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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019

B Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization

SKAGGS COMMUNITY HOSPITAL ASSOCIATION

% DAVID STRONG

Doing business as

COX MEDICAL CENTER BRANSON

Number and street (or P O box if mail is not delivered to street address)

525 BRANSON LANDING BOULEVARD

Room/suite

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

BRANSON, MO 65615

F Name and address of principal officer

WILLIAM MAHONEY

525 BRANSON LANDING BOULEVARD

BRANSON, MO 65615

H(a) Is this a group return for subordinates?

subordinates?

Are all subordinates included?

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

44-0584290

E Telephone number

(417) 335-7000

G Gross receipts \$ 233,588,455

I Tax-exempt status

501(c)(3)

501(c) () (insert no)

4947(a)(1) or

527

J Website: WWW COXHEALTH COM

K Form of organization

Corporation

Trust

Association

Other

L Year of formation

1950

M State of legal domicile

MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities

IMPROVES LIVES VIA EDUCATION, PREVENTION, AND ADVOCACY, BY THE USE OF TECHNOLOGY, AND BY PROVIDING COMFORT AND PRIVACY WHILE PRESERVING DIGNITY SEE SCHEDULE O FOR MORE INFORMATION

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

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

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

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

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

JACOB MCWAY COXHEALTH CFO

Type or print name and title

2020-05-15

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00422601

Firm's name BKD LLP

Firm's EIN

Firm's address 910 E ST LOUIS 200/PO BOX 1190

Phone no (417) 865-8701

SPRINGFIELD, MO 658062523

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

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

THE HOSPITAL'S MISSION IS TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE THROUGH QUALITY HEALTH CARE, EDUCATION AND RESEARCH

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 \$ 146,209,125 including grants of \$ 99,325) (Revenue \$ 175,437,511)
	See Additional Data

4b	(Code) (Expenses \$ 25,026,362 including grants of \$) (Revenue \$ 22,181,961)
	See Additional Data

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 171,235,487

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

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	
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	Yes
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	No
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	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

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

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	1,791			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O				3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .				4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .				5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?				6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year				7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .				7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
				8		
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? If "No," provide an explanation in Schedule O				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N						
				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O						
				16		No

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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.)

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ DAVID STRONG 525 BRANSON LANDING BOULEVARD BRANSON, MO 65615 (417) 335-7789

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

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

[illegible]

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,891,171	3,159,289	1,032,429

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 ► 93

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITE RIVER ANESTHESIA ASSOC, PO BOX 1308 BRANSON, MO 65615	ANESTHESIA SERVICES	1,956,855
SHIFTWISE, PO BOX 70870 ST PAUL, MN 55170	STAFFING MANAGEMENT	1,116,501

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 ► 2

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	795			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	132,920			
g Noncash contributions included in lines 1a - 1f \$					
h Total. Add lines 1a-1f		133,715			

Program Service Revenue

	Business Code				
2a NET PATIENT SERVICE REVENUE	624100	192,042,195	192,042,195		
b PHARMACY	446110	1,815,700	1,815,700		
c CAFETERIA	722514	1,432,904	1,432,904		
d LAB REVENUE	621500	809,934	789,626	20,308	
e FITNESS CENTER	624100	353,184	353,184		
f All other program service revenue		1,165,555	1,165,555		
g Total. Add lines 2a-2f		197,619,472			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		1,590,921			1,590,921
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			
6a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)	0	0			
d Net rental income or (loss)			0		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	33,240,253	1,004,094			
c Gain or (loss)	32,427,489	1,200,633			
d Net gain or (loss)	812,764	-196,539	616,225		616,225
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from fundraising events			0		
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0			
c Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		0			
12 Total revenue. See Instructions		199,960,333	197,599,164	20,308	2,207,146

