

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
COMMUNITY HOWARD REGIONAL HEALTH INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3500 S LAFOUNTAIN STREET
City or town, state or province, country, and ZIP or foreign postal code
KOKOMO, IN 46902

D Employer identification number
35-1865344
E Telephone number
(765) 453-8371

F Name and address of principal officer
JOSEPH T HOOPER
3500 S LAFOUNTAIN STREET
KOKOMO, IN 46902

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: WWW.ECOMMUNITY.COM

K Form of organization
Corporation
L Year of formation 1992
M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
OUR MISSION IS TO PROVIDE EXCEPTIONAL QUALITY, PATIENT-CENTERED CARE IN KEEPING WITH OUR MISSION, WE EMBRACE THE FOLLOWING VALUES COMPASSION AND UNDERSTANDING, CUSTOMER SERVICE, DEDICATION AND COMMITMENT TO PROVIDE THE HIGHEST QUALITY SERVICES AND TO MEET THE NEEDS OF OUR COMMUNITY, RESPECT FOR OUR PATIENTS, VISITORS, PHYSICIANS, AND STAFF, SAFETY, A SAFE AND POSITIVE WORKING ENVIRONMENT, AND TRUTH AND INTEGRITY IN ALL ENCOUNTERS AND SERVICES OFFERED

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here
Signature of officer: JOSEPH T HOOPER PRES - HOWARD REGION
Date: 2019-10-17

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Firm's name, Firm's address, Firm's EIN, Phone no.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

OUR MISSION IS TO PROVIDE EXCEPTIONAL QUALITY, PATIENT-CENTERED CARE IN KEEPING WITH OUR MISSION, WE EMBRACE THE FOLLOWING VALUES COMPASSION AND UNDERSTANDING, CUSTOMER SERVICE, DEDICATION AND COMMITMENT TO PROVIDE THE HIGHEST QUALITY SERVICES AND TO MEET THE NEEDS OF OUR COMMUNITY, RESPECT FOR OUR PATIENTS, VISITORS, PHYSICIANS, AND STAFF, SAFETY, A SAFE AND POSITIVE WORKING ENVIRONMENT, AND TRUTH AND INTEGRITY IN ALL ENCOUNTERS AND SERVICES OFFERED

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 \$ 89,786,585 including grants of \$) (Revenue \$ 166,339,008)
See Additional Data

4b (Code) (Expenses \$ 160,762 including grants of \$ 160,762) (Revenue \$)
See Additional Data

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 ▶ 89,947,347

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V		<input checked="" type="checkbox"/>	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	915		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15			No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16			No

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (No); b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: JOSEPH T HOOPER 3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 (765) 453-8547

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) TIMOTHY HOBBS MD DIRECTOR	2 00 48 00	X						0	756,209	279,807
(2) JASON FAHRLANDER DIRECTOR	2 00 48 00	X						0	713,853	318,157
(3) JOHN KUNZER MD DIRECTOR	2 00 48 00	X						0	539,832	162,827
(4) LYNETTE HAZELBAKER MD CHAIRMAN	2 00 0 00	X		X				623	0	0
(5) BENJAMIN CHIU MD VICE CHAIRMA	2 00 0 00	X		X				0	0	0
(6) DIANE COGDELL DIRECTOR	2 00 0 00	X						0	0	0
(7) ROBERT HAYES DIRECTOR	2 00 0 00	X						0	0	0
(8) TOM HILLIGOSS DIRECTOR	2 00 0 00	X						0	0	0
(9) BRIDGET WHITMORE SECRETARY	2 00 0 00	X		X				0	0	0
(10) BECKY VENT DIRECTOR	2 00 0 00	X						0	0	0
(11) JOSEPH T HOOPER PRES - HOWAR	58 00 2 00			X				443,902	0	125,076
(12) JOHN BILO EXEC DIR OF	50 00 0 00			X				0	220,884	63,662
(13) DESHINI MOONESINGHE MD SVP PHYS EXE	8 33 41 67				X			149,223	300,490	111,247
(14) JENNIFER HINDMAN VP COO REGIO	50 00 0 00				X			214,729	0	56,059
(15) JOHN SCHILTZ MD PSYCHIATRIST	50 00 0 00					X		339,901	0	47,812
(16) LAXESHKUMAR PATEL MD PSYCHIATRIST	50 00 0 00					X		283,063	0	47,712
(17) CARL RATLIFF MD PSYCHIATRIST	50 00 0 00					X		281,015	0	28,059

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) RYAN MESHULAM MD PSYCHIATRIST	50 00 0 00					X		208,747	0	20,617
(19) JACQUELYN WHOBREY VP PATIENT S	50 00 0 00					X		172,851	0	31,869
(20) JEFFERY KIRKHAM FORMER CFO C	0 00 50 00						X	0	335,181	79,473
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
								2,094,054	2,866,449	1,372,377

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 ▶ 43

	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
MID AMERICA CLINICAL LABORATORIES 2560 N SHADELAND AVENUE INDIANAPOLIS, IN 462190163	LAB SERVICES	3,235,360
HAYES BROTHERS INC 1241 EAST 400 SOUTH KOKOMO, IN 46902	MAINTENANCE	1,755,335
VIZIENT INC 290 E JOHN CARPENTER FREEWAY IRVING, TX 75062	TEMP STAFFING	805,703
J AND J ELECTRIC OF INDIANA INC 3180 W ST ROAD 18 KOKOMO, IN 46903	ELECTRICAL WORK	804,252
CERNER CORPORATION 2800 ROCKCREEK PKWY KANSAS CITY, MO 64117	SOFTWARE MAINT	688,228

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 ▶ 25

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d	246,433		
	e Government grants (contributions)	1e	4,372,708		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		4,619,141		

Program Service Revenue			Business Code				
	2a PATIENT SERVICES		621110	159,880,081	159,880,081		
b RENT		531120	2,971,498	2,971,498			
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			162,851,579				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,075,774			1,075,774	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses			35,473			
		c Gain or (loss)			129,867			
		d Net gain or (loss)			-94,394			-94,394
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b					
		c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code							
11a EQUITY INVESTMENT INCOME	900003		2,825,060	2,825,060				
b MANAGEMENT FEES - HOSPITAL	900099		628,252	628,252				
c COFFEE SHOP/DIETARY SALES	722515		406,280			406,280		
d All other revenue			34,117	34,117				
e Total. Add lines 11a-11d			3,893,709					
12 Total revenue. See Instructions			172,345,809	166,339,008		1,387,660		

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.	160,762	160,762		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	995,379	16,122	979,257	
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.	40,268,477	34,094,044	6,174,433	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,281,144	1,053,065	228,079	
9 Other employee benefits.	5,554,798	4,591,793	963,005	
10 Payroll taxes.	2,876,013	2,382,804	493,209	
11 Fees for services (non-employees)				
a Management.				
b Legal.	200,185		200,185	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	19,354		19,354	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	29,817,972	6,977,895	22,840,077	
12 Advertising and promotion.	46,573	9,709	36,864	
13 Office expenses.	2,696,667	1,759,261	937,406	
14 Information technology.	418,217	140,581	277,636	
15 Royalties.				
16 Occupancy.	5,162,864	4,267,806	895,058	
17 Travel.	124,777	97,587	27,190	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	54,563	41,738	12,825	
20 Interest.	41,177	22,250	18,927	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,267,954	3,936,839	2,331,115	
23 Insurance.	838,232	3,466	834,766	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	23,466,049	23,466,049		
b HAF PROGRAM FEES	6,820,463	6,820,463		
c PROPERTY TAX	133,888	22,863	111,025	
d DUES & SUBSCRIPTIONS	113,275	18,151	95,124	
e All other expenses	137,416	64,099	73,317	
25 Total functional expenses. Add lines 1 through 24e.	127,496,199	89,947,347	37,548,852	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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,662	1	1,655
	2 Savings and temporary cash investments	686,408	2	29,893
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,972,021	4	19,778,451
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,503,236	8	3,625,228
	9 Prepaid expenses and deferred charges	242,473	9	172,430
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 138,382,438		
	b Less accumulated depreciation	10b 40,291,113	94,335,014	10c 98,091,325
	11 Investments—publicly traded securities	32,526,689	11	30,062,084
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	5,043,724	13	5,488,195
	14 Intangible assets	50,279	14	
	15 Other assets See Part IV, line 11	3,024,257	15	18,828,342
16 Total assets. Add lines 1 through 15 (must equal line 34)	160,385,763	16	176,077,603	
Liabilities	17 Accounts payable and accrued expenses	5,527,439	17	2,755,596
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	26,191,637	25	3,290,199
	26 Total liabilities. Add lines 17 through 25	31,719,076	26	6,045,795
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	128,666,687	27	170,031,808
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	128,666,687	33	170,031,808	
34 Total liabilities and net assets/fund balances	160,385,763	34	176,077,603	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	172,345,809
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,496,199
3	Revenue less expenses Subtract line 2 from line 1	3	44,849,610
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	128,666,687
5	Net unrealized gains (losses) on investments	5	-3,484,489
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	170,031,808

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 35-1865344

Name: COMMUNITY HOWARD REGIONAL HEALTH
INC

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY HOWARD REGIONAL HEALTH, INC ("CHRH") OPERATES AN ACUTE CARE FULL SERVICE HOSPITAL IN KOKOMO, INDIANA WITH 162 LICENSED BEDS. IN 2018, THE MAIN HOSPITAL SERVED 4,529 INPATIENTS WITH A TOTAL OF 16,429 INPATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED 267,327 OUTPATIENT VISITS, WHICH INCLUDED 26,917 EMERGENCY VISITS. CHRH PROVIDES SERVICES INCLUDING WOMEN AND CHILDREN'S HEALTHCARE, CANCER CARE, CARDIOVASCULAR CARE, SURGICAL SERVICES, BEHAVIORAL HEALTH, AND PEDIATRIC SERVICES.

Form 990, Part III, Line 4b:

PROVIDED DONATIONS TO OTHER ORGANIZATIONS IN THE CENTRAL INDIANA COMMUNITY SERVED BY CHRH

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY HOWARD REGIONAL HEALTH INC

Employer identification number

35-1865344

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>	Yes	No
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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 35-1865344

Name: COMMUNITY HOWARD REGIONAL HEALTH
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 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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
COMMUNITY HOWARD REGIONAL HEALTH
INC

Employer identification number
35-1865344

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,583,000		4,583,000
b Buildings		101,927,886	21,235,331	80,692,555
c Leasehold improvements		112,695	50,656	62,039
d Equipment		27,565,029	16,618,837	10,946,192
e Other		4,193,828	2,386,289	1,807,539
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				98,091,325

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) DUE FROM AFFILIATES	9,721,297
(2) THIRD PARTY RECEIVABLE	9,107,045
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	18,828,342

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
THIRD PARTY SETTLEMENTS	2,964,154
OTHER	326,045
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	3,290,199

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

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

OMB No 1545-0047
2018
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	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?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		1,316	215,912		215,912	0.170 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		1,316	215,912		215,912	0.170 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	10	10,165	2,155,906	300,735	1,855,171	1.460 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)	2	299	7,860		7,860	0.010 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	64	8,732		8,732	0.010 %
j Total Other Benefits	15	10,528	2,172,498	300,735	1,871,763	1.470 %
k Total Add lines 7d and 7j	15	11,844	2,388,410	300,735	2,087,675	1.640 %

Part III 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		9,992		9,992	0.010 %
3 Community support	1		11,967		11,967	0.010 %
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	4		21,959		21,959	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 822,869	
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 34,394,041
6 Enter Medicare allowable costs of care relating to payments on line 5.	6 40,411,594
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7 -6,017,553
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 HOWARD COMM SURG CTR	SURGERY	51.000 %		27.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

2

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)

See Additional Data Table	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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group A

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	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	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WEBAPP ECOMMUNITY COM/ABOUTUS/</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WEBAPP ECOMMUNITY COM/ABOUTUS/</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

A

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>300 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 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>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</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**

A

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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
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			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
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? If "No," indicate why	21	Yes	
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)

A

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
1 COMMUNITY COUNSELING CENTER 205 N JACKSON FRANKFORT, IN 46041	HEALTH CARE
2 FRANCES HOUSE CSS 3322 FRANCES LANE KOKOMO, IN 46901	HEALTH CARE
3 ASSERTIVE COMMUNITY TREATMENT 416 PILLARS PLACE KOKOMO, IN 46902	HEALTH CARE
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A - RELATED ORGANIZATION INFORMATION	A COMMUNITY BENEFIT REPORT IS COMPLETED FOR THE COMMUNITY HEALTH NETWORK INCLUDING COMMUNITY HOWARD REGIONAL HEALTH, INC AND OTHER TAX-EXEMPT AFFILIATES OF THE NETWORK

