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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
625 EDEN PARK DRIVE 7TH FLOOR  
  
City or town, state or province, country, and ZIP or foreign postal code  
CINCINNATI, OH 45202

D Employer identification number  
  
31-0650283  
  
E Telephone number  
  
(513) 524-5310  
  
G Gross receipts \$ 56,484,307

F Name and address of principal officer:  
MARK CLEMENT  
625 EDEN PARK DRIVE 7TH FLOOR  
CINCINNATI, OH 45202

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.MHMH.ORG

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

L Year of formation: 1953

M State of legal domicile:  
OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
ACUTE CARE HOSPITAL DELIVERING QUALITY SERVICES TO OUR PATIENTS AND 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 10

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 5

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 408

6 Total number of volunteers (estimate if necessary) . . . . . 6 200

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

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

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 29,200

9 Program service revenue (Part VIII, line 2g) . . . . . 9 51,991,597

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 -92,908

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 1,654,234

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 53,582,123

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 32,320

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 24,472,483

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

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 30,977,799

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 55,482,602

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 -1,900,479

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 66,420,098

21 Total liabilities (Part X, line 26) . . . . . 21 34,444,884

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 31,975,214

Part II Signature Block

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

Sign Here

Signature of officer  
MICHAEL CROFTON VP-FINANCE  
Type or print name and title

2021-05-13  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ DELOITTE TAX LLP  
Firm's address ▶ 250 EAST FIFTH STREET SUITE 1900  
CINCINNATI, OH 45202

Preparer's signature  
Firm's EIN ▶ 86-1065772  
Phone no. (513) 784-7100

Date  
PTIN P00741382

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

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

ACUTE CARE HOSPITAL FACILITY DELIVERING QUALITY SERVICES TO OUR PATIENTS AND 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.

<b>4a</b>	(Code: ) (Expenses \$ 49,801,030 including grants of \$ 32,320 ) (Revenue \$ 53,230,226 )
	See Additional Data

<b>4b</b>	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4c</b>	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses</b> ▶ 49,801,030
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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 	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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 	<b>4</b> Yes	
<b>5</b> 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 	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	<b>20b</b> Yes	
<b>21</b> 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 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>22</b>	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 . . . . .	<b>22</b>	No
<b>23</b>	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 . . . . .	<b>23</b>	Yes
<b>24a</b>	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 . . . . .	<b>24a</b>	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	<b>25a</b>	No
<b>b</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 . . . . .	<b>25b</b>	No
<b>26</b>	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 . . . . .	<b>26</b>	No
<b>27</b>	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 . . . . .	<b>27</b>	No
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	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 . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	No
<b>33</b>	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 . . . . .	<b>33</b>	No
<b>34</b>	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 . . . . .	<b>34</b>	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes
<b>b</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 . . . . .	<b>35b</b>	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	No
<b>37</b>	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 . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	98
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

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

Form **990** (2019)

**Part VI**

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.	10	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	5	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
<b>3</b>	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?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
<b>13</b>	Did the organization have a written whistleblower policy?	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy?	Yes	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official		No
<b>b</b>	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
<b>b</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?		

**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:  
 ▶MICHAEL CROFTON 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 (513) 569-6577

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) ALAN OAK CHAIRPERSON	1.00 ..... 1.00	X		X				0	0	0
(2) ROB CERCEK VICE CHAIR (END 10/19)	1.00 ..... 60.00	X		X				0	643,972	129,240
(3) MICHAEL CROFTON DIRECTOR	1.00 ..... 60.00	X						0	366,377	113,843
(4) HILLARY EVANS MD DIRECTOR	1.00 ..... 1.00	X						0	0	0
(5) MYRTIS POWELL DIRECTOR	1.00 ..... 1.00	X						0	0	0
(6) MARK CLEMENT DIRECTOR	1.00 ..... 60.00	X						0	1,481,585	346,875
(7) KEVIN JOSEPH MD DIRECTOR	1.00 ..... 60.00	X						0	692,349	157,176
(8) JAMES FORMAL TREASURER (END 6/20)	1.00 ..... 1.00	X		X				0	0	0
(9) STEVE SNYDER DIRECTOR (START 7/19)	1.00 ..... 0.00	X						0	0	0
(10) STEVE GRACEY SECRETARY (START 7/19)	1.00 ..... 60.00	X		X				0	534,649	141,312
(11) JOHN WARD TRUSTEE (START 12/19)	1.00 ..... 60.00	X						0	530,464	157,847
(12) PAM COLLINS CHIEF PATIENT SVCS OFFICER	60.00 ..... 0.00				X			0	207,449	49,981
(13) MICHAEL EVERETT PRESIDENT-MHMH	30.00 ..... 30.00				X			0	172,152	23,213
(14) GREGORY CALKINS MD PHYSICIAN	60.00 ..... 0.00					X		159,648	0	28,493
(15) SHARON HANCOCK SITE DIRECTOR - HR	60.00 ..... 0.00					X		167,323	0	14,439
(16) STEVEN VORDENBERG PHYSICIAN ASSISTANT	60.00 ..... 0.00					X		137,389	0	14,255
(17) NATHAN SIMMONS DIRECTOR-PHARMACY SERVICES	60.00 ..... 0.00					X		156,377	0	16,016

## Part VII

(A)

**(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

(18) CHARLENE BAKE	60.00					X		116,941	0	3,981
CHARGE NURSE	0.00									
(19) GAIL DONOVAN	0.00						X	0	903,818	199,356
FORMER OFFICER	0.00									

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	737,678	5,532,815	1,396,027

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000

**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 . . . . .

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 . . . . .

**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 . . . . .

## Section B. Independent Contractors

**L** 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)	(B)	(C)
Name and business address	Description of services	Compensation

Name and business address	Description of services	Compensation
TRIHEALTH INC 625 EDEN PARK DRIVE CINCINNATI, OH 45202	FACILITY MANAGEMENT	769,922
CATHOLIC HEALTH INITIATIVES 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	CLINICAL MAINTENANCE	760,608
SEVEN HILLS ANESTHESIA 4030 SMITH ROAD CINCINNATI, OH 45209	ANESTHESIA SERVICES	458,014
WESTERN OHIO ANESTHESIA ASSOCIATES 110 N POPLAR STREET OXFORD, OH 45056	ANESTHESIA SERVICES	369,445
SHIFTWISE INC 1800 SW 1ST AVE SUITE 510 PORTLAND, OR 97201	MEDICAL STAFFING	162,460

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 ► 11



Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII . . . . . <input type="checkbox"/>						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	29,200			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f . . . . . ▶		29,200			
Program Service Revenue	Business Code					
	2a PATIENT SERVICES	900099	51,190,767	51,190,767		
	b MANAGEMENT REVENUE	900099	532,235	532,235		
	c AFFILIATED RENTAL REV.	531120	268,595		268,595	
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f. . . . . ▶		51,991,597			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		224,513		224,513	
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
	6a Gross rents	(i) Real	(ii) Personal			
		6a	367,217			
		b Less: rental expenses	6b	205,077		
		c Rental income or (loss)	6c	162,140		
	d Net rental income or (loss) . . . . . ▶		162,140		162,140	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	2,371,919	7,767		
		b Less: cost or other basis and sales expenses	7b	2,697,107	0	
		c Gain or (loss)	7c	-325,188	7,767	
	d Net gain or (loss) . . . . . ▶		-317,421		-317,421	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a			
	b Less: direct expenses . . . . .		8b			
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a			
	b Less: direct expenses . . . . .		9b			
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . .		10a			
b Less: cost of goods sold . .		10b				
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a CARES ACT FUNDING		900099	1,184,977	1,184,977		
b CAFETERIA/VENDING		722210	253,465		253,465	
c WELLNESS CENTER		900099	39,162	39,162		
d All other revenue . . . . .			14,490	14,490		
e Total. Add lines 11a-11d . . . . . ▶			1,492,094			
12 Total revenue. See instructions . . . . . ▶			53,582,123	52,961,631	0	
					591,292	
Form 990 (2019)						

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	32,320	32,320		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	19,468,191	19,386,239	81,952	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	178,118	177,031	1,087	
<b>9</b> Other employee benefits . . . . .	3,539,092	3,360,312	178,780	
<b>10</b> Payroll taxes . . . . .	1,287,082	1,282,001	5,081	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	901,833		901,833	
<b>b</b> Legal . . . . .	302,618		302,618	
<b>c</b> Accounting . . . . .	31,470		31,470	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	17,734		17,734	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,961,009	4,961,009		
<b>12</b> Advertising and promotion . . . . .	160,490	26,398	134,092	
<b>13</b> Office expenses . . . . .	857,476	845,579	11,897	
<b>14</b> Information technology . . . . .	1,391,357	1,390,211	1,146	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	1,540,391	1,540,391		
<b>17</b> Travel . . . . .	32,429	32,403	26	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	23,384	23,134	250	
<b>20</b> Interest . . . . .	440,547		440,547	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	5,926,908	2,366,872	3,560,036	
<b>23</b> Insurance . . . . .	235,028	235,028		
<b>24</b> 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.)				
<b>a</b> MEDICAL/DIETARY SUPPLY	11,715,680	11,715,420	260	
<b>b</b> OHIO HOSPITAL TAX	1,136,145	1,136,145		
<b>c</b> EQUIPMENT	1,097,895	1,097,895		
<b>d</b> DUES AND SUBSCRIPTIONS	157,219	144,456	12,763	
<b>e</b> All other expenses	48,186	48,186		
<b>25</b> Total functional expenses. Add lines 1 through 24e	55,482,602	49,801,030	5,681,572	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance 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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		2,477	<b>1</b>	2,475
	<b>2</b>	Savings and temporary cash investments . . . . .		8,049,175	<b>2</b>	10,527,925
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		5,952,683	<b>4</b>	4,604,144
	<b>5</b>	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 . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		78,829	<b>7</b>	174,791
	<b>8</b>	Inventories for sale or use . . . . .		1,396,815	<b>8</b>	1,411,857
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		490,174	<b>9</b>	60,927
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	62,946,195		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	26,414,278		
				39,623,386	<b>10c</b>	36,531,917
	<b>11</b>	Investments—publicly traded securities . . . . .		4,803,925	<b>11</b>	10,653,778
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	1,590,594
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		411,563	<b>15</b>	861,690	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		60,809,027	<b>16</b>	66,420,098	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		3,367,580	<b>17</b>	3,919,677
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	9,154,333
	<b>20</b>	Tax-exempt bond liabilities . . . . .		9,320,000	<b>20</b>	0
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	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 . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		6,118,942	<b>23</b>	1,466,974
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	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		4,066,380	<b>25</b>	19,903,900
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		22,872,902	<b>26</b>	34,444,884	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		37,913,020	<b>27</b>	31,951,971
	<b>28</b>	Net assets with donor restrictions . . . . .		23,105	<b>28</b>	23,243
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		37,936,125	<b>32</b>	31,975,214
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		60,809,027	<b>33</b>	66,420,098	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	53,582,123
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,482,602
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-1,900,479
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	37,936,125
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-94,021
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,966,411
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	31,975,214