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.	99,325	99,325		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,118,307	1,173,680	944,627	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	67,883,841	57,833,887	10,049,954	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	1,788,297	1,767,122	21,175	
9 Other employee benefits.	8,102,880	7,717,032	385,848	
10 Payroll taxes.	4,400,004	4,178,674	221,330	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	0			
c Accounting.	102,012		102,012	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	40,084,532	38,165,197	1,919,335	0
12 Advertising and promotion.	40,968	37,583	3,385	
13 Office expenses.	5,856,561	5,426,877	429,684	
14 Information technology.	982,905	901,680	81,225	
15 Royalties.	0			
16 Occupancy.	4,356,461	3,996,455	360,006	
17 Travel.	527,406	483,823	43,583	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	46,283	42,458	3,825	
20 Interest.	2,917,976	2,676,843	241,133	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	7,299,608	6,696,389	603,219	
23 Insurance.	453,522	416,044	37,478	
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 & DRUGS	31,847,642	31,847,642		
b STATE PROVIDER TAX	7,589,093	7,589,093		
c LICENSES, DUES, SUBSCRIPTIONS	200,714	184,128	16,586	
d MISCELLANEOUS EXPENSE	1,695	1,555	140	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	186,700,032	171,235,487	15,464,545	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	22,738,958	1	2,661,627
	2	Savings and temporary cash investments	27,038,134	2	66,345,332
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	25,869,170	4	24,271,895
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	2,877,378	8	2,780,020
	9	Prepaid expenses and deferred charges	178,384	9	693,959
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	143,988,545		
	b	Less: accumulated depreciation	51,728,765		
	11	Investments—publicly traded securities	19,324,784	11	25,208,211
	12	Investments—other securities. See Part IV, line 11	9,051,418	12	8,910,337
	13	Investments—program-related. See Part IV, line 11	9,174,807	13	6,572,204
	14	Intangible assets	551,500	14	551,500
	15	Other assets. See Part IV, line 11	14,749,149	15	16,205,247
16	Total assets. Add lines 1 through 15 (must equal line 34)	223,061,524	16	246,460,112	
Liabilities	17	Accounts payable and accrued expenses	11,587,793	17	12,363,482
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	36,800
	20	Tax-exempt bond liabilities	56,907,278	20	69,122,244
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	8,877,201	23	7,656,256
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,952,537	25	1,007,650
	26	Total liabilities. Add lines 17 through 25	79,324,809	26	90,186,432
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	133,543,934	27	146,221,979
	28	Temporarily restricted net assets	1,141,363	28	1,141,364
	29	Permanently restricted net assets	9,051,418	29	8,910,337
	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	143,736,715	33	156,273,680	
34	Total liabilities and net assets/fund balances	223,061,524	34	246,460,112	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	199,960,333
2	Total expenses (must equal Part IX, column (A), line 25)	2	186,700,032
3	Revenue less expenses Subtract line 2 from line 1	3	13,260,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,736,715
5	Net unrealized gains (losses) on investments	5	-582,255
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	-141,081
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	156,273,680

Part XII Financial Statements and ReportingCheck 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		No
3b		

Additional Data

Software ID:
Software Version:
EIN: 44-0584290
Name: SKAGGS COMMUNITY HOSPITAL ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

HOSPITAL SERVICES - COX MEDICAL CENTER BRANSON PROVIDES THE FOLLOWING AREAS OF SERVICE CANCER, CARDIAC, DIABETES AND ENDOCRINOLOGY, EAR NOSE AND THROAT, EMERGENCY, URGENT CARE, FAMILY MEDICINE, IMAGING AND RADIOLOGY, LABORATORY AND PATHOLOGY, NEPHROLOGY AND DIALYSIS, NEUROLOGY, OCCUPATIONAL HEALTH, ORTHOPEDICS, PEDIATRICS, PSYCHIATRY, PULMONOLOGY/CRITICAL CARE, REHABILITATION AND THERAPY, RHEUMATOLOGY, SLEEP DISORDER CENTER, SOCIAL SERVICES, SURGERY, UROLOGY, WOMEN'S SERVICES AND WOUND CARE SEE SCHEDULE O FOR MORE INFORMATION

Form 990, Part III, Line 4b:

CLINIC SERVICES - CLINIC SERVICES INCLUDE FAMILY MEDICINE, OB-GYN SERVICES, GENERAL SURGERY, INTERNAL MEDICINE, INFECTIOUS DISEASE TREATMENT AND
PULMONOLOGY COORDINATION OF CARE IS ENHANCED BY A PHYSICIAN LIAISON