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7 - COSTING METHODOLOGY EXPLANATION	A COST TO CHARGE RATIO WAS UTILIZED TO DETERMINE COSTS FOR LINES A THROUGH C IN THE TABLE THE COST TO CHARGE RATIO WAS DERIVED FROM WORKSHEET 2 LINES E THROUGH I OF THE TABLE ARE BASED ON ACTUAL INCURRED EXPENSES PART II - COMMUNITY BUILDING ACTIVITIES SEE ATTACHED IRS SCHEDULE H SUPPLEMENTAL INFORMATION REPORT

Form and Line Reference	Explanation																	
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	<p>THE COST TO CHARGE RATIO UTILIZED FOR PURPOSES OF REPORTING BAD DEBT COSTS WAS DERIVED FROM WORKSHEET 2 AND IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS. ADDITIONALLY, COMMUNITY HEALTH NETWORK ADOPTED A NEW STANDARD RELATED TO REVENUE RECOGNITION AND CODIFIED IN THE FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") AS TOPIC 606 ("ASC 606") IN FISCAL YEAR 2018. BECAUSE OF THE ADOPTION OF THIS STANDARD FROM AN ACCOUNTING PRESENTATION STANDARD POINT, THE NETWORK NO LONGER EXPLICITLY REPORTS BAD DEBT EXPENSE ON THE AUDITED FINANCIAL STATEMENTS. HOWEVER, THE NETWORK STILL DOES INCUR A SIGNIFICANT AMOUNT OF ADJUSTMENTS TO PATIENT'S ACCOUNTS FOR THOSE WHO DO NOT PAY THEIR PATIENT BALANCE WHICH RESULTS IN A SIGNIFICANT AND MATERIAL COST TO THE NETWORK. AS SUCH, THE NETWORK WILL CONTINUE TO REPORT IN LINE 2 THE AMOUNT OF ADJUSTMENTS RELATED TO ADJUSTMENTS PREVIOUSLY IDENTIFIED AS BAD DEBT.</p> <p>PART III, LINE 4 - BAD DEBT EXPENSE</p> <p>EXPLANATION: THE AUDITED FINANCIAL STATEMENTS CONTAIN THE FOLLOWING TEXT WITHIN THE FOOTNOTES TO DESCRIBE BAD DEBT EXPENSE: PATIENT ACCOUNTS RECEIVABLE AT DECEMBER 31, 2018 ARE REPORTED AT THE AMOUNTS THAT REFLECTS THE CONSIDERATION WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE, AS FURTHER DESCRIBED IN THE NOTE 2. AT DECEMBER 31, 2017, THE NETWORK'S PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS OF 541,715,000 AND CONTRACTUAL ADJUSTMENTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE NETWORK ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE NETWORK ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS. GENERALLY, FOR RECEIVABLES ASSOCIATED WITH UNINSURED PATIENTS, INCLUDING PATIENT DEDUCTIBLES AND CO-INSURANCE, THE NETWORK RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS ADJUSTED THROUGH THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. ADJUSTMENTS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS ARE MADE AFTER THE NETWORK HAS ANALYZED HISTORICAL CASH COLLECTIONS AND CONSIDERED THE IMPACT OF ANY KNOWN MATERIAL EVENTS. UNCOLLECTIBLE ACCOUNTS ARE WRITTEN-OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER EXHAUSTING COLLECTION EFFORTS. ANY SUBSEQUENT RECOVERIES ARE RECORDED AGAINST THE PROVISION FOR BAD DEBTS. CERTAIN ACCOUNTS THAT ARE SENT TO COLLECTION COMPANIES REMAIN AS ACCOUNTS RECEIVABLE ON THE BALANCE SHEET. THESE ACCOUNTS ARE NOT WRITTEN OFF UNLESS RETURNED FROM THE COLLECTION COMPANY, HOWEVER, THEY ARE FULLY RESERVED WITHIN THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE COLLECTION OF OUTSTANDING RECEIVABLES FOR MEDICARE, MEDICAID, MANAGED CARE AND COMMERCIAL INSURANCE PAYERS, AND PATIENTS IS THE NETWORK'S PRIMARY SOURCE OF CASH AND IS CRITICAL TO THE NETWORK'S OPERATING PERFORMANCE. THE PRIMARY COLLECTION RISKS RELATE TO UNINSURED PATIENT ACCOUNTS AND PATIENT ACCOUNTS FOR WHICH THE PRIMARY INSURANCE CARRIER HAS PAID THE AMOUNTS COVERED BY THE APPLICABLE AGREEMENT, BUT PATIENT RESPONSIBILITY AMOUNTS (DEDUCTIBLES AND COPAYMENTS) REMAIN OUTSTANDING. THE NETWORK GRANTS CREDIT WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY PAYER AGREEMENTS. THE CONCENTRATION OF NET RECEIVABLES BY PRIMARY PAYER CLASS FOR BOTH PATIENTS AND THIRD-PARTY PAYERS AT DECEMBER 31, 2018 AND 2017 IS AS FOLLOWS:</p> <table border="1"> <tr> <td>2018</td> <td>2017</td> <td>MEDICARE</td> <td>23%</td> <td>22%</td> <td>MEDICAID</td> <td>11%</td> <td>13%</td> <td>MANAGED CARE & COMMERCIAL INSURANCE</td> <td>53%</td> <td>50%</td> <td>PATIENTS</td> <td>13%</td> <td>15%</td> <td>-----</td> <td>100%</td> <td>100%</td> </tr> </table> <p>THE NETWORK MAINTAINS RECORDS TO IDENTIFY AND MONITOR THE LEVEL OF CHARITY CARE IT PROVIDES. THE NETWORK PROVIDES 100% CHARITY CARE TO PATIENTS WHOSE INCOME LEVEL IS EQUAL TO OR BELOW 200% OF THE FEDERAL POVERTY LEVEL. PATIENTS WITH INCOME LEVELS RANGING FROM 200% - 300% OF THE CURRENT YEAR'S FEDERAL POVERTY LEVEL WILL QUALIFY FOR PARTIAL ASSISTANCE DETERMINED BY A SLIDING SCALE. THE NETWORK USES COST AS THE MEASUREMENT BASIS FOR CHARITY CARE DISCLOSURE PURPOSES WITH THE COST BEING IDENTIFIED AS THE DIRECT AND INDIRECT COSTS OF PROVIDING THE CHARITY CARE. CHARITY CARE AT COST WAS 10,719,000 AND 5,701,000 FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017, RESPECTIVELY. CHARITY CARE COST WAS ESTIMATED ON THE APPLICATION OF THE ASSOCIATED COST-TO-CHARGE RATIOS. IN MAY 2014, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED A NEW STANDARD RELATED TO REVENUE RECOGNITION AND CODIFIED IN THE FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") AS TOPIC 606 ("ASC 606"). THE NETWORK</p>	2018	2017	MEDICARE	23%	22%	MEDICAID	11%	13%	MANAGED CARE & COMMERCIAL INSURANCE	53%	50%	PATIENTS	13%	15%	-----	100%	100%
2018	2017	MEDICARE	23%	22%	MEDICAID	11%	13%	MANAGED CARE & COMMERCIAL INSURANCE	53%	50%	PATIENTS	13%	15%	-----	100%	100%		

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE METHODOLOGY	<p>ETWORK ADOPTED THE NEW STANDARD EFFECTIVE JANUARY 1, 2018, USING THE MODIFIED RETROSPECTIVE METHOD AS A RESULT, UPON THE NETWORK'S ADOPTION OF ASC 606 THE MAJORITY OF WHAT WAS PREVIOUSLY CLASSIFIED AS THE PROVISION FOR BAD DEBTS IN THE STATEMENT OF OPERATIONS IS NOW REFLECTED AS IMPLICIT PRICE CONCESSIONS (AS DEFINED IN ASC 606) AND THEREFORE IS INCLUDED AS A REDUCTION TO NET OPERATING REVENUES IN 2018 FOR CHANGES IN CREDIT ISSUES NOT ASSESSED AT THE DATE OF SERVICE, THE NETWORK PROSPECTIVELY RECOGNIZES THOSE AMOUNTS IN OTHER OPERATING EXPENSES ON THE STATEMENT OF OPERATIONS. THE ADOPTION OF THE NEW STANDARD DID NOT HAVE AN IMPACT ON THE NETWORK'S RECOGNITION OF NET REVENUES FOR ANY PERIODS PRIOR TO ADOPTION. THE NETWORK'S REVENUES FOR THE YEAR ENDED DECEMBER 31, 2018 ARE PRESENTED NET OF ESTIMATED IMPLICIT PRICE CONCESSION IN REVENUE DEDUCTIONS. THE NETWORK HAS ELIMINATED THE PRESENTATION OF "ALLOWANCES FOR DOUBTFUL ACCOUNTS" ON ITS CONSOLIDATED BALANCE SHEETS AND THE PRESENTATION OF "PROVISIONS FOR BAD DEBTS" ON ITS CONSOLIDATED STATEMENTS OF OPERATIONS AS A RESULT OF THE ADOPTION OF THE NEW STANDARD. OTHER THAN THESE CHANGES IN PRESENTATION ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CONSOLIDATED BALANCE SHEET, THE ADOPTION OF ASC 606 DID NOT HAVE A MATERIAL IMPACT ON THE CONSOLIDATED RESULTS OF OPERATIONS FOR THE YEAR ENDED DECEMBER 31, 2018. FOR THE YEAR ENDED DECEMBER 31, 2018, THE NETWORK'S REVENUES GENERALLY RELATE TO CONTRACTS WITH PATIENTS IN WHICH THE NETWORK'S PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO THE PATIENTS. PATIENT SERVICE REVENUE IS REPORTED AT THE AMOUNT THAT REFLECTS THE CONSIDERATION TO WHICH THE NETWORK EXPECTS TO BE ENTITLED IN EXCHANGE FOR PROVIDING PATIENT CARE. THESE AMOUNTS ARE DUE FROM PATIENTS AND THIRD-PARTY PAYERS (INCLUDING GOVERNMENT PROGRAMS AND MANAGED CARE AND COMMERCIAL INSURANCE COMPANIES), AND INCLUDE VARIABLE CONSIDERATION FOR RETROACTIVE REVENUE ADJUSTMENTS DUE TO SETTLEMENT OF AUDITS, REVIEWS, AND INVESTIGATIONS. GENERALLY, THE NETWORK BILLS THE PATIENTS AND THIRD-PARTY PAYERS SEVERAL DAYS AFTER THE SERVICES ARE PERFORMED OR THE PATIENT IS DISCHARGED FROM THE FACILITY. REVENUE IS RECOGNIZED AS PERFORMANCE OBLIGATIONS ARE SATISFIED. THE NETWORK DETERMINES THE TRANSACTION PRICE BASED ON STANDARD CHARGES, REDUCED BY CONTRACTUAL ADJUSTMENTS PROVIDED TO THIRD-PARTY PAYERS, DISCOUNTS PROVIDED TO UNINSURED PATIENTS IN ACCORDANCE WITH THE NETWORK'S POLICY, AND IMPLICIT PRICE CONCESSIONS. PERFORMANCE OBLIGATIONS ARE DETERMINED BASED ON THE NATURE OF THE SERVICES PROVIDED BY THE NETWORK. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED OVER TIME IS RECOGNIZED BASED ON ACTUAL CHARGES INCURRED IN RELATION TO TOTAL EXPECTED OR ACTUAL CHARGES. THE NETWORK BELIEVES THAT THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. GENERALLY, PERFORMANCE OBLIGATIONS SATISFIED OVER TIME RELATE TO PATIENTS IN OUR HOSPITALS RECEIVING INPATIENT ACUTE CARE SERVICES. THE NETWORK MEASURES THE PERFORMANCE OBLIGATION FROM ADMISSION INTO THE HOSPITAL TO THE POINT WHEN IT IS NO LONGER REQUIRED TO PROVIDE SERVICES TO THAT PATIENT, WHICH IS GENERALLY AT THE TIME OF DISCHARGE. REVENUE FOR PERFORMANCE OBLIGATIONS SATISFIED AT A POINT IN TIME, WHICH INCLUDES OUTPATIENT SERVICES, IS GENERALLY RECOGNIZED WHEN SERVICES ARE PROVIDED TO OUR PATIENTS AND THE NETWORK DOES NOT BELIEVE IT IS REQUIRED TO PROVIDE ADDITIONAL SERVICES TO THE PATIENT. BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, THE NETWORK HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION PROVIDED IN FASB ASC 606-10-50-14A AND, THEREFORE, IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY UNSATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY UNSATISFIED PERFORMANCE OBLIGATION</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8 - MEDICARE EXPLANATION	PER THE 990 INSTRUCTIONS THE MEDICARE COST REPORT WAS UTILIZED TO DETERMINE THE MEDICARE SHORTFALL HOWEVER, THE MEDICARE COST REPORT IS NOT REFLECTIVE OF ALL COSTS ASSOCIATED WITH MEDICARE PROGRAMS SUCH AS PHYSICIAN SERVICES AND SERVICES BILLED VIA FREE STANDING CLINICS FURTHER THE MEDICARE COST REPORT EXCLUDES REVENUES AND COSTS OF MEDICARE PARTS C AND D THE MEDICARE SHORTFALL ATTRIBUTED TO THOSE AREAS NOT INCLUDED ON THE MEDICARE COST REPORT IS 2,708,632 AS SUCH, THE TOTAL MEDICARE SHORTFALL FOR ALL MEDICARE PROGRAMS IS 8,725,915 MEDICARE SHORTFALLS SHOULD BE CONSIDERED AS COMMUNITY BENEFIT BECAUSE MEDICARE REPRESENTS 51 41% OF THE OVERALL PAYER MIX FOR THIS ORGANIZATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES EXPLANATION	NOTWITHSTANDING ANY OTHER PROVISION OF ANY OTHER POLICY AT COMMUNITY REGARDING BILLING AND COLLECTION MATTERS, COMMUNITY WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTIONS BEFORE IT MAKES REASONABLE EFFORTS TO DETERMINE WHETHER AN INDIVIDUAL WHO HAS AN UNPAID BILL FROM COMMUNITY IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THIS POLICY THE ACTIONS COMMUNITY MAY TAKE IN THE EVENT OF NONPAYMENT AND THE PROCESS AND TIME FRAMES FOR TAKING THESE ACTIONS ARE MORE FULLY DESCRIBED IN COMMUNITY'S BILLING AND COLLECTIONS POLICY

