINS. CCH ACQUIRED NORTH CENTRAL RADIOLOGY, A PRACTICE THAT HAD BEEN SERVING THE COMMUNI TY FOR MORE THAN 40 YEARS. THE RADIOLOGISTS INTERPRET X-RAY, CT, MRI, PET, MAMMOGRAPHY, UL TRASOUND, FLUOROSCOPY, BONE DENSITY & NUCLEAR MEDICINE EXAMS, AMONG OTHER MEDICAL IMAGING. CCH THEN OPENED COLUMBUS PLASTIC SURGERY. THE CLINIC WAS THE FIRST PLASTIC SURGERY CLINIC TO BE ESTABLISHED IN COLUMBUS. IT OFFERS THE SERVICES OF DR. SANJAY MUKERJI WHO IS BOARD- CERTIFIED IN PLASTIC SURGERY & HAS BEEN IN PRACTICE FOR MORE THAN 20 YEARS. CCH ALSO OPENE D THE COLUMBUS PSYCHIATRY CLINIC, THE ONLY FULL-TIME, LOCALLY BASED PSYCHIATRY CLINIC IN C OLUMBUS. THE CLINIC OFFERS THE SERVICES OF VENKATA KOLLI, MBBS, WHO IS BOARD-CERTIFIED IN ADULT PSYCHIATRY & CHILD & ADOLESCENT PSYCHIATRY. OBJECTIVE: INCREASE ACCESS TO THE HOSPIT AL FOR PATIENTS WHO HAVE TROUBLE WALKING ACTION STEP: CCH INTRODUCED VIP: VERY IMPORTANT P ATIENT VALET PARKING. IT IS OFFERED TO PATIENTS & FAMILIES AT NO COST. THE SERVICE IS INTE NDED TO PROVIDE PATIENTS & OTHER VISITORS WITH A QUICK ENTRANCE TO THE HOSPITAL TO IMPROVE THEIR EXPERIENCE AT CCH. OBJECTIVE: INCREASE ACCESS TO HEALTH CARE TRAINING ACTION STEP: CCH STARTED OFFERING STOP THE BLEED, A NATIONAL PROGRAM THAT TEACHES MEMBERS OF THE PUBLIC HOW TO CONTROL MASSIVE BLEEDING USING DRESSINGS, TOURNIQUETS & THEIR OWN HANDS. UNCONTROL LED BLEEDING CAN CAUSE DEATH WITHIN MINUTES. IN SITUATIONS WHEN EMERGENCY RESPONSE IS DELA YED, SUCH AS NATURAL DISASTERS, ACTIVE SHOOTER SITUATIONS OR EXPLOSIVE EVENTS, IT BECOMES PARTICULARLY IMPORTANT FOR EVERYDAY CITIZENS TO KNOW HOW TO STOP BLEEDING. OBJECTIVE: WORK TO CONTINUALLY IMPROVE PATIENT'S ACCESS TO HEALTH CARE & THE QUALITY OF HEALTH CARE THEY RECEIVE ACTION STEP: CCH CONTINUED TO USE A PATIENT-CENTERED METHODOLOGY CALLED LEAN HEALT HCARE. THE ULTIMATE GOAL BEHIND LEAN IS TO ELIMINATE WASTE, IMPROVE PROCESSES & INCREASE O VERALL PATIENT SATISFACTION. CCH HAS BEEN WORKING TO CREATE A CULTURE SURROUNDING THESE SI MPLE GOALS. EMPLOYEES ARE ENCOURAGED TO TAKE PART IN THE PRACTICE & SHARE ANY IDEAS THEY H AVE TO IMPROVE QUALITY OF CARE IN THE FACILITY. THE HOPE IS TO IMPROVE PATIENT CARE, PATIE NT SATISFACTION, STAFF SATISFACTION & REGULATORY COMPLIANCE, AS WELL AS REDUCE INVENTORY, COSTS, MORTALITY RATES & MORBI

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
Schedule H, Part V, Line 16A	HTTPS://WWW.COLUMBUSHOSP.ORG/FOR_PATIENTS_VISITORS/PATIENTS_FINANCIAL_INFO RMATION/FINANCIAL_CHARITY_ASSISTANCE_PROGRAM.ASPX SCHEDULE H, PART V, LINE 16B HTTPS://WWW.COLUMBUSHOSP.ORG/SITES/WWW/UPLOADS/CHARITY-FINANCIAL%20ASSISTA NCE%20APPLICATION% 20-%20ENGLISH.PDF SCHEDULE H, PART V, LINE 16C HTTPS://WWW.COLUMBUSHOSP.ORG/SITES/WWW/UPLOADS/FILES/CCHFINANCIALASSISTANC EPOLICYSUMMARY.PDF