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-0650283  
**Name:** MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Form 990 (2019)

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## Form 990, Part III, Line 4a:

SURGERY - THIS SERVICE IS COMPRISED OF SURGERY AND MINOR PROCEDURES. TOTAL VOLUME WAS 1,476 CONSISTING OF IP CARE (29%) AND OUTPATIENT CARE (71%).PHARMACY - THIS SERVICE CONSISTS OF CARE PROVIDED TO INPATIENTS (15%) AND OUTPATIENTS (85%). OUTPATIENT CARE INCLUDES A MAJOR PROGRAM FOR ONCOLOGY TREATMENT.INPATIENT CARE - INPATIENT VOLUME CONSISTED OF 1,849 DISCHARGES AND 5,213 PATIENT DAYS WITH AN AVERAGE LENGTH OF STAY OF 2.82 DAYS. BIRTHS TOTALED 390 AND A TOTAL OF 626 OBSERVATION DAYS OF SERVICE.FOR ADDITIONAL INFORMATION PLEASE SEE SCHEDULE H.

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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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Employer identification number  
31-0650283

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	<b>Total.</b> 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	<b>Public support.</b> 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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .					15	
16a	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
17a	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
b	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>						
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>						

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1		<input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-0650283

**Name:** MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Schedule A (Form 990 or 990-EZ) 2019

Page **8**

**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**

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](http://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 MCCULLOUGH-HYDE MEMORIAL HOSPITAL INCORPORATED	Employer identification number 31-0650283
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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)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)		(b)
		Yes	No	Amount
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		1,003
<b>j</b>	Total. Add lines 1c through 1i .....			1,003
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b>	Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b>	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? .....	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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
PART II-B, LINE 1:	DURING THE TAX YEAR, MCCULLOUGH-HYDE MEMORIAL HOSPITAL PAID ANNUAL MEMBERSHIP DUES TO VARIOUS NATIONAL, STATE AND LOCAL ORGANIZATIONS, A PORTION OF WHICH RELATED TO LOBBYING ACTIVITIES.



SCHEDULE D

(Form 990)

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](http://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  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Employer identification number  
31-0650283

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .

☐ Yes ☐ No

Part II Conservation Easements.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☐ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

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

a

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

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

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 . . . . .		7,548,410		7,548,410
b Buildings . . . . .		26,602,831	6,473,097	20,129,734
c Leasehold improvements		2,276,754	1,740,296	536,458
d Equipment . . . . .		25,459,503	17,944,282	7,515,221
e Other . . . . .		1,058,697	256,603	802,094
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				36,531,917

Schedule D (Form 990) 2019

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED THIRD PARTY SETTLEMENTS	137,199
(3) ACCRUED MALPRACTICE LIABILITY	422,432
(4) ACCRUED EIB	998,777
(5) SECURITY DEPOSITS	19,327
(6) DUE TO RELATED ORGANIZATION	18,156,382
(7) ACCCRUED WORKERS COMPENSATION	169,783
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	19,903,900

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.

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

**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.

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

**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:** 31-0650283  
**Name:** MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2:	THE FINANCIAL STATEMENTS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL ARE AUDITED AS PART OF TRIHEALTH AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH"). FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE AUDITED COMBINED FINANCIAL STATEMENTS OF TRIHEALTH THAT REPORTS ITS AND ITS SUBSIDIARIES AND AFFILIATES LIABILITY, IF APPLICABLE, FOR CERTAIN TAX POSITIONS UNDER ASC 740-10-25: TRIHEALTH COMPLETED AN ANALYSIS OF UNCERTAIN TAX POSITIONS AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AT JUNE 30, 2020 OR 2019.

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Employer identification number  
31-0650283

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	1a Yes	
b If "Yes," was it a written policy? . . . . .	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible 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) . . . . .			708,815	954,758	0	0 %
b Medicaid (from Worksheet 3, column a) . . . . .			8,853,268	4,309,344	4,543,924	8.190 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			9,562,083	5,264,102	4,543,924	8.190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			35,000	0	35,000	0.060 %
f Health professions education (from Worksheet 5) . . . . .						
g Subsidized health services (from Worksheet 6) . . . . .			17,916	0	17,916	0.030 %
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			22,500	0	22,500	0.040 %
j Total. Other Benefits . . . . .			75,416		75,416	0.130 %
k Total. Add lines 7d and 7j . . . . .			9,637,499	5,264,102	4,619,340	8.320 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		
	4,030,942		
<b>3</b> 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. . . . .	<b>3</b>		
	0		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	11,698,802
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	12,477,989
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-779,187
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes
<b>b</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 . . . . .	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures**

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



**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)  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**1****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C, PAGE 7</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V, SECTION C, PAGE 7</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)

MCCULLOUGH-HYDE MEMORIAL HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.00000000000000 % and FPG family income limit for eligibility for discounted care of 300.00000000000000 %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> 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? 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):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTP://WWW.TRIHEALTH.COM/TOOLS/PAY-YOUR-BILL/FINANCIAL-ASSISTANCE/		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTP://WWW.TRIHEALTH.COM/TOOLS/PAY-YOUR-BILL/FINANCIAL-ASSISTANCE/		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTP://WWW.TRIHEALTH.COM/TOOLS/PAY-YOUR-BILL/FINANCIAL-ASSISTANCE/		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group**

	Yes	No
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

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

MCCULLOUGH-HYDE MEMORIAL HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No



**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **5**

Name and address	Type of Facility (describe)
<b>1</b> 1 - MCCULLOUGH-HYDE MEDICAL BUILDING 5151 MORNING SUN ROAD OXFORD, OH 45056	PHYSICAL THERAPY
<b>2</b> 2 - MCCULLOUGH-HYDE MEDICAL BUILDING 10058 COOLEY ROAD BROOKVILLE, IN 47012	OUTPATIENT
<b>3</b> 3 - MCCULLOUGH-HYDE PT & REHAB 1390 EATON ROAD HAMILTON, OH 45013	PHYSICAL THERAPY
<b>4</b> 4 - MCCULLOUGH-HYDE OUTPATIENT SERVICES 2449 ROSS-MILLVILLE ROAD HAMILTON, OH 45013	OUTPATIENT, URGENT CARE, PT
<b>5</b> 5 - MCCULLOUGH-HYDE OUTPATIENT SERVICES 79 W CENTRAL AVENUE CAMDEN, OH 45311	OUTPATIENT
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information.

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C:	MCCULLOUGH-HYDE MEMORIAL HOSPITAL UTILIZES THE FEDERAL POVERTY GUIDELINES ("FPG") IN DETERMINING CHARITY CARE ELIGIBILITY. SEE THE RESPONSES TO PART I, LINES 3A AND 3B. AN INDIVIDUAL'S INCOME UNDER THE FPG IS A SIGNIFICANT FACTOR IN DETERMINING ELIGIBILITY FOR CHARITY CARE. ADDITIONALLY, AN INDIVIDUAL'S INCOME IN RELATION TO HIS/HER MEDICAL EXPENSES IS ALSO TAKEN INTO ACCOUNT AND SUCH A PATIENT MAY BE EXTENDED DISCOUNTED OR FREE CARE BASED UPON THE FACTS AND CIRCUMSTANCES. FINALLY, MCCULLOUGH-HYDE MEMORIAL HOSPITAL PROVIDES DISCOUNTED CARE AT SELECT CLINICS.
PART I, LINE 6A:	IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC. FORMED A PARTNERSHIP CALLED TRIHEALTH, INC TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION. IN 2015, TRIHEALTH PURCHASED A 60% INTEREST IN MCCULLOUGH-HYDE MEMORIAL HOSPITAL TO SUPPORT ITS MISSION. THE COMMUNITY BENEFIT PROVIDED BY MCCULLOUGH-HYDE MEMORIAL HOSPITAL IS TRACKED ON A STANDALONE BASIS; HOWEVER, ITS COMMUNITY BENEFIT IS REPORTED IN A REPORT PREPARED BY TRIHEALTH IN COMBINATION WITH ITS RELATED HOSPITALS - BETHESDA HOSPITAL, INC., THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND TRIHEALTH HOSPITAL, INC.