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>THE IDENTIFICATION OF HEALTH NEEDS FOR CHNW REGIONS WAS CARRIED OUT USING TWO TYPES OF DAT A (1) PRIMARY DATA OBTAINED THROUGH AN ONLINE SURVEY OF CHNW HEALTHCARE PROVIDERS (E G P HYSICIANS, NURSES, AND SOCIAL WORKERS) AND A SURVEY OF COMMUNITY RESIDENTS IN EACH CHNW RE GION TO SUPPLEMENT THIS DATA AND IDENTIFY POPULATION-SPECIFIC HEALTH NEEDS AMONG COMMUNIT Y MEMBERS IN THE HOWARD REGION IN PARTICULAR, FOCUS GROUPS WITH COMMUNITY STAKEHOLDERS WER E ALSO CONDUCTED (2) SECONDARY DATA FROM THE HEALTHY COMMUNITIES INSTITUTE (HCI) DASHBOAR D AND OTHER LOCAL AND NATIONAL AGENCIES (E G COUNTY HEALTH RANKINGS) THESE DATA SOURCES ARE DESCRIBED IN THE FOLLOWING SECTIONS PRIMARY DATA THIS ASSESSMENT USED THREE SOURCES OF COMMUNITY INPUT 1) AN ONLINE SURVEY OF CHNW PROVIDERS, 2) FOCUS GROUPS WITH COMMUNITY STAKEHOLDER ORGANIZATIONS, AND 3) A COMMUNITY SURVEY IMPORTANTLY, FOCUS GROUPS CONDUCTED FOR THIS CHNA INCLUDED REPRESENTATIVES FROM A GOVERNMENTAL HEALTH DEPARTMENT THE PRIMARY DATA GATHERING AND ANALYSIS PROCESS IS DESCRIBED IN MORE DETAIL BELOW CHNW PROVIDER SURVE Y AN ONLINE SURVEY OF CHNW HEALTH PROVIDERS WAS CONDUCTED IN APRIL 2018 TO COLLECT CHNW P ROVIDER PERCEPTIONS ABOUT WHAT POPULATIONS WERE AT GREATEST SOCIAL/MEDICAL DISADVANTAGE AN D WHICH COMMUNITY CIRCUMSTANCES IMPACTING POPULATION HEALTH WERE MOST URGENT ANY CLINICIA N THAT INTERACTS WITH PATIENTS WAS INVITED TO PARTICIPATE IN THE PROVIDER SURVEY THE SURV EY WAS DESIGNED BY POLIS AND THE FAIRBANKS SCHOOL OF PUBLIC HEALTH (FSPH) IN PARTNERSHIP W ITH CHNW AND IMPLEMENTED USING QUALTRICS, AN ONLINE SURVEY SERVICE A TOTAL OF 819 CHNW PR OVIDERS RESPONDED TO THE SURVEY SEVEN PERCENT (7%, N=58) OF THOSE NAMED THE HOWARD REGION AS THEIR REGION OF PRIMARY PRACTICE OR SERVICE THE MAJORITY OF THE RESPONDENTS FROM THE HOWARD REGION WERE PT/OT/SPEECH THERAPIST (23%), OTHER (21%), AND NURSE (12%), FOLLOWED BY BEHAVIORAL HEALTH PROVIDER (14%), PRIMARY (10%), AND SPECIALTY HEALTHCARE PROVIDER (10%), ADMINISTRATOR (5%), AND SOCIAL WORKER/CASE MANAGER (5%) FOCUS GROUPS A FOCUS GROUP WITH COMMUNITY STAKEHOLDER ORGANIZATIONS FROM THE HOWARD REGION WAS ORGANIZED BY CHNW AND DESI GNE D AND CONDUCTED BY FSPH ON APRIL 10, 2018 REPRESENTATIVES FROM FIFTEEN ORGANIZATIONS I N HOWARD COUNTY PARTICIPATED IN THE CHNW HOWARD REGION FOCUS GROUP A VARIETY OF ORGANIZAT ION TYPES, INCLUDING SCHOOL SYSTEMS, SOCIAL SERVICES, HEALTHCARE, STATE GOVERNMENT, LAW EN FORCEMENT, AND GOVERNMENTAL PUBLIC HEALTH WERE REPRESENTED IN THE FOCUS GROUPS FOCUS GROU P PARTICIPANTS WERE ASKED TO INDICATE THE TWO MOST IMPORTANT UNMET NEEDS AFFECTING THE HEA LTH OF THEIR COMMUNITY AND THE TWO MOST VULNERABLE POPULATIONS AT THE END OF THE FOCUS GR OUPS, PARTICIPANTS WERE ASKED TO DISCUSS POSSIBLE SOLUTIONS TO ADDRESS THE UNMET NEEDS AMO NG THE MOST VULNERABLE POPULATIONS THE FOLLOWING COMMUNITY STAKEHOLDER ORGANIZATIONS PART ICIPATED IN THE APRIL 10, 2018 FOCUS GROUP IN THE HOWARD REGION 1 YMCA 2 KOKOMO SCHOOLS 3 GILEAD HOUSE 4 UNITED WAY (211) 5 SAMARITAN CAREGIVERS 6 PROJECT ACCESS 7 HOWARD C OUNTY HEALTH DEPARTMENT 8 KOKOMO CITY COUNCIL 9 MENTAL HEALTH AMERICA - HOWARD COUNTY 10 INDIANA MINORITY HEALTH COALITION 11 INDIANA HEALTH CENTER 12 TAYLOR SCHOOL CORPORATIO N 13 WESTERN SCHOOL CORPORATION 14 KOKOMO RESCUE 15 KOKOMO HOUSING AUTHORITY KEY INFORM ANT INTERVIEWS WERE ALSO CONDUCTED WITH THE STATE OF INDIANA'S TOP HEALTH LEADERS DIRECTO R OF THE MARION COUNTY PUBLIC HEALTH DEPARTMENT, THE COMMISSIONER FOR THE INDIANA STATE DE PARTMENT OF HEALTH, AND THE FAMILY AND SOCIAL SERVICES ADMINISTRATION COMMUNITY SURVEY T HE FIVE MAJOR HOSPITAL SYSTEMS IN INDIANAPOLIS REFERRED TO AS THE INDIANAPOLIS HOSPITAL CO LLABORATIVE AND INCLUDING CHNW, JOINTLY CONTRACTED THE UNIVERSITY OF EVANSVILLE AND THE IN DIANA UNIVERSITY CENTER FOR SURVEY RESEARCH (CSR) TO DESIGN AND CONDUCT A BROAD COMMUNITY SURVEY IN 2018 THIS SURVEY WAS DESIGNED AND CONDUCTED INDEPENDENTLY OF THE CHNA ACTIVITIE S CONDUCTED BY POLIS AND FSPH TWO QUESTIONS FROM THIS SURVEY WERE USED AS MEASURES OF COM MUNITY CONCERN FOR THE CHNW CHNA ONE QUESTION ASKED RESPONDENTS TO CHOOSE WHAT THEY PERCE IVED AS TOP HEALTH CONCERNS IN THEIR COMMUNITY AND A SECOND QUESTION ASKED RESPONDENTS TO INDICATE HOW IMPORTANT LISTED HEALTH AND COMMUNITY SERVICES WERE FOR THEIR COMMUNITY AS P ART OF THEIR SURVEY EFFORT, CSR SELECTED RANDOM, ADDRESS-BASED POPULATION SAMPLES FROM EAC H OF THE FIVE CHNW REGIONS AND ADMINISTERED A MAIL SURVEY TO THOSE SAMPLES THE SURVEY RES ULTS WERE ALGORITHMICALLY WEIGHTED BY CSR TO CONTROL FOR DIFFERENCES IN THE DEMOGRAPHIC MA KEUP OF SURVEY PARTICIPANTS COMPARED TO THE TOTAL POPULATION OF EACH REGION IDENTIFICATIO N OF SIGNIFICANT COMMUNITY HEALTH NEED COMMUNITY HEALTH NEEDS AND ISSUES PRESENTED IN THIS REPORT WERE CONSIDERED SIGNIFICANT IF THEY WERE IDENTIFIED AS PROBLEMATIC IN TWO OR MORE OF THE PRIMARY AND SECONDARY DATA SOURCES DESCRIBED IN THIS SECTION FOR EXAMPLE, FOOD INS ECURITY WAS MENTIONED AS PROBLEMATIC IN THE PROVID</p>

Form and Line Reference	Explanation
PART VI, LINE 2 - NEEDS ASSESSMENT	<p>ER SURVEY, IN FOCUS GROUPS, AND IN THE COMMUNITY SURVEY POVERTY WAS FOUND TO BE ABOVE AVERAGE IN SECONDARY DATA, AND PROVIDERS RESPONDING TO THE PROVIDER SURVEY IDENTIFIED LOW-INCOME/IMPOVERISHED PEOPLE TO BE AT THE GREATEST DISADVANTAGE IN THE HOWARD REGION SECONDARY DATA THE COMMUNITY HEALTH NETWORK COMMUNITY DASHBOARD DEVELOPED BY HCI WAS USED AS A PRIMARY SOURCE OF SECONDARY DATA THIS DASHBOARD INCLUDES DATA FROM THE INDIANA HOSPITAL ASSOCIATION, AS WELL AS THE INDIANA STATE DEPARTMENT OF HEALTH, NATIONAL CANCER INSTITUTE, CENTERS FOR DISEASE CONTROL AND PREVENTION, CENTERS FOR MEDICAID AND MEDICARE SERVICES, NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD AND TB PREVENTION, INSTITUTE FOR HEALTH METRICS AND EVALUATION, COUNTY HEALTH RANKINGS, US CENSUS BUREAU, US DEPARTMENT OF AGRICULTURE, AND OTHER SOURCES ADDITIONAL STATE AND NATIONAL SECONDARY DATA SOURCES WERE ACCESSED BY THE CHNA TEAM FOR MORE RECENT AND GEOGRAPHICALLY SPECIFIC INFORMATION, INCLUDING THE FOLLOWING AMERICAN LUNG ASSOCIATION, ANNIE E CASEY FOUNDATION, CENTERS FOR DISEASE CONTROL AND PREVENTION NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (CDC-N CHHSTP) ATLAS, COUNTY HEALTH RANKINGS, FEEDING AMERICA, HEALTH INDICATORS WAREHOUSE, INDIANA STATE DEPARTMENT OF HEALTH (ISDH), INDIANA UNIVERSITY CENTER FOR HEALTH POLICY, SG2, CLARITAS, US CENSUS BUREAU, THE YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM (YRBSS), PUBLISHED BY THE CENTERS FOR DISEASE CONTROL DATA LIMITATIONS SECONDARY DATA ONE OF THE MOST NOTABLE LIMITATIONS OF THE SECONDARY DATA WAS THAT DIFFERENT DATA SOURCES APPLIED DIFFERENT MODELS TO ESTIMATE COMMUNITY HEALTH INDICATORS SOME INDICATORS WERE BASED ON ADMINISTRATIVE DATA WHILE OTHERS WERE BASED ON SAMPLE SURVEYS IN ADDITION, SECONDARY DATA WAS SOURCED FROM DIFFERENT DATA YEARS, BASED ON DATA AVAILABILITY THE YEAR OF THE AVAILABLE DATA RANGED FROM A 2010-2014 FIVE-YEAR AVERAGE IN SOME CASES TO 2018 IN OTHERS ANOTHER NOTABLE LIMITATION WAS THAT WHEN MORTALITY AND MORBIDITY RATES WERE NOT AVAILABLE, HOSPITALIZATION RATES WERE USED HOSPITALIZATION RATES ARE AVAILABLE FROM STATE HOSPITAL ASSOCIATIONS AND ARE OFTEN USED AS SURROGATE MEASURES OF COMMUNITY HEALTH NEED HOSPITALIZATION RATES TYPICALLY ARE BASED ON PATIENT HOME ADDRESS VERSUS TREATMENT LOCATION, WHICH IS APPROPRIATE WHEN ATTEMPTING TO USE THESE RATES TO MEASURE COMMUNITY HEALTH HOWEVER, A LIMITATION IS THAT HOSPITALIZATION RATES MAY UNDERREPORT THE RATE OF A HEALTH CONDITION BECAUSE HOSPITALIZATION RATES ONLY CAPTURE DATA FROM INDIVIDUALS WHO SEEK HOSPITAL CARE AND DO NOT CAPTURE DATA FROM INDIVIDUALS WHO HAVE THE HEALTH CONDITION BUT DO NOT RECEIVE ASSOCIATED HOSPITAL CARE ANOTHER LIMITATION IS THAT POPULATIONS WITH CLOSER PROXIMITY TO A HOSPITAL FACILITY MAY BE MORE LIKELY TO SEEK TREATMENT FOR HEALTH CONDITIONS AND, AS SUCH, AREAS WITH A HOSPITAL FACILITY MAY APPEAR TO HAVE POPULATIONS WITH HIGHER RATES OF HEALTH CONDITIONS ANOTHER LIMITATION WAS THAT THE GEOGRAPHIC LEVEL OF AVAILABLE DATA DID NOT ALWAYS MATCH THE HOSPITAL SERVICE AREA (REGION) CHNW REGIONS WERE DEFINED AS COLLECTIONS OF ZIP CODES BUT NOT ALL DATA ARE AVAILABLE AT THE ZIP CODE LEVEL IN CASES WHERE ONLY COUNTY-LEVEL DATA WERE AVAILABLE, THE TOTAL POPULATION WITHIN THE INTERSECTIONS OF THE CHNW REGION AND THE COUNTY(IES) WERE USED TO GENERATE WEIGHTED VALUES AND BUILD REGIONAL ESTIMATES PROVIDER SURVEY THE PRIMARY LIMITATION OF THE PROVIDER SURVEY WAS THAT IT WAS NOT CONDUCTED USING A RANDOM SAMPLING TECHNIQUE AND MAY REFLECT RESPONSE BIAS THIS MEANS THAT THE RESPONSES WERE NOT NECESSARILY REPRESENTATIVE OF THE FULL POPULATION OF CHNW PROVIDERS ANOTHER LIMITATION WAS THAT RESPONDENTS WERE ASKED TO SELECT FROM PRE-DEFINED LISTS OF DISADVANTAGED POPULATIONS AND POTENTIAL CONCERNS WHILE THE LIST OF POSSIBLE CONCERNS WAS DEVELOPED BASED ON EXPERT KNOWLEDGE, IT IS POSSIBLE THAT THERE WERE OTHER CONCERNS THAT WERE NOT LISTED COMMUNITY SURVEY A GENERAL LIMITATION OF BROAD COMMUN</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	1 THE CURRENT POPULATION IS 82,363 A FIVE-YEAR TREND (2012-2016) SHOWS POPULATION AT 86,536 2 WHITES COMPRISED 86 7% OF THE POPULATION, WITH AFRICAN-AMERICANS AT 6 6%, HISPANIC/LATINOS AT 2 9% AND OTHER RACE OR ETHNICITY AT 3 7% 3 THE FASTEST GROWING AGE GROUP IS 65+ AT 11 9 % 4 THE HOWARD REGION WILL EXPERIENCE 0 5% GROWTH BETWEEN 2018-20235 5 THE HOWARD REGION HAS A HOUSEHOLD MEDIAN INCOME OF 46,709, WITH 20% OF THE HOUSEHOLDS HAVING AN ANNUAL INCOME OF 100,000 OR MORE

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM	COMMUNITY HOWARD REGIONAL HEALTH, INC ("CHRH") IS PART OF AN AFFILIATED HEALTH CARE SYSTEM SEE THE ATTACHED IRS 990 SCHEDULE H SUPPLEMENTAL INFORMATION REPORT FOR HOW CHRH IS INVOLVED IN PROMOTING THE HEALTH OF THE COMMUNITY IT SERVES

990 Schedule H, Supplemental Information

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

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

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 6A	THE CHNA FOR COMMUNITY HOWARD REGIONAL HEALTH, INC WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES COMMUNITY HEALTH NETWORK, INC (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC , COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC , COMMUNITY HOWARD REGIONAL HEALTH, INC , AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST VINCENT HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 6B	THE CHNA WAS ALSO CONDUCTED WITH HEALTHY COMMUNITIES INSTITUTE

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
<p>GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 11</p>	<p>CHRH IS ADDRESSING THE SIGNIFICANT NEEDS OF THE COMMUNITY BASED ON INPUT PROVIDED BY COMMUNITY RESIDENTS, PUBLIC HEALTH PARTNERS, INTERNAL AND EXTERNAL LEADERSHIP WHO PARTICIPATED IN FOCUS GROUPS, STAKEHOLDER INTERVIEWS OR COMPLETED THE CHNA SURVEY THROUGHOUT THE CENTRAL INDIANA REGION. CHNA DATA WAS ANALYZED AND PRIORITIZED USING THESE KEY FACTORS: FEASIBILITY FOR OUR HOSPITALS TO IMPACT CHANGE, HEALTH SYSTEM EXPERTISE IN THE FIELD OF THE ASSESSED NEED, AND THE HOSPITALS ABILITY TO BE THE MOST EFFECTIVE WITH THE RESOURCES AVAILABLE. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ALL OUR COMMUNITIES WERE: ACCESS TO HEALTH CARE, OBESITY, PEDIATRIC ASTHMA AND COMMUNITY DRIVEN INITIATIVES. A MISSION CENTERED ON HELPING OTHERS IS THE FOUNDATION OF EVERYTHING WE DO AT COMMUNITY HEALTH NETWORK - AND EXTENDS FROM THE CARE WE PROVIDE TO THE COMMUNITIES WE SERVE THROUGH A BROAD SPECTRUM OF COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS. OUR COMMUNITY BENEFIT RESPONDS TO IDENTIFIED COMMUNITY NEEDS AND MEETS AT LEAST ONE OF THE FOLLOWING CRITERIA: 1 IMPROVES ACCESS TO HEALTH CARE SERVICES 2 ENHANCES HEALTH OF THE COMMUNITY 3 ADVANCES MEDICAL OR HEALTH KNOWLEDGE 4 RELIEVES OR REDUCES THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS. OUR COMMUNITY BENEFIT IS ORGANIZED IN THREE CATEGORIES: CATEGORY 1 FINANCIAL ASSISTANCE-FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ELIGIBILITY CRITERIA OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. FINANCIAL ASSISTANCE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. FINANCIAL ASSISTANCE DOES NOT INCLUDE BAD DEBT. CATEGORY 2 GOVERNMENT-SPONSORED MEANS-TESTED HEALTH CARE-UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES. THIS PAYMENT SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS THE FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMENT PAYMENTS. CATEGORY 3 COMMUNITY BENEFIT SERVICES- PROGRAMS THAT RESPOND TO AN IDENTIFIED COMMUNITY HEALTH NEED AND ARE DESIGNED TO ACCOMPLISH ONE OR MORE COMMUNITY BENEFIT OBJECTIVES, PROGRAMS AND ACTIVITIES DIRECTED TO OR INCLUDING AT-RISK PERSONS, SUCH AS UNDERINSURED AND UNINSURED PERSONS AND PROGRAMS OFFERED TO THE BROAD COMMUNITY (INCLUDING AT-RISK PERSONS) DESIGNED TO IMPROVE COMMUNITY HEALTH. HIGHLIGHTS FOR COMMUNITY BENEFIT SERVICES THAT ALIGN WITH THE IDENTIFIED NEEDS INCLUDES ACCESS TO HEALTHCARE. COMMUNITY HEALTH NETWORK SUPPORTS THE JANE PAULEY COMMUNITY HEALTH CENTER WHICH OPENED ITS DOORS IN SEPTEMBER 2009 TO PROVIDE PRIMARY HEALTH SERVICES TO EASTSIDE RESIDENTS, REGARDLESS OF INCOME OR INSURANCE COVERAGE. WITH 16 LOCATIONS, THE CENTER SERVES IN PARTNERSHIP WITH THE METROPOLITAN SCHOOL DISTRICT OF WARREN TOWNSHIP, COMMUNITY HEALTH NETWORK, THE COMMUNITY HEALTH NETWORK FOUNDATION, IU SCHOOL OF DENTISTRY AND HANCOCK REGIONAL HOSPITAL. SERVICES ARE PROVIDED ON A DISCOUNTED BASIS BASED ON</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
GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 11	<p>THE PATIENT'S HOUSEHOLD INCOME EASTSIDE INDIANAPOLIS NATIVE AND FORMER NBC NEWS ANCHOR J ANE PAULEY LENT HER NAME TO THE FACILITY AS AN ADVOCATE FOR ACCESSIBLE HEALTHCARE SERVICES FOR PEOPLE UNDERSERVED BY TRADITIONAL HEALTHCARE MODELS THE CENTER OFFERS A FULL RANGE O F SERVICES INCLUDING PRIMARY HEALTHCARE, CASE MANAGEMENT, PRESCRIPTION ASSISTANCE AND BEHA VIORAL HEALTH SERVICES, WHILE ALSO FOCUSING ON THE MANAGEMENT OF CHRONIC DISEASES THE CEN TER IS ABLE TO PROVIDE ALL OF THESE IN BOTH ENGLISH AND SPANISH COMMUNITY HEALTH NETWORK' S SCHOOL-BASED PROGRAMS COVER A WIDE RANGE OF NEEDS FOR YOUTH ACROSS CENTRAL INDIANA ONSI TE NURSES, THERAPISTS AND PHYSICIANS ADDRESS STUDENTS' NEEDS IN THE SCHOOL AND AFTER-SCHOO L SETTING, HELPING TO ENSURE CONSISTENCY IN CARE AND LESS TIME AWAY FROM THE CLASSROOM OR PLAYING FIELD THE VAST MAJORITY OF THESE SERVICES, INCLUDING ANY NURSING OR BEHAVIORAL HE ALTH SUPPORT, ARE OFFERED FREE OF CHARGE TO SCHOOLS THANKS TO COMMUNITY'S ON-GOING COMMITM ENT TO ENHANCING HEALTH FOR FUTURE GENERATIONS FROM EVERYDAY SCRAPES AND BRUISES ON THE P LAYGROUND TO MANAGING CHRONIC ILLNESSES LIKE ASTHMA AND DIABETES, COMMUNITY NURSES OFFER S UPPORT FOR STUDENTS AT MORE THAN 100 SCHOOLS IN THE COMMUNITIES WE SERVE THEIR WORK ENSUR ED A 97 2 PERCENT RETURN TO CLASSROOM RATE FOR STUDENTS WHO CAME TO THEM FOR CARE IN 2018 SPECIFIC SERVICES OFFERED TO STUDENTS INCLUDE 1 MANAGEMENT OF INJURIES REQUIRING FIRST AID, 2 MANAGEMENT OF LIFE-THREATENING ALLERGIES, ASTHMA, DIABETES AND SEIZURES, 3 MANAGE MENT OF ANY HEALTH CONCERN AND REFERRAL TO APPROPRIATE CARE WHEN NEEDED, AND 4 EMERGENCY RESPONSE TO ANY HEALTH-RELATED CONCERN WITHIN THE SCHOOL BUILDING IN ADDITION, FOR STUDEN TS FACING CHRONIC HEALTH CONDITIONS AND ONGOING HEALTH NEEDS, MEDICATIONS PRESCRIBED BY PH YSICIANS ARE ADMINISTERED BY COMMUNITY'S SCHOOL-BASED NURSING STAFF IN THE INSTANCE OF OC CASIONAL MEDICATION NEEDS, PARENTS FURNISH OVER-THE-COUNTER MEDICATIONS THAT ARE THEN ADMI NISTERED BY NURSING STAFF AND, FOR PREVENTATIVE CARE PURPOSES, NURSING STAFF ADMINISTER F LU VACCINES AT A NUMBER OF LOCAL CHARTER SCHOOLS TO ENSURE THE WELLNESS OF STUDENTS THROU GOUT THE SCHOOL YEAR OBESITY (ACCESS TO HEALTHY FOODS) COMMUNITY HEALTH NETWORK TOOK OVE R THE DAY-TO-DAY OPERATIONAL MANAGEMENT OF THE CUPBOARD, A FOOD PANTRY THAT SERVES RESIDEN TS OF LAWRENCE TOWNSHIP OF INDIANAPOLIS, AND ASSISTS AN ESTIMATED 300 FAMILIES PER WEEK, P ROVIDES HEALTHIER FOOD OPTIONS AND HELPS RELIEVE THE STRAIN CAUSED BY FOOD INSECURITY IN 2018, THE CUPBOARD PROVIDED SERVICES TO APPROXIMATELY 57,235 PERSONS THE CUPBOARD IS A CL IENT-CHOICE FOOD PANTRY, SERVING RESIDENTS THROUGH PARTNERSHIPS WITH GLEANERS FOOD BANK OF INDIANA, MIDWEST FOOD BANK, AND LOCAL RELIGIOUS INSTITUTIONS AND BUSINESSES THE FOOD PAN TRY IS OPEN WEDNESDAYS FROM 10 A M TO 4 P M AND 6 P M TO 8 P M , FRIDAYS FROM 10 A M T O 4 P M AND THE THIRD SATURDAY OF THE MONTH FROM 10 A M TO NOON COMMUNITY HEALTH NETWORK K SUPPORTS MANY URBAN FARMING</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
<p>GROUP A, FACILITY 1, COMMUNITY HOWARD REGIONAL HEALTH - PART V, LINE 11</p>	<p>AND FARMERS MARKET INITIATIVES THAT PROVIDE FRESH PRODUCE AND HEALTHY OPTIONS FARMERS MAR KETS ARE FOR EVERYONE ACCESS TO AFFORDABLE, FRESH, AND HEALTHY WHOLE FOODS IS A CHALLENGE FOR MANY PEOPLE WHO RELY ON FOOD ASSISTANCE PROGRAMS LIKE SNAP THAT HELP LOW-INCOME FAMIL IES AND INDIVIDUALS BUY FRESH, INDIANA-GROWN FOOD THAT PROVIDES REAL SUSTENANCE FOR THEMSE LVES AND THEIR COMMUNITIES FOR INSTANCE, COMMUNITY EMPLOYEES ALSO VOLUNTEER AND SUPPORT I NDY URBAN ACRES WHICH IS AN ORGANIC FARM THAT DONATES 100% OF THE FRESH FRUITS AND VEGETAB LES HARVESTED TO LOCAL FOOD PANTRIES THROUGH A PARTNERSHIP WITH GLEANERS FOOD BANK SINCE 2011, INDY URBAN ACRES HAS GROWN INTO A MULTI- DISCIPLINARY FARM THAT PROVIDES FOOD EQUALI TY FOR LOW-INCOME FAMILIES, EDUCATES THOUSANDS OF YOUTH THROUGH TOURS AND FARM-TO-PLATE WO RKSHOPS, PROVIDES COMMUNITY ENGAGEMENT TO THOUSANDS OF VOLUNTEERS AND GROUPS, TEACHES TEEN S VALUABLE JOB SKILLS AND HELPS IMPROVE INDY'S FOOD SYSTEM ASTHMA OUR PRESIDENT AND CEO, BRYAN MILLS, HAS JOINED WITH A NUMBER OF PARTNERS FROM HEALTHCARE AND THE BUSINESS COMMUN ITY-INCLUDING THE INDIANA HOSPITAL ASSOCIATION, THE INDIANA STATE MEDICAL ASSOCIATION AND THE INDIANA CHAMBER OF COMMERCE-TO CREATE A NEW ORGANIZATION KNOWN AS THE ALLIANCE FOR A H HEALTHIER INDIANA IN 2016, THE GROUP ANNOUNCED PLANS TO TACKLE ITS FIRST CHALLENGE THE HI GH RATE OF TOBACCO USE IN OUR STATE TOBACCO USE LEADS TO DISEASE AND DISABILITY AND HARMS NEARLY EVERY ORGAN OF THE BODY IT IS THE LEADING CAUSE OF PREVENTABLE DEATH RESEARCH HA S SHOWN THAT SMOKE FROM CIGARS, CIGARETTES, AND PIPES HARMS YOUR BODY IN MANY WAYS, BUT IT IS ESPECIALLY HARMFUL TO THE LUNGS OF A PERSON WITH ASTHMA TOBACCO SMOKE - INCLUDING SEC ONDHAND SMOKE - IS ONE OF THE MOST COMMON ASTHMA TRIGGERS THE ALLIANCE ASKED INDIANA'S ST ATE LEGISLATURE TO CONSIDER A VARIETY OF MEASURES, INCLUDING HIGHER TOBACCO TAXES, AN INCR EASE IN THE SMOKING AGE AND A REPEAL OF THE SMOKERS' BILL OF RIGHTS COMMUNITY HEALTH NETW ORK MADE A MAJOR INVESTMENT OF TIME AND RESOURCES INTO A COMBINED TOBACCO CAMPAIGN THIS YE AR, AND WHILE WE DID NOT GET THE TOBACCO TAX INCREASE WE SOUGHT, WE DID MOVE THE BALL FORW ARD ON A TAX AND SECURE A PARTIAL VICTORY ON TOBACCO CESSATION FUNDING INDIANA LEGISLATOR S PROVIDED A 50% INCREASE IN STATE FUNDING FOR TOBACCO CESSATION SERVICES, BRINGING THE AN NUAL TOBACCO CESSATION BUDGET TO 7 5 MILLION THE NEW ALLIANCE FOR A HEALTHIER INDIANA IS A GREAT EXAMPLE OF HOW WE AT COMMUNITY PARTNER WITH OTHERS TO FURTHER OUR WORK FROM FOOD INSECURITY TO EDUCATIONAL CHALLENGES TO SUICIDE TO SMOKING AND OTHER ADDICTIONS, WE'RE COM MITTED TO TACKLING SOCIETAL ISSUES THAT AFFECT HEALTH AND QUALITY OF LIFE COMMUNITY-DRIVE N INITIATIVES COMMUNITY HEALTH NETWORK, CENTRAL INDIANA'S LARGEST PROVIDER OF BEHAVIORAL H EALTH SERVICES, ANNOUNCED ITS COMMITMENT TO BECOMING THE FIRST HEALTH CARE SYSTEM IN THE C OUNTRY TO FULLY IMPLEMENT THE ZERO SUICIDE MODEL, DEVELOPED BY THE NATIONAL ACTION ALLIANC E FOR SUICIDE PREVENTION AND O</p>

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

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

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

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 6A	THE CHNA FOR COMMUNITY HOWARD REGIONAL HEALTH, INC WAS A JOINT PROCESS AMONG ALL OF THE COMMUNITY HEALTH NETWORK HOSPITALS WHICH INCLUDES COMMUNITY HEALTH NETWORK, INC (NORTH, EAST, & INDIANA HEART HOSPITAL, LLC), COMMUNITY HOSPITAL SOUTH, INC , COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUNTY, INC , COMMUNITY HOWARD REGIONAL HEALTH, INC , INDIANA HEART HOSPITAL, LLC, AND INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC IN ADDITION, THE HOSPITAL COLLABORATED WITH FRANCISCAN ST FRANCIS HEALTH, IU HEALTH UNIVERSITY HOSPITAL, AND ST VINCENT HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 6B	THE CHNA WAS ALSO CONDUCTED WITH HEALTHY COMMUNITIES INSTITUTE

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
<p>GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 11</p>	<p>CHRH IS ADDRESSING THE SIGNIFICANT NEEDS OF THE COMMUNITY BASED ON INPUT PROVIDED BY COMMUNITY RESIDENTS, PUBLIC HEALTH PARTNERS, INTERNAL AND EXTERNAL LEADERSHIP WHO PARTICIPATED IN FOCUS GROUPS, STAKEHOLDER INTERVIEWS OR COMPLETED THE CHNA SURVEY THROUGHOUT THE CENTRAL INDIANA REGION. CHNA DATA WAS ANALYZED AND PRIORITIZED USING THESE KEY FACTORS: FEASIBILITY FOR OUR HOSPITALS TO IMPACT CHANGE, HEALTH SYSTEM EXPERTISE IN THE FIELD OF THE ASSESSED NEED, AND THE HOSPITALS ABILITY TO BE THE MOST EFFECTIVE WITH THE RESOURCES AVAILABLE. THE FOUR SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ALL OUR COMMUNITIES WERE: ACCESS TO HEALTH CARE, OBESITY, PEDIATRIC ASTHMA AND COMMUNITY DRIVEN INITIATIVES. A MISSION CENTERED ON HELPING OTHERS IS THE FOUNDATION OF EVERYTHING WE DO AT COMMUNITY HEALTH NETWORK - AND EXTENDS FROM THE CARE WE PROVIDE TO THE COMMUNITIES WE SERVE THROUGH A BROAD SPECTRUM OF COMMUNITY BENEFIT ACTIVITIES OR PROGRAMS. OUR COMMUNITY BENEFIT RESPONDS TO IDENTIFIED COMMUNITY NEEDS AND MEETS AT LEAST ONE OF THE FOLLOWING CRITERIA: 1 IMPROVES ACCESS TO HEALTH CARE SERVICES 2 ENHANCES HEALTH OF THE COMMUNITY 3 ADVANCES MEDICAL OR HEALTH KNOWLEDGE 4 RELIEVES OR REDUCES THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS. OUR COMMUNITY BENEFIT IS ORGANIZED IN THREE CATEGORIES: CATEGORY 1 FINANCIAL ASSISTANCE-FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ELIGIBILITY CRITERIA OF THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. FINANCIAL ASSISTANCE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. FINANCIAL ASSISTANCE DOES NOT INCLUDE BAD DEBT. CATEGORY 2 GOVERNMENT-SPONSORED MEANS-TESTED HEALTH CARE-UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS - THE SHORTFALL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST OF CARING FOR PUBLIC PROGRAM BENEFICIARIES. THIS PAYMENT SHORTFALL IS NOT THE SAME AS A CONTRACTUAL ALLOWANCE, WHICH IS THE FULL DIFFERENCE BETWEEN CHARGES AND GOVERNMENT PAYMENTS. CATEGORY 3 COMMUNITY BENEFIT SERVICES- PROGRAMS THAT RESPOND TO AN IDENTIFIED COMMUNITY HEALTH NEED AND ARE DESIGNED TO ACCOMPLISH ONE OR MORE COMMUNITY BENEFIT OBJECTIVES, PROGRAMS AND ACTIVITIES DIRECTED TO OR INCLUDING AT-RISK PERSONS, SUCH AS UNDERINSURED AND UNINSURED PERSONS AND PROGRAMS OFFERED TO THE BROAD COMMUNITY (INCLUDING AT-RISK PERSONS) DESIGNED TO IMPROVE COMMUNITY HEALTH. HIGHLIGHTS FOR COMMUNITY BENEFIT SERVICES THAT ALIGN WITH THE IDENTIFIED NEEDS INCLUDES: ACCESS TO HEALTHCARE. COMMUNITY HEALTH NETWORK SUPPORTS THE JANE PAULEY COMMUNITY HEALTH CENTER WHICH OPENED ITS DOORS IN SEPTEMBER 2009 TO PROVIDE PRIMARY HEALTH SERVICES TO EASTSIDE RESIDENTS, REGARDLESS OF INCOME OR INSURANCE COVERAGE. WITH 16 LOCATIONS, THE CENTER SERVES IN PARTNERSHIP WITH THE METROPOLITAN SCHOOL DISTRICT OF WARREN TOWNSHIP, COMMUNITY HEALTH NETWORK, THE COMMUNITY HEALTH NETWORK FOUNDATION, IU SCHOOL OF DENTISTRY AND HANCOCK REGIONAL HOSPITAL. SERVICES ARE PROVIDED ON A DISCOUNTED BASIS BASED ON</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
GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 11	<p>THE PATIENT'S HOUSEHOLD INCOME EASTSIDE INDIANAPOLIS NATIVE AND FORMER NBC NEWS ANCHOR J ANE PAULEY LENT HER NAME TO THE FACILITY AS AN ADVOCATE FOR ACCESSIBLE HEALTHCARE SERVICES FOR PEOPLE UNDERSERVED BY TRADITIONAL HEALTHCARE MODELS THE CENTER OFFERS A FULL RANGE OF SERVICES INCLUDING PRIMARY HEALTHCARE, CASE MANAGEMENT, PRESCRIPTION ASSISTANCE AND BEHAVIORAL HEALTH SERVICES, WHILE ALSO FOCUSING ON THE MANAGEMENT OF CHRONIC DISEASES THE CENTER IS ABLE TO PROVIDE ALL OF THESE IN BOTH ENGLISH AND SPANISH COMMUNITY HEALTH NETWORK'S SCHOOL-BASED PROGRAMS COVER A WIDE RANGE OF NEEDS FOR YOUTH ACROSS CENTRAL INDIANA ONSITE NURSES, THERAPISTS AND PHYSICIANS ADDRESS STUDENTS' NEEDS IN THE SCHOOL AND AFTER-SCHOOL SETTING, HELPING TO ENSURE CONSISTENCY IN CARE AND LESS TIME AWAY FROM THE CLASSROOM OR PLAYING FIELD THE VAST MAJORITY OF THESE SERVICES, INCLUDING ANY NURSING OR BEHAVIORAL HEALTH SUPPORT, ARE OFFERED FREE OF CHARGE TO SCHOOLS THANKS TO COMMUNITY'S ON-GOING COMMITMENT TO ENHANCING HEALTH FOR FUTURE GENERATIONS FROM EVERYDAY SCRAPES AND BRUISES ON THE PLAYGROUND TO MANAGING CHRONIC ILLNESSES LIKE ASTHMA AND DIABETES, COMMUNITY NURSES OFFER SUPPORT FOR STUDENTS AT MORE THAN 100 SCHOOLS IN THE COMMUNITIES WE SERVE THEIR WORK ENSURED A 97.2 PERCENT RETURN TO CLASSROOM RATE FOR STUDENTS WHO CAME TO THEM FOR CARE IN 2018 SPECIFIC SERVICES OFFERED TO STUDENTS INCLUDE 1 MANAGEMENT OF INJURIES REQUIRING FIRST AID, 2 MANAGEMENT OF LIFE-THREATENING ALLERGIES, ASTHMA, DIABETES AND SEIZURES, 3 MANAGEMENT OF ANY HEALTH CONCERN AND REFERRAL TO APPROPRIATE CARE WHEN NEEDED, AND 4 EMERGENCY RESPONSE TO ANY HEALTH-RELATED CONCERN WITHIN THE SCHOOL BUILDING IN ADDITION, FOR STUDENTS FACING CHRONIC HEALTH CONDITIONS AND ONGOING HEALTH NEEDS, MEDICATIONS PRESCRIBED BY PHYSICIANS ARE ADMINISTERED BY COMMUNITY'S SCHOOL-BASED NURSING STAFF IN THE INSTANCE OF OCCASIONAL MEDICATION NEEDS, PARENTS FURNISH OVER-THE-COUNTER MEDICATIONS THAT ARE THEN ADMINISTERED BY NURSING STAFF AND, FOR PREVENTATIVE CARE PURPOSES, NURSING STAFF ADMINISTER FLU VACCINES AT A NUMBER OF LOCAL CHARTER SCHOOLS TO ENSURE THE WELLNESS OF STUDENTS THROUGHOUT THE SCHOOL YEAR OBESITY (ACCESS TO HEALTHY FOODS) COMMUNITY HEALTH NETWORK TOOK OVER THE DAY-TO-DAY OPERATIONAL MANAGEMENT OF THE CUPBOARD, A FOOD PANTRY THAT SERVES RESIDENTS OF LAWRENCE TOWNSHIP OF INDIANAPOLIS, AND ASSISTS AN ESTIMATED 300 FAMILIES PER WEEK, PROVIDES HEALTHIER FOOD OPTIONS AND HELPS RELIEVE THE STRAIN CAUSED BY FOOD INSECURITY IN 2018, THE CUPBOARD PROVIDED SERVICES TO APPROXIMATELY 57,235 PERSONS THE CUPBOARD IS A CLIENT-CHOICE FOOD PANTRY, SERVING RESIDENTS THROUGH PARTNERSHIPS WITH GLEANERS FOOD BANK OF INDIANA, MIDWEST FOOD BANK, AND LOCAL RELIGIOUS INSTITUTIONS AND BUSINESSES THE FOOD PANTRY IS OPEN WEDNESDAYS FROM 10 A.M. TO 4 P.M. AND 6 P.M. TO 8 P.M., FRIDAYS FROM 10 A.M. TO 4 P.M. AND THE THIRD SATURDAY OF THE MONTH FROM 10 A.M. TO NOON COMMUNITY HEALTH NETWORK SUPPORTS MANY URBAN FARMING</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
<p>GROUP A, FACILITY 2, HOWARD REGIONAL SPECIALTY CARE - PART V, LINE 11</p>	<p>AND FARMERS MARKET INITIATIVES THAT PROVIDE FRESH PRODUCE AND HEALTHY OPTIONS FARMERS MARKETS ARE FOR EVERYONE ACCESS TO AFFORDABLE, FRESH, AND HEALTHY WHOLE FOODS IS A CHALLENGE FOR MANY PEOPLE WHO RLY ON FOOD ASSISTANCE PROGRAMS LIKE SNAP THAT HELP LOW-INCOME FAMILIES AND INDIVIDUALS BUY FRESH, INDIANA-GROWN FOOD THAT PROVIDES REAL SUSTENANCE FOR THEMSELVES AND THEIR COMMUNITIES FOR INSTANCE, COMMUNITY EMPLOYEES ALSO VOLUNTEER AND SUPPORT INDY URBAN ACRES WHICH IS AN ORGANIC FARM THAT DONATES 100% OF THE FRESH FRUITS AND VEGETABLES HARVESTED TO LOCAL FOOD PANTRIES THROUGH A PARTNERSHIP WITH GLEANERS FOOD BANK SINCE 2011, INDY URBAN ACRES HAS GROWN INTO A MULTI-DISCIPLINARY FARM THAT PROVIDES FOOD EQUALITY FOR LOW-INCOME FAMILIES, EDUCATES THOUSANDS OF YOUTH THROUGH TOURS AND FARM-TO-PLATE WORKSHOPS, PROVIDES COMMUNITY ENGAGEMENT TO THOUSANDS OF VOLUNTEERS AND GROUPS, TEACHES TEENS VALUABLE JOB SKILLS AND HELPS IMPROVE INDY'S FOOD SYSTEM ASTHMA OUR PRESIDENT AND CEO, BRYAN MILLS, HAS JOINED WITH A NUMBER OF PARTNERS FROM HEALTHCARE AND THE BUSINESS COMMUNITY-INCLUDING THE INDIANA HOSPITAL ASSOCIATION, THE INDIANA STATE MEDICAL ASSOCIATION AND THE INDIANA CHAMBER OF COMMERCE-TO CREATE A NEW ORGANIZATION KNOWN AS THE ALLIANCE FOR A HEALTHIER INDIANA IN 2016, THE GROUP ANNOUNCED PLANS TO TACKLE ITS FIRST CHALLENGE THE HIGH RATE OF TOBACCO USE IN OUR STATE TOBACCO USE LEADS TO DISEASE AND DISABILITY AND HARMS NEARLY EVERY ORGAN OF THE BODY IT IS THE LEADING CAUSE OF PREVENTABLE DEATH RESEARCH HAS SHOWN THAT SMOKE FROM CIGARS, CIGARETTES, AND PIPES HARMS YOUR BODY IN MANY WAYS, BUT IT IS ESPECIALLY HARMFUL TO THE LUNGS OF A PERSON WITH ASTHMA TOBACCO SMOKE - INCLUDING SECONDHAND SMOKE - IS ONE OF THE MOST COMMON ASTHMA TRIGGERS THE ALLIANCE ASKED INDIANA'S STATE LEGISLATURE TO CONSIDER A VARIETY OF MEASURES, INCLUDING HIGHER TOBACCO TAXES, AN INCREASE IN THE SMOKING AGE AND A REPEAL OF THE SMOKERS' BILL OF RIGHTS COMMUNITY HEALTH NETWORK MADE A MAJOR INVESTMENT OF TIME AND RESOURCES INTO A COMBINED TOBACCO CAMPAIGN THIS YEAR, AND WHILE WE DID NOT GET THE TOBACCO TAX INCREASE WE SOUGHT, WE DID MOVE THE BALL FORWARD ON A TAX AND SECURE A PARTIAL VICTORY ON TOBACCO CESSATION FUNDING INDIANA LEGISLATORS PROVIDED A 50% INCREASE IN STATE FUNDING FOR TOBACCO CESSATION SERVICES, BRINGING THE ANNUAL TOBACCO CESSATION BUDGET TO 7.5 MILLION THE NEW ALLIANCE FOR A HEALTHIER INDIANA IS A GREAT EXAMPLE OF HOW WE AT COMMUNITY PARTNER WITH OTHERS TO FURTHER OUR WORK FROM FOOD INSECURITY TO EDUCATIONAL CHALLENGES TO SUICIDE TO SMOKING AND OTHER ADDICTIONS, WE'RE COMMITTED TO TACKLING SOCIETAL ISSUES THAT AFFECT HEALTH AND QUALITY OF LIFE COMMUNITY-DRIVEN INITIATIVES COMMUNITY HEALTH NETWORK, CENTRAL INDIANA'S LARGEST PROVIDER OF BEHAVIORAL HEALTH SERVICES, ANNOUNCED ITS COMMITMENT TO BECOMING THE FIRST HEALTH CARE SYSTEM IN THE COUNTRY TO FULLY IMPLEMENT THE ZERO SUICIDE MODEL, DEVELOPED BY THE NATIONAL ACTION ALLIANCE FOR SUICIDE PREVENTION AND</p>

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY HOWARD REGIONAL HEALTH INC

Employer identification number 35-1865344

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for HOWARD COUNTY 4-H FAIR and IVY TECH FOUNDATION.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	PRIOR TO THE DISBURSEMENT OF ANY GRANT PROCEEDS, CHRH ENSURES THAT THE PURPOSE OF THE GRANT IS CONSISTENT WITH CHRH'S CHARITABLE PURPOSES THE TERMS OF ALL GRANTS REQUIRE THAT THE RECIPIENT EXPEND THE FUNDS SOLELY FOR CHARITABLE PURPOSES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2018