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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	Premier Physical Therapy of CCH US 30 Center Bldg 3100-23rd St St Columbus, NE 686013161	Outpatient Physical Therapy SPORTS TRAINING SERVICES
1	Wiggles & Giggles Therapy for Kids 3912 38th Street Suite B Columbus, NE 686015100	Pediatric Therapy Services
2	Occupational Health Services of CCH 3005-19th St Suite 300 Columbus, NE 686014252	Emp Health Care Svcs to Prevent & Treat Work Injuries
3	Wound Healing Center 4600-38th St Suite 165 Columbus, NE 68601	Wound Treatment Center
4	Humphrey Clinic of CCH 3003 Main Street Humphrey, NE 686423155	Clinic in small town to offer medical services to residents
5	Hospice of Columbus Community Hospital 3005-19th St Suite 600 Columbus, NE 686014248	Hospice Services
6	Columbus Psychiatry Clinic 4508 38th St Suite 165 Columbus, NE 68601	Free Standing Clinic
7	Home Health of Columbus Community Hosp 3005-16th St Suite 600 Columbus, NE 686014248	Home Health Services
8	Columbus Orthopedic & Sports Med Clinic 4508 38th St Suite 133 Columbus, NE 686011668	Free Standing Clinic
9	Rehabilitative Services 3912 38th Street Suite B Columbus, NE 686015100	Outpatient Physical Therapy, Occupational Therapy and Speech Therapy
10	Columbus Otolaryngology Clinic 4508 38th St Suite 152 Columbus, NE 68601	Free Standing Clinic
11	Columbus General Surgery 4508 38th St Suite 250 Columbus, NE 68601	Free Standing Clinic
12	Columbus Plastic Surgery 4508 38th St Suite 165 Columbus, NE 68601	Free Standing Clinic

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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

Name of the organization
Columbus Community Hospital Inc

Employer identification number
47-0542043

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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) Columbus Community Hospital Foundation 4600 38th Street Columbus, NE 68601	47-0836747	501(c)(3)	239,293				Program Support

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

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

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) Charity Care to Patients	683		1,348,323	Book	write-off of med exp
(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
Schedule I, Part I, Line 2	Columbus Community Hospital does not typically give out donations, but occasionally a request is brought forward and the Board determines that it is in the best interest of the community to provide a particular grant. Prior to providing the grant, the Hospital determines that the organization it gives to is a 501(C)(3) organization or a government agency. The Hospital will also make grants to these related organizations as necessary to support their exempt purpose.

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Schedule J (Form 990)

Compensation Information

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Columbus Community Hospital Inc

Employer identification number
47-0542043

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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.

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a	The Organization paid for social and health club dues as part of the CEO's employment agreement. These amounts were reflected on the CEO's W-2.
Schedule J, Part I, Line 4b	The following reportable individuals participated in a supplemental nonqualified retirement plan during the 2019 calendar year. Amounts deferred from the plan were included in Column C of the Schedule J: Michael Hansen - $46,428 Amy Blaser - $14,647 Scott Messersmith - $13,916 Chad Van Cleave - $15,866
Schedule J, Part I, Line 4c	The Hospital's Executive Compensation Committee, made up of independent Hospital Board members, reviews the CEO's compensation annually. The wage range is compared to information provided by third party consultants. Decisions are documented.
Schedule J, Part I, Line 6a	With the assistance of Towers-Watson, executive compensation consultants, the Board authorized paying an incentive to the executives for meeting specific Board-Established Directives. The Board authorized paying up to 25% of base compensation for Michael Hansen and up to 20% for the following VPs: - Dorothy Bybee - Amy Blaser - Chad Van Cleave - Scott Messersmith The incentive is based on goals established by the Board which are now reviewed annually. One of the goals is the Hospital's operating margin. The Board determines the associated metrics for each individual goal. Each of the goals is then assigned a weight based on the level of importance, as determined by the Board. The results are entered and the metric is tabulated. That number is multiplied by the corresponding weight. Once weighted, the figures are added in total to establish a score between 1 and 5. No incentive is paid if the Hospital?s operating margin falls below 7.0%, regardless of the outcomes of the other measures. Any physician bonuses are based on productivity. The incentives were paid in this fiscal year for work done in the previous fiscal year. The bonuses paid were: - Michael Hansen - $54,751 - Edward Fehringer, M.D. - $65,421 - Dustin Volkmer - $69,625 - Amy Blaser - $15,783 - Chad Van Cleave - $17,867 - Scott Messersmith - $15,671 - Dorothy Bybee - $18,258 - Anthony Krueger, M.D. - $83,707 - Matthew Pieper, M.D. - $90,785 - Myron Morse, M.D. - $14,240 - Jeremy Albin, M.D. - $5,118 - Ronald Ernst, M.D. - $17,080 - Brandon Borer, M.D. - $81,855