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7:	MCCULLOUGH-HYDE MEMORIAL HOSPITAL UTILIZED WORKSHEET 2 - RATIO OF PATIENT CARE COST-TO-CHARGES, WHICH WAS PROVIDED IN THE INSTRUCTIONS TO SCHEDULE H, TO CALCULATE THE COST-TO-CHARGE RATIO.
PART I, LN 7 COL(F):	BAD DEBT EXPENSE IS NOT INCLUDED ON FORM 990, PART IX, LINE 25. IT IS PRESENTED ON FORM 990, PART VIII, LINE 2 AS A DEDUCTION FROM PATIENT SERVICE REVENUE WHICH CORRESPONDS TO ITS FINANCIAL STATEMENT PRESENTATION. SEE RESPONSE TO PART III, LINE 4. THEREFORE, NO ADJUSTMENT TO TOTAL EXPENSES SHOWN ON FORM 990, PART IX, LINE 25 IS NECESSARY.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	MHMH PROMOTES HEALTH AND WELL-BEING IN OUR COMMUNITY IN NUMEROUS WAYS NOT LISTED IN THE COMMUNITY EVENTS AND PROGRAMS SECTION OF THE FORM 990. EXAMPLES INCLUDE:1) MHMH HELPED PROMOTE WELLNESS BY PROVIDING MEETING SPACE TO THE INFANT/CHILD LOSS BEREAVEMENT SUPPORT GROUP AND FIBROMYALGIA SUPPORT GROUP.2) MHMH ASSISTED OUR LOCAL SCHOOL DISTRICT WITH IDENTIFIED HEALTH/WELLNESS NEEDS. 3) MHMH PROVIDED OFFICE SPACE AND MEETING SPACE FOR THE OXFORD COLLEGE CORNER CLINIC, WHICH IS A CLINIC THAT PROVIDES FREE HEALTH CARE TO THE UNINSURED AND UNDERINSURED ADULTS IN OUR COMMUNITY.4) MHMH HELPED FUND THE INSTALLATION OF A PLAYGROUND AT LEONARD HOWELL PARK IN OXFORD, OHIO.
PART III, LINE 2:	SEE PART VI RESPONSE TO PART III, LINE 4.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 3:	SEE PART VI RESPONSE TO PART III, LINE 4.
PART III, LINE 4:	<p>MCCULLOUGH-HYDE MEMORIAL HOSPITAL'S FINANCIAL STATEMENTS ARE AUDITED AS PART OF THE TRIHEALTH AUDIT REPORT AND AS SUCH FOLLOWING IS THAT REPORT'S FOOTNOTE. PATIENT SERVICE REVENUE AND OTHER OPERATING REVENUE (PART OF FOOTNOTE B - PAGES 20-23) PLEASE NOTE THAT UNDER ACCOUNTING STANDARDS UPDATE NO. 2014-09, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606), WHICH TRIHEALTH ADOPTED DURING THE FISCAL YEAR, BAD DEBT IS CONSIDERED AN "IMPLICIT PRICE CONCESSION AND IS NOT DISTINGUISHED FROM A CONTRACTUAL ADJUSTMENT UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND THEREFORE THERE IS NO LONGER A SPECIFIC DISCLOSURE FOR BAD DEBT IN THE CURRENT YEAR AUDIT REPORT. AS FOR THE AMOUNT OF BAD DEBT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY, MCCULLOUGH-HYDE MEMORIAL HOSPITAL DOES NOT REPORT ACTUAL BAD DEBT EXPENSE AS COMMUNITY BENEFIT. IF UPON FURTHER RESEARCH, IT IS ULTIMATELY DETERMINED THAT A PORTION OF BAD DEBT EXPENSE IS ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER TRIHEALTH'S CHARITY CARE POLICY, THOSE COSTS WOULD BE RECLASSIFIED, AS APPROPRIATE, TO COMMUNITY BENEFIT AT THAT TIME. PLEASE NOTE THAT BAD DEBT EXPENSE IS NOT DETERMINED UNTIL AFTER ALL DISCOUNTS AND ANY ASSOCIATED PAYMENTS ARE TAKEN INTO ACCOUNT. IF ANY PAYMENTS ARE RECEIVED AFTER A PATIENT ACCOUNT IS DETERMINED TO BE BAD DEBT, THE ACCOUNT WILL BE ADJUSTED ACCORDINGLY AT THAT TIME.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	AS OF THE FILING OF THIS RETURN, MCCULLOUGH-HYDE MEMORIAL HOSPITAL, AS PART OF TRIHEALTH, INC., MAINTAINS A WRITTEN DEBT COLLECTION POLICY. TRIHEALTH, INC., WHO PERFORMS THE BILLING SERVICES FOR ALL AFFILIATED HOSPITALS, WILL NOT INITIATE COLLECTION PRACTICES ON PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. BEFORE COLLECTION ACTIONS ARE TAKEN, TRIHEALTH, INC. WILL MAKE REASONABLE EFFORTS, GENERALLY AS EARLY IN THE BILLING PROCESS AS POSSIBLE, TO DETERMINE WHETHER A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE. AFTER SUCH EFFORTS HAVE BEEN MADE AND A BALANCE REMAINS THAT IS THE RESPONSIBILITY OF THE PATIENT OR GUARANTOR, TRIHEALTH, INC. MAY PURSUE, IN ITS SOLE DISCRETION, WHATEVER ACTIONS IT MAY BE ENTITLED TO TAKE UNDER LAW.
PART VI, LINE 2:	MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") PARTICIPATED IN A PROCESS OF COMMUNITY HEALTH NEEDS ASSESSMENT DURING TAX YEAR 2013 AND TAX YEAR 2015. AS A FOLLOW UP TO THOSE CHNAS, FOR TAX YEAR 2018, TRIHEALTH, INC. AND ITS HOSPITALS, WHICH INCLUDES MHMH, JOINED THIRTY-ONE (31) OTHER HOSPITALS IN THE GREATER CINCINNATI-DAYTON REGION TO SPONSOR AND FUND A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT ENTITLED "SW OHIO, N KENTUCKY, SE INDIANA COMMUNITY HEALTH NEEDS ASSESSMENT REPORT 2019" THAT SPANS TWENTY-FIVE (25) COUNTIES. THE REGIONAL CHNA REPORT COVERS GREATER DAYTON AND GREATER CINCINNATI, WHICH INCLUDES NORTHERN KENTUCKY AND SOUTHEASTERN INDIANA. THE 2019 CHNA REPORT SHARES DATA FOR THE WHOLE REGION AS WELL AS DETAILED COUNTY-LEVEL DATA. IT ALSO ADDED THE VOICE OF THE SOUTHWEST OHIO MEMBERS OF THE ASSOCIATION OF OHIO HEALTH COMMISSIONERS. DEVELOPING A BROAD CHNA HELPS FULFILL THE STATE OF OHIO'S REQUIREMENT MANDATING THAT HEALTH DEPARTMENTS AND HOSPITALS ALIGN THEIR ASSESSMENTS.FROM THIS LARGER REPORT, MHMH DEVELOPED A CHNA AND ASSOCIATED IMPLEMENTATION STRATEGY BASED ON THE COUNTY BREAKDOWN AND DISCUSSION WITH LOCAL LEADERS WITH EXPERTISE IN THE AREAS WHICH NEED TO BE ADDRESSED.THE FULL TEXT OF THIS NEEDS ASSESSMENT IS AVAILABLE ON MHMH'S WEBSITE. SEE SCHEDULE H, PART V, LINE 7A FOR THE URL.

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>TRIHEALTH, INC. PERFORMS THE BILLING SERVICES FOR ALL AFFILIATED HOSPITALS INCLUDING MCCULLOUGH-HYDE MEMORIAL HOSPITAL BROCHURES/APPLICATIONS, PROVIDED IN MULTIPLE LANGUAGES, ARE VISIBLE AND AVAILABLE IN THE REGISTRATION AND ADMITTING AREAS OF ALL TRIHEALTH AFFILIATED HOSPITALS. IN ADDITION, THE APPLICATION IS PRINTED ON THE REVERSE SIDE OF A PATIENT'S BILL WITH INSTRUCTIONS ON HOW TO COMPLETE THE APPLICATION AS WELL AS HOW TO RETURN IT. FINANCIAL COUNSELORS ASSIST PATIENTS IN COMPLETING THE FINANCIAL ASSISTANCE APPLICATION. FINALLY, TRIHEALTH, INC.'S WEBSITE CONTAINS INFORMATION REGARDING ITS CHARITY CARE AND FINANCIAL ASSISTANCE PROGRAMS WITH DIRECTIONS ON HOW TO CONTACT THE APPROPRIATE PERSONNEL TO INITIATE AN APPLICATION OR ASK QUESTIONS ABOUT THE PROCESS.</p>
PART VI, LINE 4:	<p>MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") SERVES A DIVERSE DEMOGRAPHIC INCLUDING THE NORTHWESTERN CORNER OF BUTLER COUNTY, OHIO, THE SOUTHWESTERN CORNER OF PREBLE COUNTY, OHIO AND THE COUNTIES OF FRANKLIN AND UNION IN INDIANA. THE MAIN CAMPUS IS LOCATED IN OXFORD, OHIO, THE HOME OF MIAMI UNIVERSITY. OXFORD HAS A POPULATION RANGING FROM 30,000 DURING THE SCHOOL YEAR TO HALF THAT NUMBER DURING THE SUMMER. BUTLER COUNTY IN OHIO IS ONE OF THE MOST POPULATED COUNTIES IN THE REGION AND INCLUDES THE CITIES OF HAMILTON, MIDDLETOWN AND OXFORD. MANY OF THE CITIES IN THE COUNTY ARE EXPERIENCING GROWTH, AND ONLY ABOUT 9% IS CONSIDERED RURAL. THE ESTIMATED POPULATION OF THE COUNTY IS 385,000 WITH APPROXIMATELY 12.5% IN POVERTY AND APPROXIMATELY 7% OF THE PEOPLE UNDER THE AGE OF 65 ARE WITHOUT HEALTH INSURANCE. BUTLER COUNTY HAS A MEDIAN INCOME OF APPROXIMATELY \$62,000 WITH 90% OF THE POPULATION OVER THE AGE OF 24 HAVING A HIGH SCHOOL DIPLOMA OR HIGHER (30% BACHELOR'S DEGREE OR HIGHER) AND AN UNEMPLOYMENT RATE OF ABOUT 4%. APPROXIMATELY 15% OF THE POPULATION IS 65 YEARS AND OLDER, 80% IS WHITE, 9% IS AFRICAN-AMERICAN, 5% IS HISPANIC, 4% ASIAN AND 2% OTHER. PREBLE COUNTY IN OHIO IS MORE THAN 69% RURAL. THE ESTIMATED POPULATION OF THE COUNTY IS 41,000 WITH APPROXIMATELY 10% IN POVERTY AND APPROXIMATELY 7% OF THE PEOPLE UNDER THE AGE OF 65 ARE WITHOUT HEALTH INSURANCE. PREBLE COUNTY HAS A MEDIAN INCOME OF APPROXIMATELY \$53,000 WITH 89% OF THE POPULATION OVER THE AGE OF 24 HAVING A HIGH SCHOOL DIPLOMA OR HIGHER (14% BACHELOR'S DEGREE OR HIGHER) AND AN UNEMPLOYMENT RATE OF ABOUT 4%. APPROXIMATELY 19% OF THE POPULATION IS 65 YEARS AND OLDER, 96% IS WHITE, 1% IS AFRICAN-AMERICAN, 1% IS HISPANIC, 1% ASIAN AND 1% OTHER. FRANKLIN COUNTY IN INDIANA IS 88% RURAL. THE ESTIMATED POPULATION OF THE COUNTY IS 23,000 WITH APPROXIMATELY 9% IN POVERTY AND APPROXIMATELY 9% OF THE PEOPLE UNDER THE AGE OF 65 ARE WITHOUT HEALTH INSURANCE. FRANKLIN COUNTY HAS A MEDIAN INCOME OF APPROXIMATELY \$56,000 WITH 88% OF THE POPULATION OVER THE AGE OF 24 HAVING A HIGH SCHOOL DIPLOMA OR HIGHER (20% BACHELOR'S DEGREE OR HIGHER) AND AN UNEMPLOYMENT RATE OF ABOUT 3.0 TO 3.5%. APPROXIMATELY 18.5% OF THE POPULATION IS 65 YEARS AND OLDER, 96% IS WHITE, 1.5% IS HISPANIC, 1% ASIAN AND 1.5% OTHER. UNION COUNTY IN INDIANA IS 100% RURAL. THE ESTIMATED POPULATION OF THE COUNTY IS 7,000 WITH APPROXIMATELY 11% IN POVERTY AND APPROXIMATELY 9% OF THE PEOPLE UNDER THE AGE OF 65 ARE WITHOUT HEALTH INSURANCE. UNION COUNTY HAS A MEDIAN INCOME OF APPROXIMATELY \$45,500 WITH 88% OF THE POPULATION OVER THE AGE OF 24 HAVING A HIGH SCHOOL DIPLOMA OR HIGHER (18% BACHELOR'S DEGREE OR HIGHER) AND AN UNEMPLOYMENT RATE OF ABOUT 3.0 TO 3.5%. APPROXIMATELY 19% OF THE POPULATION IS 65 YEARS AND OLDER, 95% IS WHITE, 2% IS HISPANIC AND 3% OTHER.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5:	MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") IS BASED ON A PATIENT-CENTERED, CARING PHILOSOPHY. ITS STAFF IS DEDICATED TO PROVIDING SAFE AND HIGH-QUALITY SERVICES, WITH THE UTMOST KINDNESS AND COMPASSION. MHMH HAS AN OPEN MEDICAL STAFF WHO HAVE IMPECCABLE TRAINING, EXPERIENCE AND SKILLS. THE VAST MAJORITY ARE BOARD-CERTIFIED IN THEIR CHOSEN PROFESSIONAL FIELD. FOUNDED IN 1957, MHMH OFFERS 45 ACUTE INPATIENT BEDS INCLUDING INTENSIVE CARE, MEDICAL-SURGICAL AND OBSTETRICS AS WELL AS PROVIDES A 24-HOUR EMERGENCY ROOM AT ITS MAIN CAMPUS IN OXFORD, OHIO. MHMH ALSO OFFERS AN ARRAY OF OUTPATIENT MEDICAL AND SURGICAL SERVICES, INCLUDING OUTPATIENT SURGERY, ONCOLOGY/INFUSION CENTER, PHYSICAL THERAPY AND DIAGNOSTIC SERVICES WHICH INCLUDE LABORATORY AND IMAGING SERVICES. MHMH HOUSES NUMEROUS SPECIALISTS TO CARE FOR A MULTITUDE OF NEEDS AND OFFERS SERVICES AT OUR REGIONAL CAMPUSES LOCATED IN HAMILTON, ROSS AND CAMDEN, OHIO AND BROOKVILLE, INDIANA. THROUGH OUR AFFILIATION WITH TRIHEALTH, INC. THE RESOURCES OF BETHESDA NORTH, BETHESDA BUTLER, GOOD SAMARITAN AND TRIHEALTH EVENDALE HOSPITALS ARE ALSO AVAILABLE TO OUR CLIENTS. MHMH SERVES ALMOST 100,000 PEOPLE ANNUALLY. THIS INCLUDES MORE THAN 2,000 ADMISSIONS, OVER 15,000 EMERGENCY ROOM VISITS, MORE THAN 80,000 OUTPATIENT VISITS, AND MORE THAN 400 NEW BABIES EACH YEAR.
PART VI, LINE 6:	IN 1995, THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OHIO AND BETHESDA HOSPITAL, INC. FORMED A PARTNERSHIP CALLED TRIHEALTH IN ORDER TO CREATE AN INTEGRATED HEALTH DELIVERY SYSTEM WHOSE MISSION IS TO IMPROVE THE HEALTH OF THE PEOPLE THEY SERVE, WITH AN EMPHASIS ON PREVENTION, WELLNESS AND EDUCATION. THROUGH FIVE (5) HOSPITALS, FIVE (5) AMBULATORY LOCATIONS AND OVER 125 SITES OF CARE (EMPLOYING OVER 600 PHYSICIANS INCLUDING RESIDENTS), TRIHEALTH PROVIDES A WIDE RANGE OF CLINICAL, EDUCATIONAL, PREVENTIVE AND SOCIAL PROGRAMS. TRIHEALTH'S NON-HOSPITAL SERVICES INCLUDE PHYSICIAN PRACTICE MANAGEMENT, FITNESS CENTERS AND FITNESS CENTER MANAGEMENT, OCCUPATIONAL HEALTH CENTERS, HOME HEALTH AND HOSPICE CARE. <a href="https://www.trihealth.com/about-trihealth/">HTTPS://WWW.TRIHEALTH.COM/ABOUT-TRIHEALTH/</a>

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 31-0650283  
**Name:** MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	MCCULLOUGH-HYDE MEMORIAL HOSPITAL 110 N POPLAR STREET OXFORD, OH 45056 WWW.MHMH.ORG 55577	X	X					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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 5: PRIMARY DATA SOURCES ALMOST 1,300 PEOPLE HAD AN OPPORTUNITY TO IDENTIFY AND PRIORITIZE HEALTH AND HEALTH-RELATED ISSUES AT A MEETING OR BY SURVEY. TWENTY -THREE (23) COUNTY OR DISTRICT-LEVEL PUBLIC HEALTH DEPARTMENTS RESPONDED BY SURVEY, AND TH E CHNA TEAM ALSO RECEIVED SURVEY RESPONSES FROM 5 CITY-LEVEL HEALTH DEPARTMENTS. NINETY-SI X NONPROFIT ORGANIZATIONS COMPLETED SURVEYS, AND THEY SERVED RESIDENTS IN EVERY COUNTY. TO TAL RESPONSE FAR EXCEEDED THE LEVEL OF RESPONSE EXPERIENCED THREE YEARS EARLIER FOR THE 20 16 CHNAS IN CINCINNATI AND DAYTON. PRIMARY DATA WAS OBTAINED, WITH A UNIFORM SET OF QUESTI ONS, VIA THE FOLLOWING: * THERE WERE 42 MEETINGS, HELD IN 23 COUNTIES DURING MAY THROUGH J ULY 2018, WHICH ATTRACTED 463 REPRESENTATIVES OF COMMUNITY ORGANIZATIONS, THE GENERAL PUBL IC, AND/OR MEMBERS OF MEDICALLY UNDERSERVED AND VULNERABLE POPULATIONS TO IDENTIFY BARRIER S TO CARE, GIVE INPUT FOR CURRENT NEEDS ASSESSMENT, PRIORITIZE ISSUES, AND IDENTIFY RESOUR CES TO ADDRESS HEALTH AND HEALTH-RELATED ISSUES. * ONLINE SURVEYS OF INDIVIDUALS (828), AG ENCIES (96), AND PUBLIC HEALTH DEPARTMENTS (28) THROUGHOUT THE REGION FROM JUNE THROUGH AU GUST 2018. * THE REPORTING HOSPITAL DID NOT RECEIVE WRITTEN COMMENTS FROM THE PUBLIC REGAR DING THE 2016 CHNA OR ITS RELATED IMPLEMENTATION STRATEGY. COMMUNITY MEETINGSOUTREACH ANY INDIVIDUAL OR AGENCY REPRESENTATIVE WHO GAVE THEIR ADDRESS DURING THE 2013 OR 2016 CHNA PR OCESS WAS ADDED TO AN INVITE LIST, AND THE HEALTH COLLABORATIVE (THC) MAILED THEM AN INVIT ATION TO THE MEETING SCHEDULED IN THEIR COUNTY. THE CONSULTANTS ADDED NONPROFIT ORGANIZATI ONS IN EACH COUNTY THAT HAD EITHER A PHONE NUMBER, STREET ADDRESS, OR EMAIL. THC SENT 544 EMAILS AND 376 LETTERS BY FIRST-CLASS MAIL. THE CONSULTANTS MADE PHONE CALLS TO AGENCIES T HAT HAD NOT PREVIOUSLY ATTENDED A CHNA MEETING AS WELL AS TO STRATEGIC ORGANIZATIONS THAT SERVE VULNERABLE POPULATIONS AND/OR HAVE A BROAD REACH, E.G., UNITED WAY. THEY FOLLOWED UP WITH EMAILS. THC SENT FLYERS TO HOSPITALS AND TO MEETING HOST SITES FOR POSTING AND DISTR IBUTION. THE CONSULTANTS ALSO POSTED UPCOMING MEETINGS EVERY TWO WEEKS IN THE INTERACT FOR HEALTH E-NEWSLETTER: HEALTH WATCH, WHICH IS EMAILED ACROSS 20 COUNTIES. THE CONSULTANTS S ENT FLYERS TO PUBLIC HEALTH DEPARTMENTS TO POST AND DISTRIBUTE. SOME HEALTH DEPARTMENTS PU BLICIZED MEETINGS ON THEIR SOCIAL MEDIA PAGES AND HELD ADDITIONAL MEETINGS. THERE WAS A 22 9% INCREASE IN MEETING ATTENDANCE, FROM 202 FOR THE 2016 CYCLE TO 463 FOR THE 2019 CYCLE. APPENDIX 1 OF THE CHNA, WHICH IS POSTED TO TRIHEALTH'S WEBSITE, INCLUDES A LIST OF MEETING ATTENDEES AND THE ORGANIZATIONS EACH REPRESENTS.PURPOSE OF MEETINGS THE PURPOSE OF THE ME ETINGS WAS TO SOLICIT PUBLIC INPUT. THE DESIRE WAS TO ATTRACT INDIVIDUALS OR NONPROFIT ORG ANIZATIONS WITH EXPERIENCE OR KNOWLEDGE TO SHARE, ESPECIALLY ON EMERGING ISSUES NOT CAPTUR ED BY THE SECONDARY DATA AND FROM THE PERSPECTIVES OF MEDICALLY UNDERSERVED, MINORITY, AND /OR LOW-INCOME POPULATIONS. TH</p>



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

Form and Line Reference	Explanation
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	<p>E OBJECTIVES WERE TO: * SHARE COUNTY-LEVEL HIGHLIGHTS FROM THE SECONDARY DATA (AND CITY-LEVEL FOR CINCINNATI HEALTH DEPARTMENT MEETINGS) * GATHER DIVERSE PEOPLE TO SHARE THEIR IDEAS -- GENERAL PUBLIC AND COMMUNITY LEADERS * RECEIVE INPUT FROM AGENCIES THAT REPRESENT VULNERABLE POPULATIONS * HEAR CONCERNS AND QUESTIONS ABOUT EXISTING HEALTH/HEALTH-RELATED ISSUES * OBTAIN INFORMATION ABOUT FINANCIAL AND NON-FINANCIAL BARRIERS TO HEALTH CARE * IDENTIFY RESOURCES AVAILABLE LOCALLY TO ADDRESS ISSUES * OBTAIN INSIGHT INTO LOCAL CONDITIONS FROM LOCAL PEOPLE * DISCOVER HEALTH AND HEALTH-RELATED PRIORITIES OF ATTENDEES MEETING FACILITATION A GROUP OF 2-3 CONSULTANTS WENT TO EACH MEETING, DEPENDING ON THE NUMBER OF RSVPS. EACH MEETING FOLLOWED THE SAME FORMAT AND AGENDA. REFRESHMENTS WERE SERVED, AND NAMETAGS WERE USED TO GENERATE A WELCOMING ATMOSPHERE. LOCATIONS WERE SELECTED FOR CONVENIENCE, ACCESS, AND TRUSTED REPUTATION IN THE COMMUNITY. THE FACILITATOR FIRST SHARED GENERAL TRIESTE AND STATE-SPECIFIC HEALTH AND HEALTH-RELATED DATA TO PROVIDE CONTEXT. THE SURVEY QUESTIONS WERE USED, BUT THE FIRST QUESTION ABOUT MOST SERIOUS HEALTH ISSUES WAS ASKED SEPARATELY. THIS TECHNIQUE WAS INTENDED TO CAPTURE FIRST THOUGHTS WITHOUT AN OPPORTUNITY TO BE INFLUENCED BY THE MORE SPECIFIC COUNTY-LEVEL DATA OR BY OTHER ATTENDEES. AFTER THE FIRST QUESTION, THE CONSULTANTS (A MEETING FACILITATOR AND AT LEAST ONE SCRIBE) SHARED A PROFILE OF THE COUNTY, INCLUDING A SUMMARY OF SECONDARY DATA. THE MEETINGS LASTED 90 MINUTES, OF WHICH 60 MINUTES WAS DEVOTED TO THE GROUP'S BRAINSTORMING. AT THE END, EACH PERSON WAS GIVEN 3 COLORED DOTS. THEY PLACED THE DOTS NEXT TO ISSUES THEY PRIORITIZED AS MOST IMPORTANT HEALTH CONDITIONS OR NEEDS OF THE COMMUNITY. THE AGENDA HANDOUT CONTAINED LINKS TO THE SURVEYS. SURVEYS THE CONSULTANTS DEVELOPED THREE TYPES OF SURVEYS: INDIVIDUAL CONSUMER; AGENCY; AND HEALTH DEPARTMENT. THE QUESTIONS REMAINED THE SAME FOR EACH SURVEY. THE AGENCY SURVEYS WERE PUSHED OUT VIA EMAIL AS WELL AS THE LINK WAS SHARED AT THE COMMUNITY MEETINGS. THE HEALTH DEPARTMENT VERSION ALSO REQUESTED THE QUALIFICATIONS OF THE RESPONDENTS. AS REQUIRED BY THE IRS, THE INDIVIDUAL CONSUMER SURVEY WAS ALSO TRANSLATED INTO SPANISH AND ADAPTED FOR MOBILE APPLICATION AT COMMUNITY EVENTS. THE CONSULTANTS USED SURVEYMONKEY TO COLLECT RESPONSES, TABULATE DATA, INTERPRET AND ANALYZE RESULTS, AND CREATE CATEGORIES TO TRACK KEY WORDS AND PHRASES. PAPER COPIES (TRANSLATED) WERE USED WITH SPANISH-SPEAKING FAMILIES, REFUGEES FROM RWANDA, AND AT TREATMENT FACILITIES. BOTH TRIHEALTH OUTREACH MINISTRIES AND SANTA MARIA COMMUNITY SERVICES PROVIDED THE ANSWERS ALREADY TRANSLATED INTO ENGLISH FOR THE CONSULTANTS. A TOTAL OF 113 IMMIGRANT SURVEYS WERE COMPLETED AND RETURNED. SEE APPENDIX 2 FOR THE SURVEY RESPONDENTS WHO IDENTIFIED THEMSELVES. APPENDIX 3 OF THE CHNA, WHICH IS POSTED TO TRIHEALTH'S WEBSITE, HAS A LIST OF HEALTH DEPARTMENT RESPONDENTS WITH THEIR QUALIFICATIONS. SECONDARY DATA SOURCES DA</p>

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

Form and Line Reference	Explanation
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	<p>TA COLLECTION COUNTY HEALTH RANKINGS (CHR) FORMED THE FOUNDATION FOR DATA COLLECTION WITH ITS COUNTY-LEVEL FOCUS ON HEALTH OUTCOMES, HEALTH FACTORS, HEALTH BEHAVIORS, QUALITY OF LI FE, CLINICAL CARE, PHYSICAL ENVIRONMENT, AND SOCIOECONOMIC FACTORS. ADDITIONAL SOURCES SUP PLEMENTED THE CHR DATA. PUBLICLY AVAILABLE HEALTH STATISTICS AND DEMOGRAPHICS WERE OBTAIN E D AT THE STATE AND COUNTY LEVEL. THE EPIDEMIOLOGISTS FOR PUBLIC HEALTH - DAYTON &amp; MONTGOME RY COUNTY (PHDMC) VOLUNTEERED TO COLLECT DATA FOR THE STATE OF OHIO AND ITS COUNTIES. THEY INCLUDED DATA THROUGH 2016. OHIO'S 2017 DATA WAS NOT AVAILABLE IN TIME FOR THIS REPORT. T HE NUMBER OF DATA MEASURES INCREASED BY 33%, FROM 106 IN 2016 TO 142 IN 2019. DATA SOURCES THE STANDARDS FOR RESEARCHING AND INCLUDING DATA WERE: * COMPARABLE (MEASURES WITH BENCHM ARKS SUCH AS HEALTHY PEOPLE 2020 OR STATE/NATIONAL RATES) * COUNTY-LEVEL DATA (ZIP CODE LE VEL PREFERRED BUT RARE) * FOCUS ON HEALTH OUTCOME DATA (PREFERRED OVER SUBJECTIVE SURVEY D ATA WHEN BOTH WERE AVAILABLE) * REPRODUCIBLE (NEW UPDATE AVAILABLE WITHIN THREE YEARS OR A T 3-YEAR INTERVALS VS. ONE-TIME) * REPUTABLE SOURCE * TREND DATA AVAILABLE (MORE THAN ONE DATA POINT; 3-5 YEARS PREFERRED) THE CHR WAS AN EXCELLENT STARTING POINT, BUT THE CONSULTA NTS DISCOVERED ADDITIONAL SOURCES WITH MORE RECENT DATA AS WELL AS INDICATORS FOR MEASURES NOT COLLECTED BY CHR. THE PREVALENCE OF CERTAIN CANCERS, THE RAPID INCREASE OF HEROIN OVE RDOSE DEATHS IN THE REGION, AND ADDITIONAL MORTALITY DATA ARE EXAMPLES OF SUPPLEMENTAL DAT A. MANY EXCELLENT SOURCES OF INFORMATION DID NOT HAVE A BREAKDOWN BELOW THE STATE LEVEL OR DID NOT INCLUDE THE ENTIRE REGION. THE CONSULTANTS CONTACTED STATE HEALTH DEPARTMENTS, LO CAL HEALTH DEPARTMENTS, AND LOCAL EXPERTS. THE BIGGEST CHANGE FROM THE PRIOR CYCLE IS THAT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES NO LONGER MAINTAINS THE HEALTH INDICATORS WAR EHOUSE AS AN ONLINE SOURCE, AND IT HAD PROVIDED DATA FOR EIGHT KEY MEASURES. PHDMC EPIDEMI OLOGISTS CONSULTED THE OHIO DATA FOR DATA RANGES ENDING WITH 2016 AND ONE PERIOD PRIOR.</p>

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

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

Form and Line Reference	Explanation
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6A: * THE CHRIST HOSPITAL HEALTH NETWORK, * CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER, * CLINTON MEMORIAL HOSPITAL,* HIGHPOINT HEALTH, * KETTERING HEALTH NETWORK (FORT HAMILTON HOSPITAL, GRANDVIEW MEDICAL CENTER, GREENE MEMORIAL HOSPITAL, KETTERING BEHAVIORAL MEDICINE CENTER, KETTERING MEDICAL CENTER, SOIN MEDICAL CENTER, SOUTHVIEW MEDICAL CENTER, SYCAMORE MEDICAL CENTER)* LINDNER CENTER OF HOPE* MERCY HEALTH-CINCINNATI REGION (MERCY HEALTH-ANDERSON HOSPITAL, MERCY HEALTH-CLERMONT HOSPITAL, MERCY HEALTH-FAIRFIELD HOSPITAL, MERCY HEALTH-WEST HOSPITAL, THE JEWISH HOSPITAL)* MERCY HEALTH-SPRINGFIELD REGION (MERCY HEALTH-URBANA HOSPITAL, SPRINGFIELD REGIONAL MEDICAL CENTER)* PREMIER HEALTH (ATRIUM MEDICAL CENTER, MIAMI VALLEY HOSPITAL NORTH, MIAMI VALLEY HOSPITAL SOUTH, UPPER VALLEY MEDICAL CENTER)* TRIHEALTH (BETHESDA BUTLER HOSPITAL, BETHESDA NORTH HOSPITAL, GOOD SAMARITAN HOSPITAL, MCCULLOUGH-HYDE MEMORIAL HOSPITAL, TRIHEALTH EVENDALE HOSPITAL) * UC HEALTH (DANIEL DRAKE CENTER FOR POST-ACUTE CARE, UNIVERSITY OF CINCINNATI MEDICAL CENTER, WEST CHESTER HOSPITAL)* WILSON HEALTH* WAYNE HEALTHCARE

**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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B: * THE HEALTH COLLABORATIVE* GREATER DAYTON AREA HOSPITAL ASSOCIATION* ADAMS COUNTY HEALTH DEPARTMENT* BROWN COUNTY HEALTH DEPARTMENT* BUTLER COUNTY HEALTH DEPARTMENT* CHAMPAIGN-URBANA COUNTY HEALTH DEPARTMENT* CINCINNATI HEALTH DEPARTMENT* CITY OF HAMILTON HEALTH DEPARTMENT* CLARK COUNTY COMBINED HEALTH DEPARTMENT* CLERMONT COUNTY PUBLIC HEALTH* CLINTON COUNTY HEALTH DEPARTMENT* DARKE COUNTY GENERAL HEALTH DISTRICT* FAYETTE COUNTY PUBLIC HEALTH* GREENE COUNTY PUBLIC HEALTH* HAMILTON COUNTY PUBLIC HEALTH* HIGHLAND COUNTY HEALTH DEPARTMENT* MIAMI COUNTY PUBLIC HEALTH* MIDDLETOWN CITY HEALTH DISTRICT* NORWOOD HEALTH DEPARTMENT* PIQUA CITY HEALTH DEPARTMENT* PREBLE COUNTY PUBLIC HEALTH* PUBLIC HEALTH DAYTON & MONTGOMERY COUNTY* SIDNEY SHELBY COUNTY HEALTH DEPARTMENT* SPRINGFIELD HEALTH DEPARTMENT* WARREN COUNTY COMBINED HEALTH DISTRICT* NORTHERN KENTUCKY HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 7D: AVAILABLE UPON REQUEST WITHOUT CHARGE.CONTACT MCCULLOUGH-HYDE MEMORIAL HOSPITAL AT 513-524-5421.

**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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 11: MCCULLOUGH-HYDE MEMORIAL HOSPITAL (MHMH) IDENTIFIED THE FOLLOWING HEALTH NEEDS IN ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT:1) MENTAL HEALTH/ACC ESS, INCLUDING PSYCHIATRIC SERVICES,2) ALCOHOL AND OTHER DRUGS, ESPECIALLY OPIATE USE OVER DOSE, SMOKING/VAPING,3) HEALTHY BEHAVIORS, ESPECIALLY PHYSICAL ACTIVITY AND HEALTHY EATING LEADING TO OBESITY,4) ACCESS TO HEALTH CARE/TRANSPORTATION- ESPECIALLY TRANSPORTATION TO HEALTHCARE PROVIDERS AND SERVICES SINCE SERVICE AREA HAS LIMITED OR NO PUBLIC TRANSPORTATION.MHMH PLANS TO ADDRESS THE THREE (3) HIGHEST RANKED HEALTH NEEDS IN ITS SERVICE AREA.HEALTHY BEHAVIORS, FOCUSING ON ACTIVE LIVING/HEALTHY EATING: TO ADDRESS THIS SIGNIFICANT HEALTH NEED IN THE COMMUNITY, MHMH PLANS TO TAKE THE FOLLOWING ACTIONS AND COMMIT THE FOLLOWING RESOURCES: * COALITION FOR A HEALTHY COMMUNITY-OXFORD AREA: CONTINUE TO SUPPORT THEIR ACTIVE LIVING/HEALTHY EATING WORKGROUP EFFORTS, AS FOLLOWS: * THRIVING COMMUNITY OXFORD (ACTIVE LIVING): THEIR WORK INCLUDES COMMUNITY WALKING CHALLENGES, SOCIAL MARKETING PROGRAM WITH SCHOOLS AND COMMUNITY MEMBERS AND "ROX" FOR HEALTHY CHOICES. MHMH WILL SUPPORT THESE INITIATIVES THROUGH MARKETING MATERIAL, PERSONNEL AND MONETARY FUNDS * HEALTHY CHOICES IN FOOD, INCLUDING SCHOOLS, KIDS BACKPACK PROGRAMMING, AND MEALS ON WHEELS. SUPPORT HEALTHY CHOICES WITH SOCIAL MARKETING CAMPAIGN AT LOCAL GROCERY STORES AND RESTAURANTS. * SUPPORT COMMUNITY GARDENS AND FOOD PANTRIES THROUGH ASSISTANCE WITH MARKETING/AWARENESS . * SAFE ROUTES TO SCHOOL INITIATIVE THROUGH PERSONNEL AND MONETARY FUNDS WHEN AVAILABLE * COMMUNITY WALKING CHALLENGES, RESOURCES TO SCHOOLS, ETC. THROUGH MARKETING, PERSONNEL AND WHEN AVAILABLE MONETARY FUNDS* REILY PROJECT: NEW BALLFIELD, WALKING PATH AND PLAYGROUND IN REILY OHIO THROUGH PERSONNEL ASSISTING WITH FUNDRAISING, MARKETING AND LEADING COMMUNITY ENGAGEMENT. * SUPPORT THE CITY ON COMPLETE STREETS AND ACTIVE TRANSPORTATION PLAN BY CONTINUING TO BE AT COMMITTEE MEETINGS, CITY COUNCIL MEETINGS AND SUPPORTING WALK AUDITS AND GRANT WRITING. * UTILIZING ROX, PLACE ROX ON LOCAL RESTAURANT, SCHOOL AND UNIVERSITY MENUS WHICH ARE HEALTHY CHOICE OPTIONS. MHMH WILL SUPPORT THIS INITIATIVE THROUGH PERSONNEL AND MARKETING * SUPPORT OTHER HEALTH AND WELLNESS INITIATIVES IN OUR SERVICE AREA THAT PROMOTE HEALTHY LIFE STYLES MENTAL HEALTH: TO ADDRESS THIS SIGNIFICANT HEALTH NEED IN THE COMMUNITY, MHMH PLANS TO TAKE THE FOLLOWING ACTIONS AND COMMIT THE FOLLOWING RESOURCES: * COALITION FOR A HEALTHY COMMUNITY- OXFORD AREA: CONTINUE TO SUPPORT THEIR MENTAL WORKGROUP EFFORTS, AS FOLLOWS: * MAINTAIN A LOCAL RESOURCE LIST WHICH IS UPDATED EVERY 6 MONTHS AND SENT OUT TO PHYSICIANS, POLICE, CHURCHES, SOCIAL SERVICE AGENCIES AND SCHOOLS. * MAINTAIN THE PERINATAL RESOURCES FOR OUR COMMUNITY * OFFER MENTAL HEALTH FIRST AID THROUGHOUT OUR SERVICE AREA (YOUTH, ADULT, SENIOR, EMS AND 1ST RESPONDER (POLICE) COURSES): THIS EVIDENCE BASED PROGRAM THAT IS A NATIONALLY RECOGNIZED PROGRAM</p>

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

Form and Line Reference	Explanation
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	<p>RAM TEACHES HOW TO IDENTIFY WHEN A PERSON IS HAVING MENTAL HEALTH PROBLEMS, HOW TO TALK TO THEM AND HOW TO MAKE REFERRALS. * SUPPORT OXFORD POLICE DEPARTMENT IN ACHIEVING/MAINTAINI NG ONE MIND STATUS * CONTINUE THE SOCIAL MARKETING CAMPAIGN ON MENTAL HEALTH * SUPPORT OTH ER IDENTIFIED WORK OF THE COALITION AND OTHER MENTAL HEALTH AND WELLNESS INITIATIVES IN OU R SERVICE AREA, INCLUDING FINANCIALLY SUPPORTING THE COALITION COORDINATOR POSITION * LOOK INTO SUPPORTING PSYCHIATRIC CARE IN THE OXFORD AREA * CONTINUE TO FOCUS ON CULTURAL COMPE TENCIES AND HOW WE CAN BEST SERVICE THESE MISUNDERSTOOD AND UNDERSERVED POPULATIONS. * CON TINUE TO WORK WITH TRIHEALTH'S BEHAVIORAL HEALTH ON INPATIENT PLACEMENT. ALCOHOL AND OTHER DRUGS (AOD): TO ADDRESS THIS SIGNIFICANT HEALTH NEED IN THE COMMUNITY, MHM PLANS TO TAKE THE FOLLOWING ACTIONS AND COMMIT THE FOLLOWING RESOURCES: * COALITION FOR A HEALTHY COMMU NITY: CONTINUE TO SUPPORT THEIR AOD WORKGROUP EFFORTS: - +LOCK BOX PROGRAM: PROVIDE LOCK B OXES TO LOCAL PHYSICIANS TO GIVE TO THEIR PATIENTS TO LOCK UP MEDS. - +COMMUNITY PROGRAMMI NG ON OPIATES AND OTHER DRUGS THROUGH PRINTING OF MARKETING AND DISTRIBUTION OF MARKETING MATERIAL . - +MEDICATION TAKE BACK DAYS, ASSISTING WITH MARKETING AND STAFFING EVENTS. - + DRUG DISPOSABLE BAG PROGRAM TO MAKE IT EASIER TO DISPOSE OF MEDICATION, WE WILL PURCHASE D RUG DISPOSAL BAGS AND DISTRIBUTE THEM THROUGHOUT THE COMMUNITY TO BUSINESSES (SUCH AS PHAR MACIES) AND TO COMMUNITY MEMBERS. - VAPE EDUCATION IN THE SCHOOLS AND THROUGHOUT OUR SERVI CE AREA THROUGH PRINTING AND ASSISTING WITH STAFFING WHEN NEEDED. - PAX TRAINING FOR SCHOO LS AND KEY COMMUNITY MEMBERS. THE PAX GOOD BEHAVIOR GAME IS A UNIVERSAL PREVENTIVE INTERVE NTION USED BY TEACHERS AND SCHOOLS TO TEACH SELF-REGULATION, SELF-MANAGEMENT, AND SELF-CON TROL IN YOUNG PEOPLE. WHEN ADULTS ARE EQUIPPED WITH THE STRATEGIES TO TEACH THESE SKILLS T O CHILDREN IN ADDITION TO ACADEMICS, THEY CREATE A NURTURING ENVIRONMENT THAT IMPACTS ELEC TRICAL, NEUROCHEMICAL, NEURAL CONNECTIVITY, AND EPIGENETIC MAKE-UP IN YOUNG PEOPLE WITH AS TOUNDING LIFETIME EFFECTS. THESE EFFECTS HAVE A DRAMATIC IMPACT ON CHILDREN, SCHOOLS, AND COMMUNITIES. THEY HAVE JUST INTRODUCED A FAMILY AND COMMUNITY PAX TRAINING AND THE COALITI ON HAS SENT A TRAINER TO ALLOW US TO START TRAINING OUR COMMUNITY MEMBERS. MHMH WILL SUPPO RT THIS INITIATIVE THROUGH FINANCIAL ASSISTANCE OF PAX EDUCATION AT THE SCHOOL LEVEL AND H ELPING TO ASSURE HEALTHCARE PROVIDERS RECEIVE COMMUNITY PAX TRAINING. - +CONTINUE TO GROW THE MIT (MIAMI INITIATIVE TEAM), YITS (TALAWANDA HIGH SCHOOL YOUTH INITIATIVE TEAM) AND TH E BITS (THE MIDDLE SCHOOL BRAVE INITIATIVE TEAM) TO BUILD A YOUTH PREVENTION NETWORK. THE NETWORK WILL OFFER MENTORING OPPORTUNITIES, STUDENT-LED AWARENESS ACTIVITIES, AND PROMOTE ALCOHOL AND DRUG-FREE LIFESTYLES. MHMH WILL SUPPORT THIS INITIATIVE THROUGH OUR YIT/BIT FU ND. - SUPPORT OTHER IDENTIFIED WORK OF THE COALITION AND OTHER AOD HEALTH AND WELLNESS INI TIATIVES IN OUR SERVICE AREA.</p>

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

Form and Line Reference	Explanation
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	+INITIATIVE ALIGNS WITH STATE HEALTH IMPROVEMENT PLANFOLLOWING IS THE HEALTH NEED NOT CURR ENTLY BEING ADDRESSED BY MHMH:ACCESS TO HEALTH CARE/TRANSPORTATION: MHMH UNDERSTANDS THE C OMMUNITY'S TRANSPORTATION NEEDS, BUT IS NOT TAKING A LEADING ROLE IN ADDRESSING ACCESS TO HEALTH CARE / TRANSPORTATION, AS THIS NEED IS BEING ADDRESSED BY OTHER ORGANIZATIONS WITHI N THE COMMUNITY. MHMH WILL CONTINUE TO BE SUPPORTIVE BY PARTAKING IN THE CONVERSATIONS TO ADDRESS THIS NEED WITH OTHER PARTNERS. AS SUCH, THIS PLAN DOES NOT GO INTO DETAIL REGARDIN G MHMH'S STRATEGY TO MEET TRANSPORTATION NEEDS. HOWEVER IN REGARDS TO ACCESS TO CARE, MHMH IS SUPPORTING THE OXFORD FREE CLINIC, WHICH PROVIDES FREE HEALTHCARE TO THE COMMUNITY, AN D SUPPORTS COMMUNITY LIFE SQUADS. ADDITIONALLY, MHMH'S AFFILIATION HAS INCREASED THE NUMBE R OF SPECIALISTS AVAILABLE TO SERVE THE COMMUNITY. FINALLY, PRIMARY HEALTH SOLUTIONS, A FE DERALLY QUALIFIED HEALTH CENTER IS LOCATED IN MHMH'S COMMUNITY, WHICH IMPROVES ACCESS TO C ARE FOR LOW INCOME/MEDICAID CLIENTS.



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13B: SEE PART VI RESPONSE RELATED TO PART I, LINE 3C.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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
MCCULLOUGH-HYDE MEMORIAL HOSPITAL	PART V, SECTION B, LINE 13H: SEE PART VI RESPONSE RELATED TO PART I, LINE 3C.

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINES 7A AND 10A CHNA & IMPLEMENTATION PLAN WEBSITE	<a href="https://www.trihealth.com/hospitals-and-practices/unfortunately">HTTPS://WWW.TRIHEALTH.COM/HOSPITALS-AND-PRACTICES/UNFORTUNATELY</a> , THE URL IS TOO LONG FOR THE SOFTWARE. SO ONCE YOU HAVE USED THE ABOVE URL, PLEASE PERFORM THE NEXT STEPS: UNDER "HOSPITALS (& EMERGENCY)", CLICK ON "MCCULLOUGH-HYDE MEMORIAL HOSPITAL" IN THE GREY BOX ON THE LEFT HAND SIDE OF THE PAGE, CLICK "SERVICES". IN THE GREY BOX ON THE LEFT HAND SIDE OF THE PAGE, CLICK "COMMUNITY SERVICES AND THEN "HEALTH NEEDS ASSESSMENT".

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

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Employer identification number

31-0650283

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) OXFORD COLLEGE CORNER CLINIC PO BOX 390 OXFORD, OH 45056	20-4253386	501(C)(3)	21,662				ANNUAL FUNDING

- 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 . . . . . ▶ 0

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

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

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

Return Reference	Explanation
PART I, LINE 2:	MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") PROVIDES FUNDS TO ONLY LOCAL ORGANIZATIONS FOR SPECIFIC ACTIVITIES AND NOT ONGOING ACTIVITIES. THE LOCAL ORGANIZATION PROVIDES A RECEIPT OF SUCH FUNDS WHICH SERVES AS MHMH'S SUBSTANTIATION. THUS, THE NEED TO MONITOR THE USE OF THE FUNDS IS NOT NEEDED BY MHMH.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization MCCULLOUGH-HYDE MEMORIAL HOSPITAL INCORPORATED		Employer identification number 31-0650283

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

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

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

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINES 4A-B	ELIGIBLE EXECUTIVES (GENERALLY VICE PRESIDENTS AND ABOVE) PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NONE OF THE INDIVIDUAL(S) LISTED IN SCHEDULE J, PART II, RECEIVED A PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN WHICH WAS TREATED AS TAXABLE COMPENSATION BY TRIHEALTH, INC.
PART I, LINES 3	TRIHEALTH, INC., A RELATED ORGANIZATION OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD/COMPENSATION COMMITTEE.
PART I, LINE 4A	THE REPORTABLE INDIVIDUALS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL, INCORPORATED ARE PAID BY TRIHEALTH, INC., A RELATED ORGANIZATION, RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE SECTION 501(C)(3). TRIHEALTH, INC. HAS A STANDARD EMPLOYEE SEVERANCE PACKAGE. GENERAL SEVERANCE PAY IS BASED ON LENGTH OF SERVICE. IN ADDITION, NOTICE PAY, IF APPLICABLE UNDER TRIHEALTH, INC. POLICY, MAY BE ADDED TO THE SEVERANCE PACKAGE AND THE AMOUNT OF NOTICE PAY WILL BE DETERMINED BY HUMAN RESOURCES IN ACCORDANCE WITH TRIHEALTH, INC. POLICY. PAYMENTS OF SEVERANCE ARE CONDITIONED UPON SIGNING A SEPARATION AND RELEASE AGREEMENT. THE FOLLOWING REPORTABLE INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM TRIHEALTH, INC. DURING THE 2019 CALENDAR YEAR. SHARON HANCOCK - \$27,418



Additional Data

Software ID:

Software Version:

EIN: 31-0650283

Name: MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

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				
1ROB CERCEK VICE CHAIR (END 10/19)	(i)	0	0	0	0	0	0	0
	(ii)	455,459	118,061	70,452	106,374	22,866	773,212	0
1MICHAEL CROFTON DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	312,830	47,263	6,284	88,322	25,521	480,220	0
2MARK CLEMENT DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,158,232	264,531	58,822	329,321	17,554	1,828,460	0
3KEVIN JOSEPH MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	535,110	124,151	33,088	125,353	31,823	849,525	0
4STEVE GRACEY SECRETARY (START 7/19)	(i)	0	0	0	0	0	0	0
	(ii)	429,210	86,917	18,522	109,962	31,350	675,961	0
5JOHN WARD TRUSTEE (START 12/19)	(i)	0	0	0	0	0	0	0
	(ii)	416,123	84,343	29,998	131,884	25,963	688,311	0
6PAM COLLINS CHIEF PATIENT SVCS OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	163,506	39,784	4,159	39,178	10,803	257,430	0
7MICHAEL EVERETT PRESIDENT-MHMH	(i)	0	0	0	0	0	0	0
	(ii)	142,071	20,000	10,081	11,129	12,084	195,365	0
8GREGORY CALKINS MD PHYSICIAN	(i)	159,648	0	0	2,568	25,925	188,141	0
	(ii)	0	0	0	0	0	0	0
9SHARON HANCOCK SITE DIRECTOR - HR	(i)	105,791	7,689	53,843	1,439	13,000	181,762	0
	(ii)	0	0	0	0	0	0	0
10STEVEN VORDENBERG PHYSICIAN ASSISTANT	(i)	137,010	0	379	3,484	10,771	151,644	0
	(ii)	0	0	0	0	0	0	0
11NATHAN SIMMONS DIRECTOR-PHARMACY SERVICES	(i)	145,904	9,360	1,113	3,971	12,045	172,393	0
	(ii)	0	0	0	0	0	0	0
12GAIL DONOVAN FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	740,011	155,885	7,922	189,660	9,696	1,103,174	0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Employer identification number

31-0650283

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR AND THREE (3) ADDITIONAL BOARD MEMBERS ELECTED TO THE EXECUTIVE COMMITTEE BY THE BOARD. THE BOARD CHAIR SHALL CHAIR THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN BOARD MEETINGS, THE EXECUTIVE COMMITTEE MAY EXERCISE ALL THE POWERS AND FUNCTIONS OF THE BOARD OF DIRECTORS IN THE MANAGEMENT AND DIRECTION OF THE AFFAIRS OF THE CORPORATION IN MATTERS OF URGENCY WHICH REQUIRE ACTION BETWEEN REGULARLY SCHEDULED OR SPECIAL MEETINGS OF THE BOARD OF DIRECTORS. THREE (3) MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AND THE ACT OF THREE (3) OF THEM SHALL CONSTITUTE THE ACT OF THE EXECUTIVE COMMITTEE. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD OF DIRECTORS AT ITS NEXT MEETING SUCCEEDING SUCH ACTION.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	JAMES FORMAL, ALAN OAK, HILLARY EVANS, MD AND STEVE SNYDER HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF DIRECTORS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL TRUST. MARK CLEMENT AND MYRTIS POWELL HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON THE BOARD OF DIRECTORS OF THE GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE, ALL AFFILIATED ENTITIES OF TRIHEALTH, INC. MARK CLEMENT, KEVIN JOSEPH, MD, MICHAEL EVERETT, MICHAEL CROFTON, STEVE GRACEY AND ROB CERCEK HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF BEING EMPLOYEES OF TRIHEALTH, INC., THE SOLE MEMBER OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE JULY 1, 2019, TRIHEALTH, INC. ("TRIHEALTH") PURCHASED THE REMAINING 40% OWNERSHIP INTEREST IN MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("HOSPITAL") FROM THE MCCULLOUGH-HYDE MEMORIAL HOSPITAL ENDOWMENT FUND ("FUND"). AT THAT TIME, THE ARTICLES OF INCORPORATION AND THE CODE OF REGULATIONS WERE AMENDED IN ORDER TO REMOVE ANY REFERENCE OF THE FUND AS A MEMBER OF THE HOSPITAL AND TO SHOW THAT TRIHEALTH WAS THE SOLE MEMBER INCLUDING ALL RIGHTS THAT GO WITH THAT DESIGNATION.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	TRIHEALTH, INC. IS THE SOLE MEMBER OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS OF MHMH SHALL CONSIST OF TEN (10) INDIVIDUALS APPOINTED BY THE MEMBER AND MAY INCLUDE THE MEMBER'S SENIOR MANAGEMENT, PHYSICIANS, MEMBERS OF THE COMMUNITY AND SUCH OTHER PERSONS AS THE MEMBER DETERMINES APPROPRIATE, WITH NO MINIMUM REPRESENTATION OF ANY STAKEHOLDER. EACH DIRECTOR SHALL SERVE FOR A TERM OF FOUR (4) YEARS.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>THE SOLE MEMBER ("MEMBER") OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL ("MHMH") SHALL HAVE ALL RIGHTS AFFORDED TO MEMBERS OF NONPROFIT CORPORATIONS UNDER SECTION 1702 OF THE OHIO REVISED CODE, AS AMENDED. THE CHIEF EXECUTIVE OFFICER OF TRIHEALTH, INC. ("CEO OF THE MEMBER") IS THE PERSON APPOINTED BY THE MEMBER TO OVERSEE THE ACTIVITIES AND AFFAIRS OF THE CORPORATION, AND THE CEO OF THE MEMBER MAY DELEGATE THIS RESPONSIBILITY TO ONE OR MORE OTHER EXECUTIVES EMPLOYED BY THE MEMBER. THE MEMBER SHALL HAVE THE POWER TO TRANSFER ASSETS OF THE CORPORATION OR TO REQUIRE THE CORPORATION TO TRANSFER ASSETS TO THE MEMBER, TO THE EXTENT NECESSARY TO ACCOMPLISH THE MEMBER'S GOALS AND OBJECTIVES, AND TO PROVIDE FOR THE PAYMENT OF ALL INDEBTEDNESS OF THE MEMBER OR AN ENTITY CONTROLLED BY, CONTROLLING, OR UNDER COMMON CONTROL WITH THE MEMBER (FOR PURPOSES OF THIS SECTION, A "MEMBER AFFILIATE"), ISSUED OR INCURRED BY OR ON BEHALF OF THE MEMBER OR A MEMBER AFFILIATE IN FURTHERANCE OF THE MEMBER'S GOALS AND OBJECTIVES. THE CORPORATION SHALL NOT BE REQUIRED TO VIOLATE ITS CHARITABLE PURPOSES, THE TERMS OF ANY RESTRICTED GIFTS, THE PROVISIONS OF THE NETWORK AFFILIATION AGREEMENT, THE PROVISIONS OF THE ORDERS, OR THE COVENANTS OF ITS DEBT INSTRUMENTS AS A RESULT OF ANY ASSET TRANSFERS MADE OR DIRECTED BY THE MEMBER. THE CORPORATION SHALL NOT TRANSFER ASSETS TO ENTITIES OTHER THAN THE MEMBER OR MEMBER AFFILIATES WITHOUT THE APPROVAL OF THE MEMBER, EXCEPT FOR TRANSFERS PREVIOUSLY APPROVED BY THE MEMBER, EITHER INDIVIDUALLY OR AS PART OF THE MEMBER BUDGET PROCESS, AND EXCEPT FOR TRANSFERS TO AN AFFILIATE OR SUBSIDIARY OF THE CORPORATION, BUT SUBJECT IN ALL CASES TO THE PROVISIONS OF THE NETWORK AFFILIATION AGREEMENT AND THE ORDERS. TO THE EXTENT PERMITTED BY LAW AND IN ADDITION TO ANY AUTHORIZATION, CONSENT, OR APPROVAL REQUIRED BY ANY RULE OR REGULATION, ANY MATTER OR TRANSACTION OF THE CORPORATION REQUIRING APPROVAL, REVIEW AND/OR RECOMMENDATION BY THE MEMBER UNDER THE NETWORK AFFILIATION AGREEMENT OR THE ORDERS MUST BE APPROVED, REVIEWED OR RECOMMENDED BY THE MEMBER BEFORE THE CORPORATION MAY ENGAGE OR PARTICIPATE IN, UTILIZE ITS INCOME OR ASSETS IN CONNECTION WITH, OR OTHERWISE BE ASSOCIATED WITH SUCH MATTERS OR TRANSACTIONS.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE GOVERNING BODY RECEIVES AN ELECTRONIC COPY OF THE FORM 990 INCLUDING REQUIRED SCHEDULE S, AS ULTIMATELY FILED WITH THE INTERNAL REVENUE SERVICE, FOR REVIEW AND APPROVAL PRIOR TO FILING.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE CERTAIN FINANCIAL INTERESTS AND FIDUCIARY RELATIONSHIPS. THE EXECUTIVE COMMITTEE AND CORPORATE COUNSEL REVIEW RESPONSES, CONDUCT FURTHER INVESTIGATION, IF NECESSARY, AND DETERMINE WHEN A CONFLICT EXISTS WITH RESPECT TO A CERTAIN TRANSACTION. IF A CONFLICT EXISTS, THE TRANSACTION IS NOT TO BE ENTERED INTO UNLESS ALTERNATIVES ARE FULLY INVESTIGATED AND, IN THEIR ABSENCE, THE BOARD, WITHOUT PARTICIPATION OF THE INTERESTED MEMBER(S), DETERMINES THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. PLANS TO MANAGE THE CONFLICT DURING THE RELATIONSHIP ARE IMPLEMENTED. ALL DISCUSSIONS ARE APPROPRIATELY DOCUMENTED. ALL DIRECTORS AND MANAGERS, WHICH INCLUDE OFFICERS AND KEY EMPLOYEES, ARE REQUIRED TO ANNUALLY DISCLOSE ANY CIRCUMSTANCES, INCLUDING FAMILY AND BUSINESS RELATIONSHIPS, THAT MAY CAUSE A CONFLICT OF INTEREST FOR THE ORGANIZATION. THESE RESPONSES ARE REVIEWED AND ACTED UPON BY A CONFLICT OF INTEREST COMMITTEE.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MCCULLOUGH-HYDE MEMORIAL HOSPITAL'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE PRESENTED TO THE CITY COUNCIL OF OXFORD ANNUALLY AT A MEETING THAT IS OPEN TO THE PUBLIC.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	REMOVAL OF NON-CONTROLLING INTEREST -3,966,550. MISCELLANEOUS 139.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCIAL STATEMENTS OF MCCULLOUGH-HYDE MEMORIAL HOSPITAL ARE AUDITED AS PART OF TRIHEALTH, INC. AND ITS SUBSIDIARIES AND AFFILIATES ("TRIHEALTH"). TRIHEALTH HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF BOTH ITS AND ITS SUBSIDIARIES AND AFFILIATES FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF THE INDEPENDENT AUDITOR. DURING THE TAX YEAR, THERE WAS NOT A CHANGE IN THE PROCESS OF AUDIT OVERSIGHT AND/OR SELECTION OF AN INDEPENDENT AUDITOR BY TRIHEALTH.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

Employer identification number  
31-0650283

Part I

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

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

Part II

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> HEALTHCARE SOLUTIONS NETWORK LLC 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 47-2103334	PHYSICIAN HOSPITAL ORGANIZATION	OH	N/A									
<b>(2)</b> PREFERRED LAB PARTNERS LLC ONE MEDICAL VILLAGE DR SUITE B EDGEWOOD, KY 41017 82-4758763	LABORATORY SERVICES	KY	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> TRIHEALTH PHYSICIANS OF INDIANA INC 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 46-1125130	PHYSICIAN PRACTICES	OH	N/A	C				Yes	
<b>(2)</b> TRIHEALTH PHYSICIAN SOLUTIONS INC 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1444353	CLAIMS ADMINISTRATION	OH	N/A	C				Yes	
<b>(3)</b> TRIHEALTH CIPHO INC 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 46-3294306	PHYSICIAN HEALTH ORGANIZATION	OH	N/A	C				Yes	
<b>(4)</b> PREMIERE MEDICAL OWNERS ASSOCIATION 625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 14-1913019	CONDO ASSOCIATION	OH	N/A	C				Yes	
<b>(5)</b> SERVE INSURANCE LTD PO BOX 69 CAMANA BAY, GRAND CAYMAN CJ 98-1529310	ALTERNATIVE RISK FINANCING	CJ	N/A	C				Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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) TRIHEALTH PHYSICIAN ENTERPRISE CORP	A	250,361	FMV
(2) TRIHEALTH INC	M	901,833	COST
(3) TRIHEALTH PHYSICIAN ENTERPRISE CORP	M	169,351	COST
(4) TRIHEALTH INC	P	30,126,277	COST

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

[illegible]



**Part VII**

**Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-0650283

Name: MCCULLOUGH-HYDE MEMORIAL HOSPITAL  
INCORPORATED

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1438846	SUPPORT TO AFFILIATED HOSPITALS	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 12B	N/A		No
110 NORTH POPLAR OXFORD, OH 45056 23-7374256	OBTAIN CHARITABLE CONTRIBUTIONS, MANAGE THEM AND DISBURSE BY BOARD	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 12C	N/A		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 27-3893817	HEALTHCARE SERVICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 7	TRIHEALTH INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1383365	PHYSICIAN PRACTICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 10	TRIHEALTH INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1074519	PHYSICIAN PRACTICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 10	TRIHEALTH INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-0537122	INPATIENT AND OUTPATIENT SERVICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 3	TRIHEALTH INC		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1027660	HEALTHCARE SERVICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 12B	BETHESDA INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1242442	HEALTHCARE SERVICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 12A	BETHESDA HOSPITAL INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1352694	PROPERTY MANAGEMENT	OH	SECTION 501(C)(2)		BETHESDA HOSPITAL INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-0917155	HOSPICE SERVICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 10	BETHESDA HOSPITAL INC	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1179234	COUNSELING TO GRIEVING CHILDREN	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 7	HOSPICE OF CINCINNATI INCORPORATED	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-0537486	INPATIENT AND OUTPATIENT SERVICES	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 3	TRIHEALTH INC		No
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 31-1778403	EDUCATION	OH	SECTION 501(C)(3)	SCHEDULE A, LINE 2	THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	Yes	
625 EDEN PARK DRIVE 7TH FLOOR CINCINNATI, OH 45202 23-7419853	DIALYSIS	OH	SECTION 501(C)(2)		THE GOOD SAMARITAN HOSPITAL OF CINCINNATI OHIO	Yes	