Open to Public Inspection

Name of the organization
COMMUNITY HOWARD REGIONAL HEALTH
INC

Employer identification number
35-1865344

Part I Questions Regarding Compensation

	Yes	No								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in 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</p>	1b									
<p>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 in line 1a?</p>	2									
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>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</p>	7	Yes								
<p>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</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART III	<p>PART I, LINE 3 - RELATED ORG METHODS USED FOR COMPENSATION EXPLANATION COMMUNITY HOWARD REGIONAL HEALTH, INC ("CHRH") CEO/EXECUTIVE DIRECTOR IS PAID BY COMMUNITY HEALTH NETWORK, INC ("CHNW"), A RELATED 501(C)(3) ORGANIZATION. CHNW USES THE FOLLOWING IN DETERMINING THE CEO'S COMPENSATION: 1) COMPENSATION COMMITTEE, 2) INDEPENDENT COMPENSATION CONSULTANT, 3) COMPENSATION SURVEY OR STUDY, AND 4) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS COMMUNITY HEALTH NETWORK, INC RESTORATION PLAN COMMUNITY HEALTH NETWORK, INC ("COMMUNITY") ADOPTED THIS COMMUNITY HEALTH NETWORK RESTORATION PLAN ("PLAN") AS OF DECEMBER 1, 2017 TO PROVIDE A SUPPLEMENTAL INCOME FOR RETIREMENT UPON VESTING IN THE BENEFITS AS DESCRIBED IN THE PLAN DOCUMENT. THE PLAN IS DESIGNED UNDER CODE SECTION 457(F) AS A "TOP-HAT PLAN" (I.E. AN UNFUNDED DEFERRED COMPENSATION PLAN MAINTAINED FOR A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES PURSUANT TO SECTIONS 201(2), 301(A)(3) AND 401(A)(1) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA")) ELIGIBILITY: INDIVIDUALS WHO HAVE THE TITLE OF PRESIDENT, SENIOR VICE PRESIDENT OR EXECUTIVE VICE PRESIDENT AND WHOSE PLAN COMPENSATION FOR THE APPLICABLE PLAN YEAR EXCEEDS THE ANNUAL COMPENSATION LIMIT UNDER CODE SECTION 401(A) (17), AS ADJUSTED FROM TIME TO TIME. CONTRIBUTIONS: 1. MATCHING CONTRIBUTIONS: IF A PARTICIPANT RECEIVES THE MAXIMUM PERMISSIBLE MATCHING CONTRIBUTION UNDER THE 401(K) PLAN, THEY WILL RECEIVE A MATCHING CONTRIBUTION IN THE PLAN THAT IS EQUAL TO THEIR COMPENSATION THAT IS GREATER THAN THE 401(K) PLAN LIMIT MULTIPLIED BY THE MAXIMUM PERMITTED MATCHING CONTRIBUTION PERCENTAGE IN THE 401(K) PLAN FOR THAT YEAR. 2. NON-ELECTIVE CONTRIBUTIONS: IF A PARTICIPANT RECEIVES A NON-ELECTIVE CONTRIBUTION IN THE 401(K) PLAN, THEY WILL RECEIVE A NON-ELECTIVE CONTRIBUTION IN THE PLAN THAT IS EQUAL TO THEIR COMPENSATION THAT IS GREATER THAN THE 401(K) PLAN LIMIT MULTIPLIED BY THE NON-ELECTIVE CONTRIBUTION PERCENTAGE IN THE 401(K) PLAN FOR THAT YEAR. NOTE THAT NO NON-ELECTIVE CONTRIBUTIONS ARE CURRENTLY BEING MADE TO THE 401(K) PLAN. CONTRIBUTIONS WILL BE CREDITED TO A PARTICIPANT'S ACCOUNT AS SOON AS ADMINISTRATIVELY FEASIBLE FOLLOWING THE END OF THE PLAN YEAR TO WHICH THE CONTRIBUTIONS RELATE. VESTING: A PARTICIPANT WILL BE 100% VESTED IN HIS ACCOUNT UPON THE EARLIEST TO OCCUR OF THE FOLLOWING: 1. ATTAINMENT OF AGE 65 PRIOR TO SEPARATION FROM SERVICE; 2. DISABILITY; 3. INVOLUNTARY SEPARATION FROM SERVICE FOR A REASON OTHER THAN FOR CAUSE; 4. SEPARATION FROM SERVICE FOR GOOD REASON; 5. A NONCOMPETITIVE PARTICIPANT'S COMPLIANCE WITH ALL TERMS OF A NONCOMPETING AGREEMENT, OR 6. DEATH. FORFEITURES: IF ACCOUNT IS NOT VESTED AS DESCRIBED ABOVE, THE ACCOUNT WILL BE COMPLETELY FORFEITED. AMOUNTS FORFEITED DURING A PLAN YEAR REMAIN A GENERAL ASSET OF COMMUNITY. PART I, LINE 7 - NON-FIXED PAYMENTS: PROVIDED CHRH PARTICIPATES IN THE NETWORK'S SENIOR LEADERSHIP INCENTIVE PROGRAM. CERTAIN INDIVIDUALS OF THE LEADERSHIP TEAM PARTICIPATE IN THIS PROGRAM. THE PROGRAM WAS ADOPTED BY THE EXECUTIVE COMPENSATION COMMITTEE, AND IS INTENDED TO INFLUENCE OUTSTANDING PERFORMANCE BY THE SENIOR LEADERS, AS MEASURED AGAINST BOTH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE. THE PROGRAM IS REVIEWED ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPOSED ENTIRELY OF INDEPENDENT COMMUNITY MEMBERS. THE INCENTIVE COMPENSATION THAT IS AWARDED IS INCLUDED IN TOTAL COMPENSATION TO THE EXECUTIVE. THE TOTAL COMPENSATION (INCLUDING ANY PAYMENTS UNDER THE PROGRAM) IS SUBJECT TO THE REVIEW AND APPROVAL OF THE EXECUTIVE COMPENSATION COMMITTEE AND INDEPENDENT COMPENSATION CONSULTANT, IN CONSIDERATION OF CODE SECTION 4958 (AND THE CORRESPONDING TREASURY REGULATIONS) TO ENSURE THAT IT REFLECTS ARMS LENGTH, FAIR MARKET TERMS.</p>



Additional Data

Software ID:
Software Version:
EIN: 35-1865344
Name: COMMUNITY HOWARD REGIONAL HEALTH
 INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
TIMOTHY HOBBS MD DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	570,084	132,525	53,600	254,472	25,335	1,036,016	132,525
JASON FAHRLANDER DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	585,644	120,375	7,834	281,028	37,129	1,032,010	120,375
JOHN KUNZER MD DIRECTOR	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	435,349	78,972	25,511	130,059	32,768	702,659	-----
JOSEPH T HOOPER PRES - HOWARD REGION	(i)	343,574	80,325	20,003	101,901	23,175	568,978	80,325
	(ii)	-----	-----	-----	-----	-----	-----	-----
JOHN BILO EXEC DIR OF FINANCE	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	188,080	31,881	923	42,673	20,989	284,546	31,881
DESHINI MOONESINGHE MD SVP PHYS EXEC - FEB	(i)	70,270	75,898	3,055	4,233	1,534	154,990	75,898
	(ii)	283,969	-----	16,521	97,191	8,289	405,970	-----
JENNIFER HINDMAN VP COO REGION	(i)	182,325	31,423	981	30,845	25,214	270,788	31,423
	(ii)	-----	-----	-----	-----	-----	-----	-----
JOHN SCHILTZ MD PSYCHIATRIST	(i)	286,342	-----	53,559	16,500	31,312	387,713	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
LAXESHKUMAR PATEL MD PSYCHIATRIST	(i)	281,139	-----	1,924	16,500	31,212	330,775	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
CARL RATLIFF MD PSYCHIATRIST	(i)	263,537	-----	17,478	16,500	11,559	309,074	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
RYAN MESHULAM MD PSYCHIATRIST	(i)	205,948	-----	2,799	12,711	7,906	229,364	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
JACQUELYN WHOBREY VP PATIENT SRV, CNE	(i)	158,017	14,202	632	31,869	-----	204,720	-----
	(ii)	-----	-----	-----	-----	-----	-----	-----
JEFFERY KIRKHAM FORMER CFO CLNCL ENT	(i)	-----	-----	-----	-----	-----	-----	-----
	(ii)	286,143	47,798	1,240	60,262	19,211	414,654	47,798

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY HOWARD REGIONAL HEALTH
INC

Employer identification number

35-1865344

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	OUR MISSION IS TO PROVIDE EXCEPTIONAL QUALITY, PATIENT-CENTERED CARE IN KEEPING WITH OUR MISSION, WE EMBRACE THE FOLLOWING VALUES COMPASSION AND UNDERSTANDING, CUSTOMER SERVICE, DEDICATION AND COMMITMENT TO PROVIDE THE HIGHEST QUALITY SERVICES AND TO MEET THE NEEDS OF OUR COMMUNITY, RESPECT FOR OUR PATIENTS, VISITORS, PHYSICIANS, AND STAFF, SAFETY, A SAFE AND POSITIVE WORKING ENVIRONMENT, AND TRUTH AND INTEGRITY IN ALL ENCOUNTERS AND SERVICES OFFERED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V	FORM 990, PART V, LINE 1A - BOX 3 OF FORM 1096 FORM 1096 WAS PROCESSED UNDER THE NAME AND FEDERAL IDENTIFICATION NUMBER OF COMMUNITY HEALTH NETWORK, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS JOHN KUNZER, M D SERVED AS A KEY EMPLOYEE OF COMMUNITY HEALTH NETWORK THE FOLLOWING SERVED AS OFFICERS/KEY EMPLOYEES OF COMMUNITY HEALTH NETWORK, INC ("CHNW") AND ALSO RECEIVED COMPENSATION FROM CHNW JASON FAHRLANDER TIMOTHY HOBBS, M D DESHINI MOONESINGHE, M D JOHN BILO ALSO RECEIVED COMPENSATION FROM CHNW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 3	CHRH HAS DELEGATED EXCLUSIVE AUTHORITY TO COMMUNITY HEALTH NETWORK ("CHNW"), ACTING THROUGH CHNW'S BOARD OF DIRECTORS, IN THE FOLLOWING SUBSTANTIVE AREAS STRATEGIC PLANNING, CAPITAL ACCESS, BUDGETING AND ALLOCATION, AUDIT AND COMPLIANCE, EXECUTIVE COMPENSATION, AND DISPUTE RESOLUTION IN ADDITION, CHNW MUST APPROVE ANY MODIFICATION, REPEAL, AMENDMENT, OR RESTATEMENT OF CHRH'S ARTICLES OF INCORPORATION FINALLY, CHNW MUST APPROVE ANY MATERIAL SALE OR DISPOSITION OF THE ASSETS OF CHRH