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Amy Blaser VP Business Development	(i)	173,930	15,783	7,588	22,959	34,254	254,514	0
	(ii)	0	0	0	0	0	0	0
1Chad Van Cleave VP Finance	(i)	181,750	17,867	6,670	24,136	34,512	264,935	0
	(ii)	0	0	0	0	0	0	0
2Scott Messersmith VP Operations	(i)	162,136	15,671	9,537	21,164	34,239	242,747	0
	(ii)	0	0	0	0	0	0	0
3Dorothy Bybee VP Nursing	(i)	193,450	18,258	0	8,316	34,366	254,390	0
	(ii)	0	0	0	0	0	0	0
4Michael Hansen President/CEO/Secretary	(i)	442,174	54,751	288,583	57,628	36,011	879,147	269,583
	(ii)	0	0	0	0	0	0	0
5Edward Fehringer MD Physician	(i)	565,687	65,421	19,000	11,200	33,203	694,511	0
	(ii)	0	0	0	0	0	0	0
6Richard Cimpl MD Physician	(i)	590,339	0	19,000	11,200	35,822	656,361	0
	(ii)	0	0	0	0	0	0	0
7John Beauvais MD Physician	(i)	615,825	0	19,000	4,885	27,587	667,297	0
	(ii)	0	0	0	0	0	0	0
8Anthony Krueger MD Physician	(i)	511,699	83,707	9,350	6,576	27,587	638,919	0
	(ii)	0	0	0	0	0	0	0
9Matthew Pieper MD Physician	(i)	506,179	90,786	19,000	6,524	27,587	650,076	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Columbus Community Hospital Inc

Employer identification number
47-0542043

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	The Form 990 will be available for all the Members of the Finance Committee to review. Upo n Committee review, the 990 will then be submitted to the full Board for review and the Bo ard will make any corrections if applicable.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	Columbus Community Hospital monitors any conflict of interest based on their Conflict of I nterest Policy. Employees and Volunteers are required to fully disclose any conflict of in terest that may exist or appears to exist. Columbus Community Hospital reviews these confl icts and works with the Vice President or CEO to determine if a conflict exists. If one do es exist, the Hospital initiates actions to manage, reduce, or eliminate the conflict.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a	The Hospital's Executive Compensation Committee, made up of independent Hospital Board Mem bers, reviews the CEO's compensation annually. The wage range is compared to information p rovided by third party consultants. Decisions are documented.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b	The Hospital's CEO and Director of Human Resources, review the VP's and other highly compe nsated employee's compensation annually. The wage range is compared to information provide d by third party consultants. Decisions are documented.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	At Columbus Community Hospital, a 3-ring binder exists in the Executive Assistant's office labeled for public disclosure which includes the most current of the following: A) Govern ing Documents which are the Hospital's Bylaws B) Conflict of Interest Policy C) Audited Fi nancial Statements D) Forms 990 and 990-T

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes: A) HealthPark, LLC separate 990 income - ($48,834)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ 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
Columbus Community Hospital Inc

Employer identification number
47-0542043

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Columbus Community Hospital Foundation 4600 38th Street Columbus, NE 68601 47-0836747	Fundraising	NE	501(C)(3)	Line 12, I	CCH	Yes	
(2) Healthpark Title Company 4600 38th Street Columbus, NE 68601 47-0830945	Holding Co	NE	501(C)(2)	N/A	CCH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ZARZ LLC PO Box 1800 Columbus, NE 68602 27-3676428	Property Mgmt	NE	Hlthpk Title Co	RELATED	0	0		No	0	Yes		1.000 %
(2) HealthPark LLC PO Box 1800 Columbus, NE 68602 47-0836733	Property Mgmt	NE	Hlthpk Title Co	RELATED	0	0		No	0	Yes		22.759 %

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	(i) No
(1)PLATTE VALLEY PHYSICIAN ORG PO Box 1800 Columbus, NE 68602 47-0790385	Health Admin	NE	CCH	nonprofit corp	1,200	7,738	100.000 %	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.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Columbus Community Hospital Foundation	b	239,293	Cash
(2) Columbus Community Hospital Foundation	c	3,938,800	Cash
(3) Healthpark Title Company	k	23,761	book

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation