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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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization
PIKE HEALTH SERVICES INC

Doing business as
ADENA PIKE MEDICAL CENTER

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 DAWN LANE

City or town, state or province, country, and ZIP or foreign postal code
WAVERLY, OH 45690

F Name and address of principal officer:
DAVE ZANNI
100 DAWN LANE
WAVERLY, OH 45690

D Employer identification number
31-1072406

E Telephone number
(740) 947-2186

G Gross receipts \$ 21,053,650

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.ADENA.ORG

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

L Year of formation: 1983

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PIKE HEALTH SERVICES, INC. IS HIGH QUALITY, COMPASSIONATE HEALTHCARE ORGANIZATION. PIKE HEALTH SERVICES IS ACCESSIBLE TO THE COMMUNITY, COMMITTED TO EXCELLENCE, RESPECTFUL OF EACH INDIVIDUAL, AND FOUNDED ON SERVICE TO OTHERS.

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)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

Expenses

Net Assets or Fund Balances

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

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

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

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

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

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer
LISA CARLSON CFO
Type or print name and title

2020-11-11
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-11-11

Check ☐ if self-employed

PTIN P00796388

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 250 S HIGH ST SUITE 100
COLUMBUS, OH 43215

Phone no. (614) 849-3000

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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

TO CARE, TO HEAL, TO EDUCATE.

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

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

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

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

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

4a	(Code:) (Expenses \$ 15,652,165 including grants of \$ 0) (Revenue \$ 20,932,813)
See Additional Data	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-----------	--

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

4e	Total program service expenses ▶ 15,652,165
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 SHARON WISECUP VP SYSTEM FINANCE 272 HOSPITAL ROAD CHILLICOTHE, OH 456019031 (740) 779-4478

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) JEFF GRAHAM AHS CEO	1.00 50.00			X				0	1,145,693	461,792
(2) LISA CARLSON AHS CFO	1.00 50.00			X				0	735,044	261,617
(3) KATHI EDRINGTON AHS COO	1.00 50.00			X				0	660,899	247,871
(4) JOHN FORTNEY FORMER AHS CEO	0.00 50.00						X	0	703,192	4,181
(5) DAVID KESSLER CHIEF OF MEDICAL STAFF	0.00 50.00	X						0	321,009	3,757
(6) DAVE ZANNI CEO	50.00 0.00			X				239,025	0	79,916
(7) ANDREW BAUER ASST ADMINISTRATOR	45.00 0.00					X		108,078	0	55,397
(8) PAUL MONTAVON PHARMACIST	45.00 0.00					X		0	136,257	21,239
(9) ELEANOR BOLNER DEPT MGR	45.00 0.00					X		0	110,857	34,157
(10) KELLEY MURPHY DEPT MGR	45.00 0.00					X		0	119,659	24,288
(11) CONNIE SHELLEY TRUSTEE	2.00 0.00	X						0	0	0
(12) JOSH REMY TRUSTEE	2.00 0.00	X						0	0	0
(13) JUDY SCHMITT TRUSTEE	2.00 0.00	X						0	0	0
(14) PAUL ADKINS TRUSTEE	2.00 0.00	X						0	0	0
(15) RENEA GREGORY TRUSTEE	2.00 0.00	X						0	0	0
(16) TONY DIXON TRUSTEE	2.00 0.00	X						0	0	0
(17) ANTHONY FISH TRUSTEE/CHAIR	2.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VAL FRANCIS	2.00							0	0	0
TRUSTEE/VICE CHAIR	0.00	X		X						

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	347,103	3,932,610	1,194,215

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PREMIER PHYSICIAN SERVICES 332 CONGRESS PARK DRIVE DAYTON, OH 45459	ER COVERAGE	1,423,750
CAPTIVE RADIOLOGY 6273 FRANK AVENUE NW NORTH CANTON, OH 44720	MRI SERVICES	645,355
NTHRIVE INC 200 NORTH POINT CENTER E ALPHARETTA, GA 30022	REVENUE CYCLE MANAGEMENT	196,584
MEDCARE AMBULANCE 3699 PARAGON DRIVE COLUMBUS, OH 43228	TRANSPORT SERVICES	116,341

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4

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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	16,239									
	e Government grants (contributions)		1e	10,170									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	16,794									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f ▶		43,203										
Program Service Revenue			Business Code										
	2a NET PATIENT SVC REV		622110	20,676,215		20,676,215							
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f. ▶		20,676,215										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			4,175				4,175					
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a Gross rents		6a	13,598									
	b Less: rental expenses		6b	0									
	c Rental income or (loss)		6c	13,598									
	d Net rental income or (loss) ▶				13,598		13,598						
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss) ▶												
	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 EHR IMPLEMENTATION			622110		243,000		243,000						
b CAFETERIA REVENUE			722514		73,459		73,459						
c													
d All other revenue													
e Total. Add lines 11a-11d ▶					316,459								
12 Total revenue. See instructions ▶					21,053,650		20,932,813						
					0		77,634						

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	318,942		318,942	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,026,859	5,818,956	1,207,903	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	1,715,199	1,362,978	352,221	
10 Payroll taxes	519,873	412,062	107,811	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,352,912	2,028,686	324,226	
12 Advertising and promotion				
13 Office expenses	1,158,328	709,036	449,292	
14 Information technology				
15 Royalties				
16 Occupancy	397,098	16,182	380,916	
17 Travel	50,099	30,082	20,017	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,070	4,148	-78	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,316,893	1,124,211	192,682	
23 Insurance	63,493	37,784	25,709	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CORPORATE OVERHEAD ALLO	2,991,265	568,685	2,422,580	
b BAD DEBT EXPENSE	1,806,433	1,806,433		
c MEDICAL SUPPLIES	1,370,434	1,315,845	54,589	
d FRANCHISE FEES	428,729	417,077	11,652	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,520,627	15,652,165	5,868,462	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		2,058,012	1	1,911,489	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		2,030,030	4	2,433,606	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		650,963	7	165,891	
	8	Inventories for sale or use		291,768	8	389,477	
	9	Prepaid expenses and deferred charges			9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	15,978,161			
	b	Less: accumulated depreciation	10b	7,599,857	8,948,330	10c	8,378,304
	11	Investments—publicly traded securities			11		
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,813,000	15	1,771,000	
16	Total assets. Add lines 1 through 15 (must equal line 34)		15,792,103	16	15,049,767		
Liabilities	17	Accounts payable and accrued expenses		1,184,598	17	1,113,860	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,996,406	25	1,948,431	
	26	Total liabilities. Add lines 17 through 25		3,181,004	26	3,062,291	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		12,611,099	27	11,984,709	
	28	Net assets with donor restrictions		0	28	2,767	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		12,611,099	32	11,987,476	
33	Total liabilities and net assets/fund balances		15,792,103	33	15,049,767		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,053,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,520,627
3	Revenue less expenses. Subtract line 2 from line 1	3	-466,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,611,099
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-156,646
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,987,476

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

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

Additional Data

Software ID:
Software Version:
EIN: 31-1072406
Name: PIKE HEALTH SERVICES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

PIKE HEALTH SERVICES, INC. IS A 25- BED CRITICAL ACCESS HOSPITAL LOCATED IN THE STATE OF OHIO IN PIKE COUNTY. IN 2019, PIKE HEALTH SERVICES, INC. HAD 545 INPATIENT DISCHARGES AND 10,774 EMERGENCY ROOM PATIENTS. DURING THE YEAR, PIKE HEALTH SERVICES, INC PARTICIPATED IN HEALTH FAIRS OFFERING SCREENING AND EDUCATION FOR DIABETES, CHOLESTEROL AND ARTHRITIS FOR BOTH ADULTS AND CHILDREN.PIKE HEALTH SERVICES MAINTAINS CLINIC OFFICE SPACE FOR VISITING PHYSICIAN SPECIALISTS FROM ADENA HEALTH SYSTEM TO SEE PATIENTS AT A DESTINATION CLOSER TO THEIR HOMES. THESE INCLUDE GENERAL SURGEONS, ONCOLOGISTS, UROLOGISTS, AND GYNECOLOGISTS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIKE HEALTH SERVICES INC

Employer identification number
31-1072406

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

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

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

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 31-1072406
Name: PIKE HEALTH SERVICES INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization PIKE HEALTH SERVICES INC	Employer identification number 31-1072406
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		834
j	Total. Add lines 1c through 1i			834
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE OHIO HOSPITAL ASSOCIATION DOES LOBBYING ON BEHALF OF HOSPITAL RELATED CAUSES. THIS ACTIVITY IS PAID FOR THROUGH DUES PAID TO THE OHIO HOSPITAL ASSOCIATION.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIKE HEALTH SERVICES INC

Employer identification number
31-1072406

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		350,000		350,000
b Buildings		7,305,067	2,241,607	5,063,460
c Leasehold improvements				
d Equipment		7,998,225	5,147,775	2,850,450
e Other		324,869	210,475	114,394
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				8,378,304

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) GROUND LEASE	1,771,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	1,771,000

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,948,431

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

Schedule D (Form 990) 2019

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII	Supplemental Information (continued)
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Return Reference	Explanation
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SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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

Name of the organization
PIKE HEALTH SERVICES INC

Employer identification number
31-1072406

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	Yes	
b	If "Yes," was it a written policy?	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 type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing 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 type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	Yes	
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"?	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
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?		No
6a	Did the organization prepare a community benefit report during the tax year?	Yes	
b	If "Yes," did the organization make it available to the public?	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)			613,191	1,208,824	0	0 %
b Medicaid (from Worksheet 3, column a)			5,466,760	2,843,951	2,622,809	13.300 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			6,079,951	4,052,775	2,622,809	13.300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			9,980		9,980	0.050 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			1,173,369		1,173,369	5.950 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			1,183,349		1,183,349	6.000 %
k Total. Add lines 7d and 7j			7,263,300	4,052,775	3,806,158	19.300 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	10,494,622
6 Enter Medicare allowable costs of care relating to payments on line 5	6	10,857,603
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-362,981
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
PIKE HEALTH SERVICES INC**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**1** Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?**1**

No

2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.**2**

No

3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.**3**

Yes

If "Yes," indicate what the CHNA report describes (check all that apply):

- a** ☒ A definition of the community served by the hospital facility
- b** ☒ Demographics of the community
- c** ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d** ☒ How data was obtained
- e** ☒ The significant health needs of the community
- f** ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g** ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h** ☒ The process for consulting with persons representing the community's interests
- i** ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j** ☐ Other (describe in Section C)

4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19**5** In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted**5**

Yes

6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C**6a**

Yes

b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.**6b**

Yes

7 Did the hospital facility make its CHNA report widely available to the public?**7**

Yes

If "Yes," indicate how the CHNA report was made widely available (check all that apply):

- a** ☒ Hospital facility's website (list url): HTTPS://TINYURL.COM/YXWFCDQ6
- b** ☐ Other website (list url): _____
- c** ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d** ☒ Other (describe in Section C)

8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.**8**

Yes

9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 19**10** Is the hospital facility's most recently adopted implementation strategy posted on a website?**10**

Yes

a If "Yes" (list url): HTTPS://TINYURL.COM/YXWFCDQ6**b** If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?**10b****11** Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.**12a** Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?**12a**

No

b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?**12b****c** If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

PIKE HEALTH SERVICES INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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):	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 checked="" 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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTPS://TINYURL.COM/Y5BP84C7</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTPS://TINYURL.COM/Y5BP84C7</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTPS://TINYURL.COM/Y5BP84C7</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input 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**

PIKE HEALTH SERVICES INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

PIKE HEALTH SERVICES INC

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
22		
23		No
24		No

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

[illegible]

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 1 - ADENA FAMILY MEDICINE - PIKETON 100 INDIAN RIDGE DRIVE PIKETON, OH 45661	PHYSICIAN OFFICES
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	ADENA HEALTH SYSTEM EIN: 31-4379443
PART I, LINE 7:	THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2 WAS USED TO CONVERT CHARGES TO COSTS IN LINE 7A AND 7B. ACTUAL COSTS WERE USED IN LINE 7E.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	BAD DEBT EXPENSE OF \$1,806,433 WAS DEDUCTED FROM TOTAL OPERATING EXPENSES WHEN CALCULATING THE PERCENTAGES IN THIS COLUMN.
PART III, LINE 2:	THE BAD DEBT EXPENSE LISTED ON PART III, LINE 2 IS DERIVED FROM THE FINANCIAL STATEMENTS WITH THE COST TO CHARGE RATIO AGREED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	WE DO NOT HAVE SEPARATE FINANCIAL STATEMENTS FOR ADENA PIKE MEDICAL CENTER. IT IS INCLUDED IN THE CONSOLIDATED STATEMENTS OF ADENA HEALTH SYSTEM. THE FOOTNOTE IN OUR FINANCIAL STATEMENTS INCLUDES THE FOLLOWING ABOUT OUR BAD DEBT EXPENSE AND ALLOWANCE FOR UNCOLLECTIBLES. "ACCOUNTS RECEIVABLE FOR PATIENTS, INSURANCE COMPANIES, AND GOVERNMENTAL AGENCIES ARE BASED ON GROSS CHARGES, REDUCED BY EXPLICIT PRICE CONCESSIONS PROVIDED TO THIRD-PARTY PAYORS, DISCOUNTS PROVIDED TO QUALIFYING INDIVIDUALS AS PART OF THE SYSTEM'S FINANCIAL ASSISTANCE POLICY, AND IMPLICIT PRICE CONCESSIONS PROVIDED PRIMARILY TO SELF-PAY PATIENTS. ESTIMATES FOR EXPLICIT PRICE CONCESSIONS ARE BASED ON PROVIDER CONTRACTS, PAYMENT TERMS FOR RELEVANT PROSPECTIVE PAYMENT SYSTEMS, AND HISTORICAL EXPERIENCE, ADJUSTED FOR ECONOMIC CONDITIONS AND OTHER TRENDS AFFECTING THE SYSTEM'S ABILITY TO COLLECT OUTSTANDING AMOUNTS.FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS SIGNIFICANT IMPLICIT PRICE CONCESSIONS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE."
PART III, LINE 8:	THE ADENA HEALTH SYSTEM SERVICE AREA IS A RURAL 13 COUNTY AREA IN SOUTHERN OHIO. ADENA HEALTH SYSTEM HAS EVALUATED THE COMMUNITY HEALTH NEEDS AND HAS IMPORTANT PROGRAMS AND SERVICES THAT ARE DESIGNED TO MEET THE NEEDS OF ADENA'S BROAD SERVICE AREA. HOWEVER, ONE OF THE MOST SIGNIFICANT HEALTH NEEDS MET BY ADENA IS THE IDENTIFICATION OF PHYSICIAN AND ADVANCED PRACTICE PROVIDERS FOR EACH SPECIALTY OF CARE. ADENA RECRUITS, SUPPORTS, AND PROVIDES THE INFRASTRUCTURE FOR PROVIDERS IN SPECIALTIES RANGING FROM PRIMARY CARE TO INTERVENTIONAL CARDIOLOGY. IN ADENA'S RURAL, APPALACHIAN SERVICE AREA, PHYSICIAN AND OTHER KEY CLINICAL AND SUPPORT STAFF ARE DIFFICULT TO RECRUIT AND RETAIN WHICH ELEVATES THE MARKET SALARY FOR SPECIALIZED STAFF. THE MEDICARE TWO PERCENT SEQUESTRATION IS ALSO A COMPONENT OF THE SHORTFALL CALCULATION. BASED ON THESE ISSUES, WE BELIEVE SERVICE TO OUR MEDICARE POPULATION, THAT RESULTED IN A MEDICARE SHORTFALL OF \$362,981 IS A COMMUNITY BENEFIT. ALSO, THE HOSPITAL USED THE METHODOLOGY REQUIRED FOR COMPLETING THE MEDICARE COST REPORT WHEN DETERMINING THE AMOUNT ON PART III - LINE 6.PRIOR YEAR SETTLEMENTS FOR MEDICARE-RELATED SERVICES THAT WERE BOOKED IN THE CURRENT TAX YEAR ARE ALSO INCLUDED IN THE CURRENT TAX YEAR CALCULATION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	IF THE RESPONSIBLE INDIVIDUAL HAS NOT SUBMITTED A COMPLETE APPLICATION FOR FINANCIAL ASSISTANCE OR HAS NOT PAID-IN-FULL, FOUR SEPARATE STATEMENTS ARE SENT OUT FOR THE COLLECTION OF SELF-PAY ACCOUNTS. THE FINAL STATEMENT SENT WILL INFORM THE INDIVIDUAL OF POSSIBLE EXTRAORDINARY COLLECTION ACTIONS (ECA) TO BE TAKEN IF FINANCIAL ASSISTANCE IS NOT APPLIED FOR OR THE ACCOUNT IS NOT PAID IN FULL. AFTER THE FINAL STATEMENT AND BEFORE ECAS ARE TAKEN, REASONABLE EFFORTS ARE MADE TO ORALLY CONTACT THE INDIVIDUAL AS A FINAL NOTICE. PATIENTS WHO CANNOT PAY CHARGES IN FULL MAY ALSO BE OFFERED A PAYMENT PLAN THAT IS CONSISTENT WITH PIKE HEALTH SERVICES INC.'S CUSTOMER SERVICE PROCEDURES.
PART VI, LINE 3:	THE AVAILABILITY OF FINANCIAL ASSISTANCE IS COMMUNICATED IN THE FOLLOWING MANNER: 1. STATEMENTS FROM ADENA AS WELL AS COLLECTION VENDORS EXPLAIN AND LIST THE 100% AND 60% ASSISTANCE GUIDELINES ON THE BACKSIDE OF THE STATEMENT. 2. THERE IS SIGNAGE EXPLAINING THE PROGRAM AT ALL THE REGISTRATION AREAS. 3. A CONTRACTED VENDOR SUPPLIES STAFF AT THE CASHIER AREA TO EXPLAIN OPTIONS AVAILABLE TO THE PATIENT. 4. WE SEND AN APPLICATION WITH THE SELF-PAY DISCOUNT LETTERS IN CASE THE PATIENT/GUARANTOR CAN'T SET UP A PAYMENT PLAN. 5. THE CUSTOMER SERVICE STAFF IS EDUCATED ON ALL THE OPTIONS AND CAN EXPLAIN THE PROGRAMS WHEN PATIENTS CALL. 6. OUR PHYSICIAN OFFICES, AS WELL AS COLLECTION VENDORS HAVE FINANCIAL AID APPLICATIONS AVAILABLE. 7. LASTLY, WE UTILIZE A "HINDSIGHT" VENDOR THAT SCREENS ALL BAD DEBT ACCOUNTS, AFTER THE YEAR-END, AGAINST THE STATE MEDICAID ELIGIBILITY AND FEDERAL POVERTY GUIDELINES TO ATTEMPT ONE LAST EFFORT TO OBTAIN FINANCIAL ASSISTANCE FOR INDIVIDUALS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>PIKE COUNTY, HOME OF THE ADENA PIKE MEDICAL CENTER (APMC), IS LOCATED IN SOUTH CENTRAL OHIO. IT IS PART OF THE 2ND CONGRESSIONAL DISTRICT AND IS ONE OF OHIO'S 32 APPALACHIAN COUNTIES. IT CONTAINS THE POPULATION PATTERNS AND DISTINCT ECONOMIC CONDITIONS INHERENT OF THIS REGION OF THE U.S AND FACES SIMILAR CHALLENGES IN DIVERSIFYING ITS ECONOMY TO IMPROVE THE LIVES OF ITS 28,160 RESIDENTS.THERE ARE 10,816 HOUSEHOLDS IN PIKE COUNTY. THE AVERAGE HOUSEHOLD SIZE IS 2.61 PEOPLE, COMPARABLE WITH THE REST OF THE 12 COUNTY SERVICE REGION AND OHIO. THE AVERAGE FAMILY SIZE IS AS WELL WITH 3.11 PEOPLE.MORE THAN 22% OF THE ADULTS IN PIKE COUNTY HAVE NOT GRADUATED FROM HIGH SCHOOL. THIS PERCENTAGE IS HIGHER THAN THE AVERAGES FOR THE REGION (18.9%), OHIO (12.2%) AND THE NATION (14.6%). LESS THAN 12% HAVE A COLLEGE DEGREE. MORE THAN 12% OF THE POPULATION OF PIKE COUNTY IS ESTIMATED TO BE FUNCTIONALLY ILLITERATE, OR LACKING THE READING AND WRITING SKILLS SUFFICIENT FOR ORDINARY PRACTICAL NEEDS. THE UNEMPLOYMENT RATE IN PIKE COUNTY (10.7%) IS CONSIDERABLY HIGHER THAN THE REGIONAL (6.8%), STATE (6%) AND U.S. (7.7%) AVERAGES. IN ADDITION, MORE THAN 44.5% OF THE POPULATION IS NOT IN THE WORKFORCE. THIS IS HIGHER THAN THE STATE (35.4%) AND NATIONAL AVERAGES (35.2%). THE TOP FIVE EMPLOYMENT INDUSTRIES IN PIKE COUNTY ARE MANAGEMENT/BUSINESS/SCIENCE (28.9%), SERVICE (21.5%) SALES (23%), PRODUCTION/TRANSPORTATION SERVICES (19.2%), SALES (18.2%), AND NATURAL RESOURCES/CONSTRUCTION/MAINTENANCE. PIKE COUNTY HAS A GREATER PERCENTAGE OF PEOPLE EMPLOYED IN PRODUCTION, TRANSPORTATION AND MATERIAL MOVING OCCUPATIONS (19.2%) THAN THE REGIONAL, STATE AND NATIONAL AVERAGES. THE PER CAPITA MEDIAN AND MEAN HOUSEHOLD INCOMES IN PIKE COUNTY OHIO ARE MUCH LOWER THAN THE STATE AND U.S. AVERAGES. POVERTY RATES ARE ALSO HIGHER THAN REGIONAL, STATE AND NATIONAL AVERAGES. ACCESS TO EMPLOYMENT IN PIKE COUNTY IS ALSO LOWER THAN OTHER COUNTIES IN THE REGION.PIKE COUNTY AND ITS ENTIRE SURROUNDING SERVICE REGION HAVE A HIGHER PREVALENCE OF DISABILITY THAN THE REST OF OHIO. SEVEN OF THE 12 COUNTIES IN THE SERVICE REGION, INCLUDING PIKE COUNTY, HAVE DISABILITY PREVALENCE RATES OF 16.7% - 22%.</p>
PART VI, LINE 5:	<p>ADENA PIKE MEDICAL CENTER WORKS TO PROMOTE THE HEALTH OF ITS COMMUNITY THROUGH A LOCAL BOARD. THE 2019 BOARD OF TRUSTEES OF ADENA PIKE MEDICAL CENTER WAS COMPRISED OF NINE MEMBERS. ONE OF THE BOARD MEMBERS IS AN EMPLOYEE OF ADENA HEALTH SYSTEM. ALL BOARD MEMBERS RESIDE IN THE HOSPITAL'S SERVICE AREA.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6:	<p>FOUNDED IN 1895, ADENA HEALTH SYSTEM IS AN INDEPENDENT, NOT-FOR-PROFIT HEALTHCARE ORGANIZATION BASED IN CHILLICOTHE, OH. THE HEALTH SYSTEM INCLUDES THREE HOSPITALS AND SIX REGIONAL CLINICS, WITH A TOTAL OF 311 BEDS. ADENA SERVES THE NEEDS OF NEARLY 500,000 PEOPLE IN 13 COUNTIES, LIVING IN OHIO'S APPALACHIAN REGION. OUR FACILITIES INCLUDE: ADENA REGIONAL MEDICAL CENTER: A 261-BED INPATIENT HOSPITAL IN CHILLICOTHE, OH FEATURING AN EMERGENCY DEPARTMENT, DIAGNOSTIC AND TREATMENT SERVICES, ADVANCED SURGICAL SUITES, INTENSIVE/CARDIAC CARE, MEDICAL OFFICE BUILDING AND THE ADENA HEALTH PAVILION, WHICH INCLUDES OUTPATIENT SURGERY, PHYSICIAN OFFICES AND THE ADENA SLEEP CENTER. IN 2011, ADENA INVESTED \$21 MILLION IN THE CONSTRUCTION OF A 35,000 SQUARE-FOOT CANCER CENTER TO PROVIDE PATIENTS WITH ACCESS TO CANCER DIAGNOSIS AND TREATMENT AT A FACILITY NEAR THEIR HOMES. THE CANCER CENTER OPENED IN JANUARY 2012. GREENFIELD AREA MEDICAL CENTER AND PIKE HEALTH SERVICES, INC.: BOTH ARE CRITICAL ACCESS HOSPITALS, EACH WITH A 25-BED INPATIENT FACILITY IN GREENFIELD, OH AND WAVERLY, OH, RESPECTIVELY. EACH FEATURES AN EMERGENCY DEPARTMENT, INPATIENT CARE INCLUDING REHABILITATION AND MEDICAL/SURGICAL, DIAGNOSTIC AND TREATMENT SERVICES, AS WELL AS FAMILY PRACTICE AND SPECIALTY PHYSICIANS. THESE TWO HOSPITALS DIRECTLY BENEFIT HIGHLAND COUNTY (GREENFIELD AREA MEDICAL CENTER) AND PIKE COUNTY (PIKE HEALTH SERVICES, INC.) AS WELL AS SURROUNDING COMMUNITIES. ADENA HEALTH CENTERS: LOCATED IN CHILLICOTHE AND WITH REGIONAL SITES IN CIRCLEVILLE, JACKSON, OAK HILL, WELLSTON, HILLSBORO, WASHINGTON COURT HOUSE AND WAVERLY, OH. OUR HEALTH CENTERS INCLUDE PHYSICIAN OFFICES, DIAGNOSTIC AND TREATMENT SERVICES, PHYSICAL, OCCUPATION AND SPEECH THERAPIES. URGENT CARE SERVICES ARE OFFERED IN CHILLICOTHE, HILLSBORO, AND WAVERLY. ADENA HOME CARE AND HOSPICE: PROVIDES HIGHLY PERSONALIZED, QUALITY CARE TO PATIENTS OF FOUR SERVICE LINES -- HOME HEALTH, HOSPICE, HOME RESPIRATORY AND HOME INFUSION. ADENA REHABILITATION AND WELLNESS CENTER: PROVIDES PHYSICAL, OCCUPATIONAL, MASSAGE AND INDUSTRIAL REHABILITATION, AS WELL AS ORTHOPEDICS, SPORTS MEDICINE, WOMEN'S HEALTH, VESTIBULAR, FIBROMYALGIA AND CHRONIC PAIN PROGRAMS, AS WELL AS INDUSTRIAL AND SPECIALIZED HAND PROGRAMS. ADENA COUNSELING CENTER: PROVIDES A WIDE RANGE OF OUTPATIENT COUNSELING SERVICES, INCLUDING GROUP, INDIVIDUAL AND FAMILY COUNSELING. A VARIETY OF SUPPORT GROUPS ALSO MEET AT THE CENTER. OFF-CAMPUS PHYSICIAN OFFICES: A NUMBER OF PHYSICIAN OFFICES ARE LOCATED THROUGHOUT THE REGION SERVED BY ADENA. THESE INCLUDE OFFICES FOR FAMILY PHYSICIANS, ENDOCRINOLOGISTS, GERONTOLOGISTS AND UROLOGISTS. TELEMEDICINE: IN 2011, THE HEALTH SYSTEM CONTINUED ITS AFFILIATION WITH THE SOUTHERN OHIO HEALTH CARE NETWORK (SOHCN). THIS PARTNERSHIP HAS RESULTED IN THE CONSTRUCTION OF AN EXPANSIVE FIBER OPTIC BROADBAND TELECOMMUNICATIONS NETWORK TO SERVE THE HEALTHCARE AND EDUCATIONAL NEEDS OF PEOPLE LIVING IN OHIO'S APPALACHIAN REGION. THROUGH THIS TECHNOLOGY, TELEMEDICINE IS ENABLING PATIENTS TO BE ON ADENA'S CAMPUS, BUT TREATED BY PHYSICIANS OUTSIDE THE REGION. ADENA HAS TELEMEDICINE RELATIONSHIPS WITH OHIO STATE UNIVERSITY MEDICAL CENTER, RIVERSIDE METHODIST HOSPITAL, AND NATIONWIDE CHILDREN'S HOSPITAL IN COLUMBUS.</p>

Additional Data

Software ID:
Software Version:
EIN: 31-1072406
Name: PIKE HEALTH SERVICES INC

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? 1											
Name, address, primary website address, and state license number											
1	PIKE HEALTH SERVICES INC 100 DAWN LANE WAVERLY, OH 45690 WWW.ADENA.ORG ST. REG. NUM. 1299	X	X			X		X			

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
PIKE HEALTH SERVICES, INC.	PART V, SECTION B, LINE 5: THE ADENA PIKE MEDICAL CENTER CAPTURED THE BROAD INTERESTS OF THE COMMUNITY FOR THE CHNA THROUGH THREE PRIMARY METHODS: PUBLIC SURVEYS, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS. A HEALTH NEEDS SURVEY WAS WIDELY DISTRIBUTED IN BOTH ELECTRONIC AND PAPER FORM ACROSS THE ROSS COUNTY COMMUNITY AND RECEIVED MORE THAN 600 RESPONSES. IN ADDITION TO THE SURVEYS, INTERVIEWS WITH LOCAL COMMUNITY LEADERS, INCLUDING CIVIC, PUBLIC HEALTH AND EMERGENCY RESPONSE WERE REQUESTED AND/OR CONDUCTED TO GAIN FURTHER KNOWLEDGE OF SURVEY TOPICS.

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
PIKE HEALTH SERVICES, INC.	PART V, SECTION B, LINE 6A: THE CHNA FOR ADENA PIKE MEDICAL CENTER WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING HOSPITALS: ADENA HEALTH SYSTEM AND SOUTHERN OHIO MEDICAL CENTER

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

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

Form and Line Reference	Explanation
PIKE HEALTH SERVICES, INC.	PART V, SECTION B, LINE 6B: THE CHNA FOR ADENA PIKE MEDICAL CENTER WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING ORGANIZATIONS: PIKE COUNTY GENERAL HEALTH DISTRICT, VALLEY VIEW HEALTH CENTER, COMMUNITY ACTION COMMITTEE OF PIKE COUNTY, OSU EXTENSION-PIKE COUNTY, PIKE HEALTHY LIFESTYLE INITIATIVE (PHLI), PIKE COUNTY JOB AND FAMILY SERVICES, PIKE COUNTY SENIOR CENTER, PIKE COUNTY CHILDREN'S SERVICES, THE RECOVERY COUNCIL, PAINT VALLEY ADAMH, PIKE COUNTY YMCA, PIKE COUNTY SHERIFF'S DEPARTMENT, PIKE COUNTY PARTNERSHIP AGAINST DOMESTIC VIOLENCE, ROSS-PIKE EDUCATIONAL SERVICES DISTRICT.

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
PIKE HEALTH SERVICES, INC.	PART V, SECTION B, LINE 7D: THE CHNA WAS MADE AVAILABLE IN ELECTRONIC FORM THROUGH SOCIAL MEDIA, NEWSPAPER AND RADIO WEBSITES. PRESENTATIONS OF ITS CONTENT WERE MADE TO GOVERNMENT, COMMUNITY AND CIVIC ORGANIZATIONS. HARD COPIES OF THE CHNA REPORT WERE ALSO PRINTED AND SENT TO COMMUNITY LEADERS AND AGENCIES.

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
PIKE HEALTH SERVICES, INC.	PART V, SECTION B, LINE 11: THE FOLLOWING DETAILS THE SPECIFIC IMPLEMENTATION STRATEGIES USED FOR HEALTH PRIORITIES IDENTIFIED FOR THE ADENA PIKE MEDICAL CENTER DURING 2019.SUBSTANCE USE DISORDER COMMUNITY DEVELOPMENTNO COLLABORATIVE AGREEMENT WITH AN IN-PATIENT DETOX FACILITY WAS ACCOMPLISHED IN 2019 IN PIKE COUNTY. HOWEVER A FORMAL AGREEMENT WITH BRIGHTVIEW TREATMENT CENTERS WAS EXECUTED PROVIDING PRIORITY APPOINTMENTS TO ADENA PATIENTS IDENTIFIED WITH SUBSTANCE USE DISORDER. A GRANT FROM OHIO MENTAL HEALTH AND ADDICTION SERVICES WAS ALSO OBTAINED WHICH INSTALLED AN EMERGENCY ROOM SUD NAVIGATOR IN 2019, WHICH WILL INCLUDE SERVICES TO APMC EMERGENCY ROOM PATIENTS. ADVOCACYADENA HEALTH SYSTEM HAS ONE EMPLOYEE WHO DEDICATED A MINIMUM TOTAL OF TWO HOURS A MONTH TO PARTICIPATING IN PIKE COUNTY HEALTH DRUG COALITION MEETINGS AND COORDINATING PROJECTS FOR THE GROUP IN 2019. PROGRAMMING & INITIATIVES THE BABY CENTERED RECOVERY PROGRAM PROVIDED A TOTAL OF 33 WOMEN (FROM MULTIPLE COUNTIES INCLUDING ROSS) WITH PREGNANCY EDUCATION AND ADDICTION COUNSELING, AS WELL AS FOOD AND BABY SUPPLIES AT NO CHARGE TO PARTICIPANTS. A TOTAL OF 23 COMPLETED THE PROGRAM. THE PROGRAM WAS RECOGNIZED AS THE 2018 PROMISING PRACTICES PROGRAM BY THE CENTERS FOR MEDICAID AND MEDICARE.THE EMERGENCY DEPARTMENT WAS ALSO AWARDED A GRANT BY THE OHIO MENTAL HEALTH AND ADDICTION SERVICES FOR THE EDINS PROJECT (EMERGENCY DEPARTMENT INTERCEPT AND NAVIGATION TO SUPPORT) AGENCY IN 2018 TO PROVIDE A SOCIAL WORKER/SUBSTANCE USE DISORDER NAVIGATOR TO ENGAGE PATIENTS IDENTIFIED AS NEEDING SERVICES IN RESOURCES FOR RECOVERY. THESE SERVICES CONTINUED IN 2019.OBESITY AND DIABETESADVOCACYAPMC DEPLOYED REGIONAL PUBLIC SERVICE ANNOUNCEMENTS, INCLUDING PIKE COUNTY, VIA LOCAL RADIO AND SOCIAL MEDIA FOCUSED ON NUTRITION AND FITNESS EDUCATION AND AWARENESS.PROGRAMMING & INITIATIVESAPMC PARTNERED WITH THE PIKE COUNTY OHIO STATE UNIVERSITY EXTENSION OFFICE TO DELIVER COOKING CLASSES TO ADENA PATIENTS WITH OBESITY AND DIABETES. A TOTAL OF 13 FAMILIES WERE SERVED IN ROSS COUNTY WITH NUTRITION EDUCATION, FOOD PREPARATION AND EDUCATION ON SHOPPING HEALTHY ON A BUDGET AND LABEL READING. A TOTAL OF \$1,489 WAS EXPENDED PROVIDING PATIENTS WITH THE SIX-WEEK LONG EDUCATION SERIES . ADENA HEALTH SYSTEM COORDINATED A HEALTHY KIDS EVENT AT THE PIKE COUNTY FAIR WHERE A TOTAL OF 135 CHILDREN WERE PROVIDED 45 MINUTES OF HEALTHY COOKING INSTRUCTION FOLLOWED BY THIRTY MINUTES OF NUTRITION, FITNESS AND WELLBEING EDUCATION.ADENA HEALTH SYSTEM PARTNERED WITH THE PIKE COUNTY LIBRARIES TO COORDINATE THE HEALTHY KIDS SUMMER FUN CHALLENGE, COORDINATED WITH THE BOOKWORM SUMMER READING PROGRAM. A TOTAL OF 276 CHILDREN WERE ENGAGED IN THE PROGRAM WITH 74% PERSISTING THROUGHOUT THE SUMMER WITH THE PROGRAM AND 18% COMPLETING ALL OF THEIR HEALTHY CHALLENGES. PARTICIPANTS ARE OFFERED THE OPPORTUNITY TO EARN PRIZES AS THEY COMPLETE CHALLENGES AND THOSE WHO COMPLETE ALL CHALLENGES ARE ENTERED INTO A DRAWING FOR A NEW BICYCLE. FINANCIAL SUP

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
PIKE HEALTH SERVICES, INC.	<p>PORT & CLINICAL ALIGNMENTADENA HEALTH SYSTEM WORKS TO ALIGN ITS SERVICE LINES AND CLINICS WITH COMMUNITY RESOURCES THAT WILL ADDRESS THE SOCIAL FACTORS AND BARRIERS FACED BY MANY O F ITS RURAL PATIENTS. THIS OFTEN INVOLVES COMMUNITY PARTNERING AND MONETARY SUPPORT FROM A DENA COMMUNITY HEALTH AND DEVELOPMENT. THESE TWO STRATEGIES ARE CONNECTED AND REPORTED TOG ETHER. ADENA HEALTH SYSTEM PARTNERED WITH THE WAY FARMS AND THE PIKE COUNTY OSU EXTENSION TO FUND THE FOOD RX AND FRUIT & VEGGIE PERKS PROGRAM WHICH PROVIDED 25 INDIVIDUAL ADENA PA TIENTS AND COMMUNITY SNAP BENEFICIARIES A TOTAL OF \$1,020 OF FRESH FRUITS AND VEGETABLES.R ESPIRATORY ISSUESPROGRAMMING & INITIATIVESADENA HEALTH SYSTEM COORDINATED THE ADENA QUIT C LINIC WHICH PROVIDED A TOTAL OF 26 PATIENTS FROM PIKE, ROSS AND HIGHLAND COUNTIES, TOBACCO CESSATION COUNSELING, SUPPORT AND NICOTINE REPLACEMENT EDUCATION BY ADENA PHARMACISTS IN 2019.THE ADENA CANCER CENTER PROVIDED A TOTAL OF 1,184 PATIENTS FROM THE REGION INCLUDING PIKE, HIGHLAND AND ROSS COUNTIES WITH FREE LUNG CANCER SCREENINGS IN 2019 WHICH RESULTED I N 33 POSITIVE CANCER FINDINGS.FINANCIAL SUPPORT & CLINICAL ALIGNMENTADENA HEALTH SYSTEM WO RKS TO ALIGN ITS SERVICE LINES AND CLINICS WITH COMMUNITY RESOURCES THAT WILL ADDRESS THE SOCIAL FACTORS AND BARRIERS FACED BY MANY OF ITS RURAL PATIENTS. THIS OFTEN INVOLVES COMMU NITY PARTNERING AND MONETARY SUPPORT FROM ADENA COMMUNITY HEALTH AND DEVELOPMENT. THESE TW O STRATEGIES ARE CONNECTED AND REPORTED TOGETHER. ADENA HEALTH SYSTEM PROVIDED \$15,000 IN SUPPORT FOR RELAY FOR LIFE WHICH ENGAGED THE ROSS, PIKE AND HIGHLAND COMMUNITIES IN CANCER AWARENESS (INCLUDING LUNG CANCER) AND FUNDRAISING FOR RESEARCH.MENTAL HEALTHADVOCACYARMC DEPLOYED REGIONAL PUBLIC SERVICE ANNOUNCEMENTS, INCLUDING PIKE COUNTY, VIA LOCAL RADIO AND SOCIAL MEDIA FOCUSED ON MENTAL HEALTH AWARENESS.PROGRAMMINGTHE ADENA HEALTH SYSTEM HOUSES A VICTIM'S ADVOCATE TEAM IN THE ARMC EMERGENCY DEPARTMENT WHICH PROVIDED A TOTAL OF 432 V ICTIMS OF SEXUAL ASSAULT (ADULT AND PEDIATRIC), DOMESTIC VIOLENCE, CHILD ABUSE, ELDER ABUS E, HUMAN TRAFFICKING AND HATE CRIMES WITH MENTAL HEALTH REFERRAL, SAFETY NET AND SUPPORT S ERVICES FREE OF CHARGE, VALUED AT \$225,000 IN 2019.FINANCIAL SUPPORTADENA PARTNERED WITH T HE PIKE COUNTY SUICIDE PREVENTION COALITION AND THE PAINT VALLEY ADAMH BOARD TO COORDINATE THE COMMUNITY'S FIRST SUICIDE PREVENTION WALK AND MEMORIAL IN AUGUST OF 2019. A TOTAL OF \$1,000 IN SUPPORT WAS PROVIDED FOR THE EVENT.CHILD SAFETY & WELLNESSADVOCACYARMC DEPLOYED REGIONAL PUBLIC SERVICE ANNOUNCEMENTS ACROSS THE HEALTH SYSTEM AND CLINICS FOCUSED ON SAFE SLEEP AWARENESS IN ALL OF ITS COMMUNITIES, INCLUDING PIKE.PROGRAMMING & INITIATIVESTHE AD ENA HEALTH SYSTEM PROVIDED MORE THAN \$449,509 IN ATHLETIC INJURY PREVENTION, DIAGNOSIS, AN D EVALUATION SERVICES TO 12 LOCAL PUBLIC HIGH SCHOOLS WITHIN THE SERVICE REGION IN 2019. A TOTAL OF 12 ATHLETIC TRAINERS WORK WITHIN THE SCHOOL'S ATHLETIC DEPARTMENTS AND FOCUS ON EDUCATING STUDENTS, PARENTS AN</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
PIKE HEALTH SERVICES, INC.	D COACHES ON SPORTS MEDICINE TOPICS, INCLUDING CONCUSSION IDENTIFICATION AND TREATMENT. TH E STAFF IS ALSO READILY AVAILABLE AT ATHLETIC EVENTS AND PROVIDES YEARLY SPORTS PHYSICALS TO MORE THAN 1,200 STUDENTS IN HIGHLAND, JACKSON, PICKAWAY, PIKE, AND ROSS COUNTIES. FINAN CIAL SUPPORTADENA HEALTH SYSTEM PROVIDED A TOTAL OF 4 CRIBS AND 1,280 SLEEP SACKS FOR THE 1,280 BABIES BORN AT THE ADENA WOMEN'S AND CHILDREN'S CENTER IN 2019. PATIENTS COME FROM A NUMBER OF COUNTIES INCLUDING ROSS, PIKE AND HIGHLAND.COMMUNITY HEALTH OUTCOMES AND HEALTH FACTORS SUMMARY-PIKE COUNTY HEALTH OUTCOMES MOVED FROM 87 TO 87 IN 2019 (COUNTY HEALTH RA NKINGS).-PIKE COUNTY HEALTH FACTORS MOVED FROM 86 TO 83 IN 2019 (COUNTY HEALTH RANKINGS).

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, LINE 11 CONTINUED	<p>ADDITIONAL INITIATIVES AND RESOURCES</p> <p>THE ADENA FAMILY MEDICINE - RESIDENCY CLINIC AND THE A DENA RESIDENCY CLINIC INTERNAL MEDICINE CONTINUED OPERATIONS OF ITS CLINIC IN 2019 PROVIDI NG AFFORDABLE, QUALITY HEALTH CARE. THE CLINICS PAIRED ACCESSIBLE PRIMARY CARE MEDICAL SER VICES PROVIDED BY PHYSICIAN INTERNS AND RESIDENTS OF ADENA'S GRADUATE MEDICAL EDUCATION PR OGRAM, FAMILY AND INTERNAL MEDICINE PRECEPTORS PROVIDING SERVICES TO PATIENTS IN THE CLINI C. A TOTAL OF 3,908 UNIQUE PATIENTS, MOSTLY FROM SEVEN COUNTIES (ROSS, FAYETTE, VINTON, PI CKAWAY, PIKE, HIGHLAND AND JACKSON) MADE A TOTAL OF 11,807 VISITS TO THE TWO CLINICS IN 20 19.ADENA ALSO PROVIDES SUPPORT TO THE PIKE COUNTY COMMUNITY THROUGH A VARIETY OF ENGAGEMEN T ACTIVITIES, INCLUDING FINANCIAL SUPPORT AND PARTICIPATION IN LOCAL COMMUNITY EVENTS AND INITIATIVES. IN 2019, MORE THAN 200 ARMC CAREGIVERS PROVIDED A TOTAL OF 3,200 HOURS OF COM MUNITY SERVICE AND VOLUNTEER TIME ENGAGING COMMUNITY AT LOCAL FAIRS AND FESTIVALS, PACKING WEEKEND FOOD BAGS FOR FOOD INSECURE CHILDREN, NON-PROFIT BOARD PARTICIPATION AND LEADERSH IP, AS WELL AS A VARIETY OF ROSS, PIKE AND HIGHLAND COMMUNITY IMPROVEMENT EFFORTS. THESE I NCLUDED:-\$865 TO SUPPORT AN ORAL HEALTHCARE INITIATIVE (DENTAL HYGIENE KITS) FOR STUDENTS ALL FOUR PIKE COUNTY SCHOOL DISTRICTS. -\$700 IN SUPPORT OF VERIFICATION OF THE DATA PORTIO N OF THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT WAS PROVIDED IN PARTNERSHIP WITH THE HIGHL AND COUNTY HEALTH DISTRICT. APPROXIMATELY 10% OF THE ADENA COMMUNITY HEALTH AND DEVELOPMEN T DIRECTOR'S TIME WAS ALSO SUPPLIED TO COMPLETE THE WRITING AND PRODUCTION OF THE ASSESSME NT. -\$10,000 IN SUPPORT OF THE ECONOMIC DEVELOPMENT ALLIANCE OF SOUTHERN OHIO, WHICH PROVI DES BUSINESS AND ECONOMIC DEVELOPMENT SERVICES TO THE REGION. -OVER \$12,918 IN COORDINATED TRANSPORTATION SERVICES TO PATIENTS WITHOUT TRANSPORT TO MEDICAL APPOINTS AND NO INSURANC E COVERAGE INCLUDING PATIENTS IN ROSS, PIKE AND HIGHLAND COUNTIES.-\$5,000 IN SUPPORT TO TH E RONALD MCDONALD HOUSE IN COLUMBUS, OHIO TO SUPPORT NIGHTS OF STAY FOR ROSS COUNTY, HIGHL AND COUNTY AND PIKE COUNTY PARENTS WITH CHILDREN COMPLETING AN IN-PATIENT STAY AT NATIONWI DE CHILDREN'S HOSPITAL. -OVER \$1,300 TO PIKE COUNTY FARM BUREAU TO SUPPORT PIKE COUNTY 4H AND FARM EDUCATION PROGRAMS. ADDITIONAL COMMUNITY COLLABORATIONSROSS COUNTY CHILD PROTECTI ON CENTER: ADENA HEALTH SYSTEM CONTINUED IT'S MORE THAN 20 YEAR RELATIONSHIP WITH AND SUPP ORT OF THE ROSS COUNTY CHILD PROTECTION CENTER IN 2019 WHICH PROVIDES RESOURCES AND COUNSE LING TO YOUNG VICTIMS OF INTERPERSONAL VIOLENCE AND SEXUAL ASSAULT IN A NINE COUNTY SERVIC E REGION THAT INCLUDES ROSS, PIKE AND HIGHLAND COUNTIES. ADENA PROVIDED A TOTAL OF \$63,374 IN FINANCIAL SUPPORT FOR THE CPC'S FACILITY COSTS AND INFORMATION TECHNOLOGY NEEDS. MEDIC AL AND NURSING STAFF ALSO PROVIDE SUPPORT TO THE CENTER. HOPE CLINIC: ADENA PROVIDER, JAMI EASTERDAY, CNP, CONTINUED VOLUNTEER EFFORTS AS THE DIRECTOR OF THE HOPE CLINIC OF ROSS CO UNTY IN 2019. A TOTAL OF 11 PR</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
PART V, SECTION B, LINE 11 CONTINUED	<p> PROVIDERS (9 FROM ADENA HEALTH SYSTEM) VOLUNTEERED MORE THAN 280 HOURS OF CARE AT HOPE CLINIC IN 2019. A TOTAL OF 635 PATIENTS WERE SERVED WITH DENTAL AND MEDICAL CARE, WORTH \$349,603. THIS CLINIC PROVIDES FREE MEDICAL CARE TO THOSE WITHOUT HEALTH INSURANCE COVERAGE, INCLUDING MEDICAL, DENTAL AND VISION CARE. THE CLINIC IS LOCATED IN CHILLICOTHE, OH BUT SERVES PATIENTS FROM AROUND THE REGION INCLUDING ROSS, PIKE AND HIGHLAND COUNTIES. IT IS OPEN ONE DAY PER WEEK. AHS PROVIDES AN ADDITIONAL \$4,000 IN MONETARY SUPPORT FROM ITS COMMUNITY HEALTH BUDGET TO THE HOPE CLINIC FOR CLINICAL RESOURCES. FOR MORE INFORMATION, GO TO HTTP: //WWW.HOPECLINICFREE.ORG/ </p>

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization PIKE HEALTH SERVICES INC		Employer identification number 31-1072406

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFF GRAHAM AHS CEO	(i)	0	0	0	0	0	0	0
	(ii)	766,803	295,478	83,412	432,671	29,121	1,607,485	369,586
2 LISA CARLSON AHS CFO	(i)	0	0	0	0	0	0	0
	(ii)	454,336	217,922	62,786	243,085	18,532	996,661	207,902
3 KATHI EDRINGTON AHS COO	(i)	0	0	0	0	0	0	0
	(ii)	459,195	154,512	47,192	233,532	14,339	908,770	198,707
4 JOHN FORTNEY FORMER AHS CEO	(i)	0	0	0	0	0	0	0
	(ii)	81,026	131,440	490,726	1,418	2,763	707,373	188,152
5 DAVID KESSLER CHIEF OF MEDICAL STAFF	(i)	0	0	0	0	0	0	0
	(ii)	319,391	0	1,618	0	3,757	324,766	0
6 DAVE ZANNI CEO	(i)	182,112	50,725	6,188	64,343	15,573	318,941	50,725
	(ii)	0	0	0	0	0	0	0
7 ANDREW BAUER ASST ADMINISTRATOR	(i)	88,708	19,301	69	21,895	33,502	163,475	19,301
	(ii)	0	0	0	0	0	0	0
8 PAUL MONTAVON PHARMACIST	(i)	0	0	0	0	0	0	0
	(ii)	136,090	0	167	8,436	12,803	157,496	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	DAVE ZANNI HAS MEMBERSHIP IN ROTARY. PURPOSE IS TO ENHANCE PIKE'S ENGAGEMENT IN THE ACTIVITIES OF WAVERLY AND SURROUNDING COMMUNITIES. DAVE ZANNI IS REIMBURSED FOR HIS ROTARY CLUB DUES. THIS IS NOT TREATED AS TAXABLE COMPENSATION.
PART I, LINE 3	THE TOP MANAGEMENT OFFICIAL AT ADENA PIKE MEDICAL CENTER HAS HIS COMPENSATION REVIEWED EVERY OTHER YEAR BY ADENA HEALTH SYSTEM, A RELATED PARTY. THE SYSTEM UTILIZES A SEPARATE COMPENSATION CONSULTING FIRM THAT USES SEVERAL AVAILABLE MARKET STUDIES FOR APPLICABLE POSITIONS IN COMPARABLE MARKETS. THIS PROCESS WAS LAST UNDERTAKEN IN 2019.
PART I, LINES 4A-B	JOHN FORTNEY RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$422,814. THE ORGANIZATION HAS A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). THE FOLLOWING INDIVIDUALS PARTICIPATED IN OR RECEIVED PAYMENT FROM THE SERP IN 2019: JEFF GRAHAM \$107,467 SERP ACCRUAL KATHI EDRINGTON \$61,748 SERP ACCRUAL LISA CARLSON \$61,522 SERP ACCRUAL INCLUDED IN PART II, COLUMN (C) ARE AMOUNTS CREDITED TO THE EXECUTIVE UNDER THE SECTION 457(F) DEFERRED COMPENSATION PLAN. THESE AMOUNTS WERE CREDITED TO AN ACCOUNT FOR THE EXECUTIVE IN PRIOR YEARS. PLEASE NOTE THAT IN PRIOR PERIOD(S) AMOUNTS CREDITED TO THE EXECUTIVE'S ACCOUNT HAVE NOT BEEN DISCLOSED IN PART II, COLUMN (C).
PART I, LINE 7	MANAGEMENT OF ADENA HEALTH SYSTEM HAVE A PORTION OF THEIR ANNUAL SALARY AT RISK UNDER A VARIABLE COMPENSATION PLAN. IF THE OPERATING RESULTS OF AHS MEET A MARGIN TARGET IN ANY FISCAL YEAR, ADDITIONAL COMPENSATION IS PAID THAT IS CALCULATED USING THE OPERATING MARGIN ALONG WITH RESULTS IN EMPLOYEE ENGAGEMENT, PATIENT QUALITY, AND SATISFACTION USING A BALANCED SCORECARD FORMULA.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
PIKE HEALTH SERVICES INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

31-1072406

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF PIKE HEALTH SERVICES IS ADENA HEALTH SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF THE ORGANIZATION NOMINATES TRUSTEES, AND ADENA HEALTH SYSTEM, AS THE SOLE MEMBER OF THE ORGANIZATION, ELECTS THE TRUSTEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CERTAIN GOVERNANCE DECISIONS ARE RESERVED FOR ADENA HEALTH SYSTEM AS THE SOLE MEMBER OF THE ORGANIZATION, SUCH AS THE ELECTION OF MEMBERS OF THE BOARD OF TRUSTEES OF THE ORGANIZATION, APPROVAL OF STRATEGIC PLANS OF THE ORGANIZATION, AND APPROVAL OF AMENDMENTS TO THE ORGANIZATION'S ARTICLES OF INCORPORATION AND CODE OF REGULATIONS. ADENA HEALTH SYSTEM CAN ACT ON THESE RIGHTS BY A VOTE AT ANY MEETING, AN ACTION WITHOUT A MEETING, OR THROUGH OTHER AUTHORIZED MEANS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS REVIEWED AT A BOARD MEETING, AND COPIES OF THE FORM 990 WERE PROVIDED TO THE BOARD MEMBERS. ADDITIONALLY, COPIES OF THE 990 WERE MADE AVAILABLE IN THE ADMINISTRATION OFFICE UNTIL THE NOVEMBER 15 FILING DATE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CORPORATE COMPLIANCE OFFICE OF ADENA HEALTH SYSTEM ANNUALLY COORDINATES THE DISTRIBUTION AND RETURN OF THE CONFLICT OF INTEREST STATEMENTS. ALL CONFLICTS ARE REVIEWED, AND THE CORPORATE COMPLIANCE OFFICE IS RESPONSIBLE FOR REVIEWING THE RESPONSES AND COMMUNICATING ANY EXTRA STEPS THAT NEED TO TAKE PLACE REGARDING ANY OF THE RESPONSES. AT EVERY BOARD MEETING AND COMMITTEE OF THE BOARD, THE AGENDA ITEM OF CONFLICT OF INTEREST IS INCLUDED AND CALLED OUT. CONFLICTED BOARD MEMBERS ABSTAIN FROM VOTING ON THE PARTICULAR ITEMS. ANY MEMBER ABSTAINING FROM VOTING IS DOCUMENTED IN THE MINUTES. FRONT LINE SUPERVISORS UP THROUGH THE CEO AND BOARD MEMBERS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE TOP MANAGEMENT OFFICIAL AT ADENA PIKE MEDICAL CENTER HAS HIS COMPENSATION REVIEWED EVERY OTHER YEAR BY ADENA HEALTH SYSTEM, A RELATED PARTY. THE SYSTEM UTILIZES A SEPARATE COMPENSATION CONSULTING FIRM THAT USES SEVERAL AVAILABLE MARKET STUDIES FOR APPLICABLE POSITIONS IN COMPARABLE MARKETS. THIS PROCESS WAS LAST UNDERTAKEN IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	MEDICAL PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 20,004. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 20,004. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 790,599. MANAGEMENT AND GENERAL EXPENSES 118,559. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 909,158. EMERGENCY DEPARTMENT SERVICES: PROGRAM SERVICE EXPENSES 1,238,087. MANAGEMENT AND GENERAL EXPENSES 185,663. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,423,750.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	TRANSFER (TO) FROM RELATED ORGANIZATION -153,142. NET ASSETS RELEASED FROM RESTRICTION -3,504.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ADENA HEALTH SYSTEM'S AUDIT COMMITTEE ENGAGES THE INDEPENDENT AUDIT FIRM FOR THE AUDIT , REVIEWS RESULTS, AND REPORTS TO THE BOARD. ADENA HEALTH SYSTEM'S BOARD OF DIRECTORS OVER SEES THE AUDIT PROCESS AND APPROVES THE INDEPENDENT AUDIT FIRM. PIKE HEALTH SERVICES IS PA RT OF ADENA HEALTH SYSTEM'S CONSOLIDATED AUDIT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YE AR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1	A RELATED ORGANIZATION, ADENA HEALTH SYSTEM, ISSUES THE 1099S AND W-2S.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
PIKE HEALTH SERVICES INC

Employer identification number
31-1072406

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)GREENFIELD AREA MEDICAL CENTER 550 MIRABEAU ST GREENFIELD, OH 45123 31-0993422	HOSPITAL	OH	501(C)(3)	3	ADENA HEALTH SYSTEM	Yes	
(2)ADENA HEALTH FOUNDATION 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 75-3008742	FUNDRAISING	OH	501(C)(3)	12A	ADENA HEALTH SYSTEM	Yes	
(3)SOUTHERN OHIO HEALTHCARE NETWORK 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 26-1566590	FIBEROPTIC NETWORK GRANTS	OH	501(C)(3)	12A	ADENA HEALTH SYSTEM	Yes	
(4)ADENA HEALTH SYSTEM 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 31-4379443	HOSPITAL	OH	501(C)(3)	3	N/A		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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ADENA CARE 272 HOSPITAL ROAD CHILLICOTHE, OH 45601 45-3980850	SEE SCHEDULE R, PART VII	OH	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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ADENA HEALTH SYSTEM	R	153,142	BOOK VALUE

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
SCHEDULE R, PART IV, COLUMN (B)	THE PRIMARY ACTIVITY OF ADENA CARE IS TO DEVELOP STRATEGIC RELATIONSHIPS TO THE SERVICE AREAS MAJOR EMPLOYERS THROUGH HEALTH MANAGEMENT AND WELLNESS SERVICES.