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	COMMUNITY HEALTH NETWORK, INC ("CHNW") IS THE SOLE MEMBER OF CHRH CHNW IS AN EXEMPT ORGANIZATION PURSUANT TO SECTION 501(C)(3)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	COMMUNITY HEALTH NETWORK, INC ("CHNW") AS THE SOLE MEMBER OF CHRH APPOINTS A MAJORITY OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE FOLLOWING GOVERNANCE ITEMS REQUIRE THE WRITTEN APPROVAL OF CHNW A) AMENDMENT OF ORGANIZATIONAL DOCUMENTS, B) THE INCURRENCE OF ANY UNBUDGETED INDEBTEDNESS OR LOANS ABOVE 750,000, C) THE FORMATION OF LEGAL ENTITIES, THE SALE, TRANSFER OR SUBSTANTIAL CHANGE IN USE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF CHRH, OR THE DIVESTURE, DISSOLUTION, CLOSURE, MERGER, CONSOLIDATION OR REORGANIZATION OF CHRH, D) THE ACQUISITION, SALE, LEASE, TRANSFER OR OTHER ALIENATION OF PROPERTY WHEN SUCH TRANSACTION IS ABOVE 1,000,000, DURING ANY FISCAL YEAR, E) DISPOSITION OF ASSETS ON DISSOLUTION, F) APPROVAL OF THE ANNUAL CAPITAL AND OPERATING BUDGETS, PLANS, OR FORECASTS APPROVED BY THE BOARD, G) THE SELECTION OF THE INDEPENDENT AUDITING FIRM EITHER DIRECTLY OR THROUGH CHNW'S AUDIT AND COMPLIANCE COMMITTEE, H) THE DETERMINATION OF PHYSICIAN AND CEO COMPENSATION EITHER DIRECTLY OR THROUGH CHNW'S COMPENSATION COMMITTEE, I) ALL UNBUDGETED CAPITAL IMPROVEMENTS, ADDITIONS AND STRUCTURAL CHANGES TO THE PROPERTY GREATER THAN THE BUDGETED AMOUNT BY 500,000 PER FISCAL YEAR IN THE AGGREGATE, J) STRATEGIC PLANS, INCLUDING THE REGIONAL PLAN, AND K) THE HIRING AND FIRING OF THE CEO SUBJECT TO THE PRIOR OPPORTUNITY FOR THE BOARD TO REVIEW AND COMMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	CHNW HAS ASSUMED RESPONSIBILITY FOR CHRH'S AUDIT, COMPLIANCE, AND EXECUTIVE COMPENSATION MATTERS. CHNW'S BOARD OF DIRECTORS HAS DELEGATED AUTHORITY FOR THE REVIEW OF CHRH'S FORM 990 TO TWO COMMITTEES COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS: A) THE NETWORK EXECUTIVE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION ASPECTS OF CHRH'S FORM 990, AND B) THE NETWORK FINANCE COMMITTEE REVIEWED THE REMAINDER OF THE CHRH'S FORM 990. IN ADDITION, CHRH'S OUTSIDE ACCOUNTING FIRM AND LAW FIRM REVIEWED THE FORM 990 PRIOR TO FILING. CHRH AND CHNW UTILIZED THIS PROCESS TO ENSURE THAT CHRH'S FORM 990 RECEIVED SUBSTANTIVE REVIEW BY DIRECTORS AND PROFESSIONALS WITH SPECIFIC KNOWLEDGE OF CHRH'S ACTIVITIES AND EXTENSIVE FINANCIAL, ACCOUNTING, AND TAX EXPERTISE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	CHRH HAS ADOPTED A CONFLICT OF INTEREST POLICY THAT APPLIES TO ITS DIRECTORS, OFFICERS, MANAGERS, MATERIAL MANAGEMENT ASSOCIATES AND KEY EMPLOYEES THE CONFLICT POLICY REQUIRES THESE INDIVIDUALS TO SUBMIT AN ANNUAL WRITTEN CERTIFICATION OF COMPLIANCE UNDER WHICH THESE INDIVIDUALS MUST DISCLOSE (I) FINANCIAL OR OTHER INTERESTS THE INDIVIDUAL OR ANY FAMILY MEMBER HAS WITH ANY ENTITY ENGAGED IN THE DELIVERY OF HEALTH CARE SERVICES, BIOTECHNOLOGY COMPANIES, SOFTWARE COMPANIES PROVIDING EDUCATIONAL OR CONSULTING SERVICES OR ANY OTHER COMPANY OR ORGANIZATION THAT DOES OR CONTEMPLATES DOING BUSINESS WITH CHRH, AND (II) COMPENSATION OR GIFTS RECEIVED BY THE INDIVIDUAL OR ANY FAMILY MEMBER THAT MIGHT INFLUENCE THE INDIVIDUAL'S ACTIONS THE DISCLOSURES ARE REVIEWED BY THE CORPORATE COMPLIANCE OFFICER, PRESIDENT/CEO AND BOARD OF DIRECTORS, AS APPROPRIATE THE INTENT OF THE POLICY IS TO AVOID THE PARTICIPATION OF ANY INTERESTED PERSON IN THE CONSIDERATION OF A MATTER OR DECISION WHICH POSSES A CONFLICT OF INTEREST FOR THAT INTERESTED PERSON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	AS A MEMBER OF THE NETWORK, CHRH IS SUBJECT TO THE EXECUTIVE COMPENSATION PRACTICES AND PROCEDURES OF CHNW, THE NETWORK PARENT CHNW HAS ADOPTED AN EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY THAT APPLIES TO CHRH THE PURPOSE OF THE POLICY IS TO ENSURE THAT CHRH'S COMPENSATION ARRANGEMENTS WITH RELATED PARTIES ARE EVALUATED AND ENTERED AT ARMS LENGTH AND THAT ANY COMPENSATION THAT IS PAID TO A RELATED PARTY IS REASONABLE AND REFLECTS FAIR MARKET VALUE THIS POLICY ENCOURAGES THE APPLICATION OF THE REBUTTABLE PRESUMPTION STANDARD OF CODE SECTION 4958 AND THE RELATED TREASURY REGULATIONS BY A) EXCLUDING ANY INTERESTED PARTY FROM THE DECISION MAKING PROCESS, B) REQUIRING DISINTERESTED BOARD OR COMMITTEE MEMBERS TO OBTAIN AND RELY UPON COMPARABILITY DATA WHEN SETTING THE PROPOSED COMPENSATION TERMS, C) REQUIRING APPROVAL OF THE TRANSACTION IN ADVANCE BY DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS, AND D) REQUIRING CONTEMPORANEOUS DOCUMENTATION (I E MINUTES) REFLECTING THE DECISION AND THE PROCESS BY WHICH IT WAS MADE CHNW HAS DELEGATED AUTHORITY REGARDING CHRH'S EXECUTIVE COMPENSATION TO A) THE NETWORK EXECUTIVE COMPENSATION COMMITTEE, COMPOSED OF INDEPENDENT OUTSIDE DIRECTORS, WHICH IS RESPONSIBLE FOR APPLYING THE TERMS AND PROCESS OF THE EXECUTIVE COMPENSATION AND INTERMEDIATE SANCTIONS POLICY AS OUTLINED ABOVE, AND B) THE NETWORK VICE PRESIDENT OF HUMAN RESOURCES WHO IS RESPONSIBLE FOR OBTAINING COMPARATIVE SALARY MARKET DATA FOR THE CHIEF EXECUTIVE OFFICER, OFFICERS, AND KEY EMPLOYEES, PERIODICALLY ENGAGING AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH REASONABLE COMPENSATION, AND PROVIDING STAFF SUPPORT TO THE NETWORK EXECUTIVE COMPENSATION COMMITTEE DURING 2018, THE NETWORK EXECUTIVE COMPENSATION COMMITTEE FOLLOWED THIS PROCESS FOR ALL SENIOR EXECUTIVE LEADERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	SEE LINE 15A ABOVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	A) THE ARTICLES OF INCORPORATION AND BUSINESS ENTITY REPORT ARE ON FILE WITH THE INDIANA SECRETARY OF STATE AND ARE AVAILABLE TO THE PUBLIC UPON REQUEST TO THE INDIANA SECRETARY OF STATE OR FREE OF CHARGE ON THE SECRETARY OF STATE'S WEBSITE B) CHRH'S CONFLICT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC C) CHRH DOES NOT HAVE INDIVIDUALLY AUDITED FINANCIAL STATEMENTS ITS FINANCIAL RESULTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CHNW AND AFFILIATES AS SUCH, THERE ARE NO INDIVIDUAL FINANCIAL STATEMENTS TO POST CHRH DOES FILE THE 990 TAX RETURN ON AN ANNUAL BASIS WHICH IS AVAILABLE UPON REQUEST AND/OR AVAILABLE ON A DELAYED BASIS ON GUIDESTAR.ORG D) COMMUNITY HEALTH NETWORK, INC AND AFFILIATES PROVIDE ANY DOCUMENT OPEN TO PUBLIC INSPECTION UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES 5,728,496 21,751,763 0 PROFESSIONAL FEES 1,249,399 1,088,314 0 TOTAL 6,977,895 22,840,077 0

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY HOWARD REGIONAL HEALTH
INC

Employer identification number

35-1865344

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHN ASSURANCE COMPANY LTD PO BOX 1051GT GRAND CAYMAN, GRAND CAYMAN CJ 98-0418913	SELF INSUR	CJ	N/A					Yes	
(2) PILLARS COMMUNITY HOUSING INC 3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 16-1652666	HOUSING	IN	CHRH	C CORP			100 000 %	Yes	
(3) VEI MICHIGAN INC 940 N MAIN STREET ANN HARBOR, MI 48104 30-0097377	MGMT SRVS	IN	N/A					Yes	
(4) VISIONARY ENTERPRISES INC 6626 EAST 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 35-1538433	MGMT SRVS	IN	N/A					Yes	
(5) WESTVIEW DELIVERY SYSTEM INC 3630 GUION ROAD INDIANAPOLIS, IN 46222 35-1910292	MGMT SRVS	IN	N/A					Yes	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	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 Yes	
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	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r 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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-1865344
Name: COMMUNITY HOWARD REGIONAL HEALTH
 INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 35-0983617	HOSPITAL	IN	501C3	3	NA		No
7330 SHADELAND STATION SUITE 100 INDIANAPOLIS, IN 46256 51-0181688	SUPPORT	IN	501C3	12B	CHNW	Yes	
7330 SHADELAND STATION SUITE 200 INDIANAPOLIS, IN 46256 45-4817436	HLTH CARE	IN	501C3	3	CHNW	Yes	
9894 EAST 121ST STREET FISHERS, IN 46037 35-0953467	HLTH CARE	IN	501C3	10	CHNW	Yes	
1515 NORTH MADISON AVENUE ANDERSON, IN 46011 35-1069822	HOSPITAL	IN	501C3	3	CHNW	Yes	
1515 NORTH MADISON AVENUE ANDERSON, IN 46011 86-1053152	SUPPORT	IN	501C3	12A	CHA	Yes	
1402 E COUNTY LINE ROAD SOUTH INDIANAPOLIS, IN 46227 35-1088640	HOSPITAL	IN	501C3	3	CHNW	Yes	
PO BOX 9011 KOKOMO, IN 46904 23-7309596	SUPPORT	IN	501C3	7	NA		No
1031 MONTICELLO DRIVE ANDERSON, IN 46011 35-1877441	HLTH CARE	IN	501C3	10	CHA	Yes	
7240 SHADELAND STATION SUITE 300 INDIANAPOLIS, IN 46256 20-5392766	PHY SRV	IN	501C3	10	CHNW	Yes	
3660 GUION ROAD INDIANAPOLIS, IN 46222 35-2022402	FITNESS	IN	501C3	10	CHNW	Yes	
3630 GUION ROAD INDIANAPOLIS, IN 46222 35-1094734	HOSPITAL	IN	501C3	3	CHNW	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
(1) CHNJMH VENTURES LLC 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 46-2356266	DIAG/REHAB	IN	N/A					No			No	
(1) COMMUNITYACCESSCARE IN DIALYSIS 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 47-4634198	DIALYSIS	IN	N/A					No			No	
(2) COMMUNITY ENDOSCOPY CENTER LLC 1601 N MADISON AVENUE SUITE 300 ANDERSON, IN 46011 61-1464136	HLTH CARE	IN	N/A					No			No	
(3) COMM HEALTH NETWORK REHAB HOSP LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 45-3414249	REHAB	IN	N/A					No			No	
(4) COMM HLTH NTRWK RHB HOSP SOUTH LLC 680 S FOURTH STREET LOUISVILLE, KY 40202 82-1385366	REHAB	IN	N/A					No			No	
(5) EAST CAMPUS SURGERY CENTER LLC 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 35-2028517	SURGERY	IN	N/A					No			No	
(6) HAMILTON SURGERY CENTER LLC 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 35-2061413	SURGERY	IN	N/A					No			No	
(7) HOWARD COMMUNITY SURGERY CTR LLC 3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 35-2118748	SURGERY	IN	CHRH	RELATED	2,500,802	2,578,276		No		Yes		51 000 %
(8) HOWARD REGIONAL SPECIALTY CARE LLC 680 SOUTH FOURTH STREET LOUISVILLE, KY 40202 37-1501021	REHAB	KY	CHRH	RELATED	296,957	-181,420		No		Yes		60 000 %
(9) INDIANAPOLIS ENDOSCOPY CENTER LLC 8315 E 56TH STREET INDIANAPOLIS, IN 46216 35-2010874	HLTH CARE	IN	N/A					No			No	
(10) MICHIGAN SURGERY INVESTMENT LLC 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 32-0147008	SURG CTRS	IN	N/A					No			No	
(11) NORTH CAMPUS OFFICE ASSOCIATES LP 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 35-1808625	RNTL PROP	IN	N/A					No			No	
(12) NORTH CAMPUS SURGERY CENTER LLC 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 35-2147088	SURGERY	IN	N/A					No			No	
(13) NORTHPOINT PEDIATRICS LLC 8101 CLEARVISTA PARKWAY SUITE 185 INDIANAPOLIS, IN 46256 35-1960566	HLTH CARE	IN	N/A					No			No	
(14) NORTHWEST SURGERY CENTER LLC 6626 E 75TH STREET SUITE 200 INDIANAPOLIS, IN 46250 20-8754071	SURGERY	IN	N/A					No			No	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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	
(16) PILLARS HOUSING LP 3500 S LAFOUNTAIN STREET KOKOMO, IN 46902 16-1652671	HOUSING	IN	N/A					No			No	
(1) PRIMARIA HEALTH LLC 9365 COUNSELORS ROW SUITE 210 INDIANAPOLIS, IN 46240 47-4728937	CONSULTING	IN	N/A					No			No	
(2) SCP INDIANAPOLIS LLC 7430 SHADELAND AVENUE SUITE 100 INDIANAPOLIS, IN 46250 46-0639908	HLTH CARE	IN	N/A					No			No	
(3) SOUTH CAMPUS SURGERY CENTER LLC 1550 EAST COUNTY LINE ROAD INDIANAPOLIS, IN 46227 35-2038072	SURGERY	IN	N/A					No			No	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	COMM HOWARD REGIONAL HEALTH FD	C	236,433	BOOK VALUE
(1)	COMMUNITY PHYSICIANS OF INDIANA	A	1,135,526	BOOK VALUE
(2)	COMMUNITY PHYSICIANS OF INDIANA	R	1,209,751	BOOK VALUE
(3)	HOWARD COMMUNITY SURGERY CENTER	J	826,597	BOOK VALUE
(4)	HOWARD COMMUNITY SURGERY CENTER K-1 DISTRIBUTIONS	S	2,380,589	BOOK VALUE
(5)	HOWARD REGIONAL SPECIALTY CARE	A	684,000	BOOK VALUE
(6)	HOWARD REGIONAL SPECIALTY CARE	Q	628,252	BOOK VALUE
(7)	HOWARD REGIONAL SPECIALTY CARE	R	1,848,807	BOOK VALUE