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
HOLLY WHERRY BOARD MEMBER	40 0 0 0	X						359,267	0	2,644
NITA AYRES BOARD MEMBER	1 0 0 0	X						0	0	0
CHARITY ELMER BOARD MEMBER	1 0 39 0	X						0	586,278	125,714
JAKE MCWAY BOARD MEMBER/COXHEALTH CFO	1 0 39 0	X						0	891,941	168,179
RICHARD BLUBAUGH BOARD MEMBER	1 0 0 0	X						0	0	0
SUE HEAD TREASURER	1 0 0 0	X		X				0	0	0
DENNIS NEWKIRK BOARD MEMBER	1 0 0 0	X						0	0	0
J TRAVIS BRAWNER BOARD MEMBER	1 0 0 0	X						0	0	0
JOE LOTH BOARD MEMBER	1 0 0 0	X						0	0	0
BRAD SWOFFORD BOARD MEMBER	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ROBERT T COX INTERIM CHAIR	1 0 0 0	X		X				0	0	0
PHILLIP LOYD BOARD MEMBER	1 0 0 0	X						0	0	0
STEVE EDWARDS BOARD MEMBER/COXHEALTH CEO	1 0 39 0	X						0	1,501,873	295,293
ROBERT F MCDOWELL BOARD MEMBER	1 0 0 0	X						0	0	0
RICK TODD VICE CHAIR END 07/2019	1 0 0 0	X		X				0	0	0
WILLIAM MAHONEY PRESIDENT	40 0 0 0			X				596,766	0	78,135
DAVID STRONG CFO	40 0 0 0			X				179,199	179,197	58,885
BARBARA STEWART SECRETARY	40 0 0 0			X				57,335	0	3,750
SIMON WAJNBOLM VP	40 0 0 0				X			150,127	0	21,227
SHAWN USERY CMO	40 0 0 0				X			391,431	0	29,730

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
LYNNE YAGGY CNO	40 0 0 0				X			194,576	0	24,678
CHAD EFIRD PHYSICIAN	40 0 0 0					X		1,096,315	0	48,235
PATRICK FINKBONE PHYSICIAN	40 0 0 0					X		901,810	0	29,730
NARIN ARUNAKUL PHYSICIAN	40 0 0 0					X		653,243	0	48,785
PRASER VIJITBENJARONK PHYSICIAN	40 0 0 0					X		652,020	0	48,685
BRIAN CLONTS PHYSICIAN	40 0 0 0					X		659,082	0	48,759

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.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization SKAGGS COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 44-0584290

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 **section 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 ► <input type="checkbox"/>						

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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

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

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

Section A. Public Support

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		

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.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
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	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

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: 44-0584290
Name: SKAGGS COMMUNITY HOSPITAL ASSOCIATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization SKAGGS COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 44-0584290
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		17,317
j	Total. Add lines 1c through 1i			17,317
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1 (I)	OTHER LOBBYING ACTIVITIES THE ORGANIZATION PAID DUES OF \$43,964 TO THE MISSOURI HOSPITAL ASSOCIATION AND \$19,899 TO THE AMERICAN HOSPITAL ASSOCIATION, OF WHICH \$12,794 (29 1%) AND \$4,523 (22 73%) RESPECTIVELY IS ATTRIBUTABLE TO LOBBYING PURPOSES

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SKAGGS COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
44-0584290

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

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

1b

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

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,522,712		5,522,712
b Buildings		60,379,061	13,898,617	46,480,444
c Leasehold improvements		4,334,390	1,125,596	3,208,794
d Equipment		61,409,311	34,296,676	27,112,635
e Other		12,343,071	2,407,876	9,935,195
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				92,259,780

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) OTHER RECEIVABLES	632,096
(2) INTEREST RECEIVABLE	2,809
(3) DUE FROM RELATED PARTY	15,570,342
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	16,205,247

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO THIRD PARTY	1,007,650
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,007,650

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 44-0584290
Name: SKAGGS COMMUNITY HOSPITAL ASSOCIATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	UNCERTAIN TAX POSITIONS MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS

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

Open to Public Inspection

Name of the organization

SKAGGS COMMUNITY HOSPITAL ASSOCIATION

Employer identification number

44-0584290

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,470,733		11,470,733	6 140 %
b Medicaid (from Worksheet 3, column a)			27,632,979	24,672,081	2,960,898	1 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			39,103,712	24,672,081	14,431,631	7 730 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,741		10,741	0 010 %
f Health professions education (from Worksheet 5)			1,341,963	114,101	1,227,862	0 660 %
g Subsidized health services (from Worksheet 6)			10,309,353	4,312,871	5,996,482	3 210 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			267,564		267,564	0 140 %
j Total. Other Benefits			11,929,621	4,426,972	7,502,649	4 020 %
k Total. Add lines 7d and 7j			51,033,333	29,099,053	21,934,280	11 750 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	20,637,713		
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		
	2,971,831		
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	94,368,833
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	104,277,783
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-9,908,950
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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SKAGGS COMMUNITY HEALTH CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SKAGGS COMMUNITY HEALTH CENTER

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	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0 _____ % and FPG family income limit for eligibility for discounted care of 300 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

SKAGGS COMMUNITY HEALTH CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs 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?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

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

SKAGGS COMMUNITY HEALTH CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 25

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	ELIGIBILITY FOR FREE CARE IN GENERAL, THE ORGANIZATION'S CHARITY CARE POLICY DOES NOT PROVIDE FOR DISCOUNTS OF 100% THEREFORE, IT IS EXPECTED THAT THE PATIENT OR GUARANTOR WILL HOLD A RESPONSIBILITY FOR PAYMENT OF AT LEAST A PORTION OF THE SERVICES, REGARDLESS OF THE LEVEL OF ELIGIBILITY IT IS OUR INTENTION TO WORK WITH INDIVIDUALS ON THEIR OUT-OF-POCKET RESPONSIBILITY TO ESTABLISH FEASIBLE MONTHLY PAYMENTS WHEN NECESSARY IN THE EVENT THAT A PATIENT OR GUARANTOR IS DETERMINED TO HAVE NO MEANS OF PAYING THE AMOUNT INDICATED AS THEIR RESPONSIBILITY DUE TO EXTENUATING CIRCUMSTANCES, CONSIDERATION MAY BE GIVEN TO WAIVING DEDUCTIBLES AND/OR INCREASING THE DISCOUNT AMOUNT UP TO A 100% DISCOUNT OF THE PATIENT PORTION THESE EXTENUATING CASES ARE SUBJECT TO THE DISCRETION AND APPROVAL OF THE PFS DIRECTOR AND/OR THE CHIEF FINANCIAL OFFICER WITHIN THE APPROVAL LIMITS DEFINED AT THE END OF THIS POLICY
SCHEUDLE H, PART I, LINE 7, COLUMN F	PERCENT OF TOTAL EXPENSE TO ARRIVE AT THE PERCENT OF TOTAL EXPENSES, THE DENOMINATOR EQUALS TOTAL OPERATING EXPENSES PER FORM 990, PART IX, LINE 25

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COST TO CHARGE RATIO THE COST TO CHARGE RATIO COMPUTED ON IRS WORKSHEET 2 WAS USED IN THE CALCULATIONS ON IRS WORKSHEET 1 AND 3 WORKSHEET 6 USED INTERNAL COST CALCULATIONS
SCHEDULE H, PART I, LINE 7G	SUBSIDIZED SERVICES THE ORGANIZATION HAS INCLUDED COSTS ASSOCIATED WITH RURAL HEALTH CENTERS (RHC) IN THE CALCULATION OF SUBSIDIZED SERVICES ON LINE 7G, WITH A NET SUBSIDY FROM RHCS OF \$5,996,482 COX MEDICAL CENTER BRANSON PROVIDES PRIMARY CARE SERVICES TO THE SURROUNDING COMMUNITIES AT THE CENTERS THESE SERVICES ARE PROVIDED IN RURAL AREAS WHERE THERE WOULD BE A SHORTAGE OF QUALITY MEDICAL CARE WITHOUT THE SERVICES COX MEDICAL CENTER BRANSON CONTINUES TO PROVIDE THESE SERVICES AS A BENEFIT TO THE COMMUNITY DESPITE KNOWING THAT FINANCIAL SHORTFALLS WILL BE SUSTAINED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	BAD DEBT EXPENSE THE HOSPITAL HAS ADOPTED THE NEW REVENUE RECOGNITION STANDARD ASU 2014-09 UNDER ASU 2014-09, THE ESTIMATED AMOUNTS DUE FROM PATIENTS FOR WHICH THE HOSPITAL DOES NOT EXPECT TO BE ENTITLED OR COLLECT FROM THE PATIENTS ARE CONSIDERED IMPLICIT PRICE CONCESSIONS AND EXCLUDED FROM THE HOSPITAL'S ESTIMATION OF THE TRANSACTION PRICE OR REVENUE RECORDED BAD DEBT EXPENSE WAS NOT SIGNIFICANT TO THE AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED SEPTEMBER 30, 2019 HOWEVER, THE HOSPITAL INTERNALLY TRACKS BAD DEBT EXPENSE CONSISTENT WITH HISTORICAL PRACTICES AND THAT AMOUNT HAS BEEN REPORTED ON SCHEDULE H, PART III, SECTION A, LINE 2
SCHEDULE H, PART VI, LINE 3	BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE BAD DEBT ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS ESTIMATED USING THE PERCENTAGE OF THE POPULATION THAT IS BELOW THE POVERTY LINE IN THE HOSPITAL'S SERVICE AREA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	BAD DEBT EXPENSE FOOTNOTE THE AUDIT FOOTNOTE ADDRESSING BAD DEBT EXPENSE AND PATIENT ACCOUNTS RECEIVABLE IS FOUND ON PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS UNDER NOTE 1, SUBTITLED "PATIENT ACCOUNTS RECEIVABLE "
SCHEDULE H, PART III, SECTION B, LINE 8	COMMUNITY BENEFIT RATIONALE THE HOSPITAL IS DESIGNATED BY MEDICARE AS A SOLE COMMUNITY HOSPITAL AND AS SUCH, IS THE SOLE SOURCE OF HOSPITAL CARE WITHIN A 35-MILE RADIUS AS A LARGE RURAL HOSPITAL, MINIMUM STAFFING MUST BE MAINTAINED REGARDLESS OF SWINGS IN PATIENT VOLUME WITHOUT THE HOSPITAL, MEDICARE PATIENTS WOULD NEED TO TRAVEL SIGNIFICANT DISTANCES TO RECEIVE HOSPITAL CARE SERVING PATIENTS WITH GOVERNMENT HEALTH BENEFITS, SUCH AS MEDICARE, IS A COMPONENT OF THE COMMUNITY BENEFIT STANDARD THAT TAX-EXEMPT HOSPITALS ARE HELD TO THIS IMPLIES THAT SERVING MEDICARE PATIENTS IS A COMMUNITY BENEFIT AND THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	COLLECTION POLICY THE ORGANIZATION WILL NOT PURSUE LEGAL ACTION FOR NONPAYMENT OF ANY AMOUNTS DISCOUNTED AS A RESULT OF AN APPROVED OR PARTIALLY APPROVED REQUEST FOR FINANCIAL ASSISTANCE BALANCES REMAINING AFTER SUCH DISCOUNTS ARE APPLIED WILL, HOWEVER, BE SUBJECT TO COLLECTION ACTIVITY, INCLUDING LEGAL ACTION IN ADDITION, THE ORGANIZATION WILL NOT CHARGE INTEREST ON THE BALANCE REMAINING AFTER APPLYING THE FINANCIAL ASSISTANCE DISCOUNT HOWEVER, THE ORGANIZATION MAY, IN ITS SOLE DISCRETION, CHARGE INTEREST ON THE BALANCE OWED IF 1) THE GUARANTOR DEFAULTS ON HIS OR HER PAYMENT AGREEMENT OR 2) THE BALANCE IS REFERRED TO THE COLLECTION AGENCY FOR COLLECTION
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT LESTER E COX MEDICAL CENTERS HAS PERFORMED AN ENVIRONMENTAL SCAN ANNUALLY SINCE 2006 COMMUNITY HEALTH NEEDS ASSESSMENTS AS REQUIRED BY THE IRS WERE COMPLETED IN EARLY 2016 A PUBLIC PERCEPTION STUDY OF AREA HEADS OF HOUSEHOLDS IS CONDUCTED ANNUALLY THE MOST RECENT STUDY SURVEYED 876 HOUSEHOLDS IN OUR SERVICE AREA TO DETERMINE WHAT SERVICES ARE NEEDED WE ALSO PERFORM A PUBLIC HEALTH SURVEY, WHICH ASKS COMMUNITY LEADERS AND HEALTH PROFESSIONALS WHAT THEIR PRIORITIES ARE AND WHAT HEALTH SERVICES ARE LACKING IN THEIR COMMUNITY THE PUBLIC HEALTH SURVEY IS SENT TO COUNTY PUBLIC HEALTH DEPARTMENTS, LOCAL AGENCIES, REGIONAL SERVICES CLINICS, MENTAL HEALTH FACILITIES, AND PUBLIC SCHOOLS THROUGHOUT THE TOTAL SERVICE AREA LESTER E COX MEDICAL CENTERS REFERENCES UNITED HEALTH FOUNDATION STATE-BY-STATE HEALTH RANKINGS AS WELL AS ROBERT WOOD JOHNSON AND UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE COUNTY HEALTH RANK FOR HEALTH OUTCOMES AND HEALTH FACTORS COXHEALTH ALSO REFERENCES "ASSESSING THE HEALTH OF THE COMMUNITY", WHICH IS AN ANALYSIS OF BEHAVIORS AND OUTCOMES FOR THE SPECIFIC COUNTIES OF THE SERVICE AREA BY THE MISSOURI HOSPITAL ASSOCIATION DEMOGRAPHIC AND ECONOMIC ANALYSIS IS PERFORMED FOR THE 22-COUNTY SERVICE AREA NIELSEN CLARITAS DEMOGRAPHIC ESTIMATES AND PROJECTIONS ARE USED TO EVALUATE THE CHANGE IN POPULATION CHARACTERISTICS UNEMPLOYMENT, HOME FORECLOSURE, AND INPATIENT PAYER DATA IS ALSO ASSESSED IN 2016, COXHEALTH PERFORMED A COMMUNITY HEALTH NEEDS ASSESSMENT AS PART OF A COLLABORATIVE EFFORT, CONSISTING OF A VARIETY OF ORGANIZATIONS ACROSS THE OZARKS, TO BETTER UNDERSTAND THE HEALTH STATUS, BEHAVIORS, AND NEEDS OF THE POPULATIONS WE SERVE UNDER THE UMBRELLA OF THE LOCAL OZARKS HEALTH COMMISSION, THIS FIRST-TIME COLLABORATION WAS THE LARGEST IN THE REGION SPANNING FOUR STATES-MISSOURI, OKLAHOMA, ARKANSAS AND KANSAS-29 COUNTIES AND THREE HOSPITAL SYSTEMS THE WORKING GROUP SAW THE VALUE OF USING A SYSTEMATIC, DATA-DRIVEN ASSESSMENT TO INFORM DECISIONS AND GUIDE EFFORTS TO IMPROVE COMMUNITY HEALTH AND WELLNESS ON A REGIONAL LEVEL THIS LARGER, CONCERTED APPROACH WILL LEVERAGE COMMON STRENGTHS AND STRATEGIES TO MOVE IN THE SAME DIRECTION ON SIGNIFICANT HEALTH CONCERNS THE 2019 ASSESSMENT PROCESS BUILDS ON THE METHODOLOGY DEVELOPED DURING THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT IT INCLUDES MORE THAN 140 HOSPITAL AND COMMUNITY DATA INDICATORS THIS DATA WAS COMPARED TO THE NATION AND PAST PERFORMANCE AND USED TO IDENTIFY THE SIX ASSESSED HEALTH ISSUES (AHI) CANCER, LUNG DISEASE, CARDIOVASCULAR DISEASE, MENTAL HEALTH, DIABETES, AND ORAL HEALTH LOCAL STAKEHOLDERS UTILIZED A COMBINATION OF PUBLIC HEALTH AND HOSPITAL DATA, ALONG WITH A COMMUNITY SURVEY DATA, TO PRIORITIZE THE AHI BASED ON FEASIBILITY AND COMMUNITY READINESS THIS PRIORITIZATION PROCESS RESULTED IN THREE PRIORITIES FOR THE SPRINGFIELD COMMUNITY LUNG DISEASE, CARDIOVASCULAR DISEASE AND MENTAL HEALTH ALTHOUGH OTHER AHI WERE IDENTIFIED AS HEALTH ISSUES FOR THE SPRINGFIELD COMMUNITY, RESOURCES WOULD BE DILUTED IN AN EFFORT TO ADDRESS SEVERAL HEALTH ISSUES, THUS MINIMIZING THE ABILITY TO CREATE MEANINGFUL IMPACT BY PRIORITIZING THE AHI BY FEASIBILITY AND COMMUNITY READINESS, THE COMMUNITY WILL BE ABLE TO HAVE A GREATER IMPACT ON OVERALL COMMUNITY HEALTH THROUGH EFFICIENT AND EFFECTIVE RESOURCE ALLOCATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE LESTER E COX MEDICAL CENTERS, PARENT ORGANIZATION, USES A VARIETY OF METHODS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE PROGRAMS OR UNDER THE ORGANIZATION'S POLICY - AVAILABILITY OF FINANCIAL ASSISTANCE THROUGH THE ORGANIZATION IS COMMUNICATED TO PATIENTS THROUGH THE USE OF SIGNAGE AND BROCHURES/INFORMATION PACKETS AVAILABLE AT CHECK-IN LOCATIONS - LESTER E COX MEDICAL CENTERS ALSO PROACTIVELY COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE ON PATIENT BILLS AND STATEMENTS, AND ITS EARLY-OUT VENDOR RESPONSIBLE FOR PATIENT BALANCE COLLECTIONS IS EXPECTED TO PROACTIVELY INFORM SELF PAY PATIENTS OF THE AVAILABILITY WHEN SPEAKING TO THEM ON THE PHONE - FOR ASSISTANCE UNDER FEDERAL AND STATE PROGRAMS LESTER E COX MEDICAL CENTERS UTILIZES AN OUTSOURCE ELIGIBILITY VENDOR WHO MEETS WITH SELF PAY INPATIENTS AT THE BEDSIDE TO COMPLETE AN ELIGIBILITY SCREENING, INFORM THE PATIENTS OF POTENTIAL AVAILABILITY, AND WILL WORK WITH THE PATIENT TO HELP THEM THROUGH THE PROCESS OUTPATIENTS ARE REFERRED TO THE VENDOR AFTER CARE AND THOSE ARE WORKED IN A SIMILAR FASHION WITH THE EXPECTATION THAT THE FIRST CONTACT IS THROUGH MAIL OR PHONE RATHER THAN AT THE BEDSIDE
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION CMCB CONSIDERS TANEY AND STONE COUNTIES AS ITS PRIMARY SERVICE AREA WITH CHRISTIAN COUNTY, BOONE COUNTY AND PARTS OF CARROLL COUNTY IN NORTHERN ARKANSAS AS ITS SECONDARY SERVICE AREA THE TOTAL POPULATION OF ZIP CODES SERVED BY CMCB IS APPROXIMATELY 144,000 THE PROJECTED POPULATION GROWTH IN THESE AREAS, ESPECIALLY THE CONTINUING MIGRATION INTO THE AREA OF RETIREES, IS A SIGNIFICANT FACTOR IN THE EVER-INCREASING NEED FOR HIGH-TECH MEDICAL SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH CMCB HAS A 15-MEMBER BOARD OF DIRECTORS SEVERAL THOUSANDS OF DOLLARS ARE SPENT EACH YEAR OFFERING FREE LOW-COST SCREENINGS TO THE COMMUNITY AND EDUCATIONAL PROGRAMS CMCB PHYSICIANS AND STAFF ARE COMMITTED TO EDUCATING THE COMMUNITY TO HELP ENSURE A HEALTHIER FUTURE CPR CLASSES, SMOKING CESSATION CLASSES, PRENATAL CLASSES, ETC ARE ALL FOCUSED ON GIVING OUR COMMUNITY MEMBERS THE RESOURCES THEY NEED TO MAKE INFORMED DECISIONS
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM CMCB IS PART OF THE COXHEALTH SYSTEM, WHICH INCLUDES THE FOLLOWING LESTER E COX MEDICAL CENTERS, WHICH OPERATES AS AN INTEGRATED DELIVERY SYSTEM INCLUDING FOUR HOSPITALS, A SURGICAL CENTER, AN INPATIENT REHABILITATION FACILITY, HOME CARE COMPANIES, PHYSICIAN SERVICES, MENTAL HEALTH SERVICES, INSURANCE COMPANIES AND A FOUNDATION THE HEALTH SYSTEM PRIMARILY EARNS REVENUES BY PROVIDING INPATIENT, OUTPATIENT, EMERGENCY CARE, INPATIENT REHABILITATION, HOME CARE, PHYSICIAN SERVICES AND HEALTH INSURANCE PRODUCTS TO PATIENTS AND EMPLOYERS IN SPRINGFIELD, MISSOURI, AND THE SURROUNDING SOUTHWEST MISSOURI AREA COXHEALTH IS THE PARENT OF LESTER E COX MEDICAL CENTERS AND ITS WHOLLY OWNED SUBSIDIARIES PLUS CERTAIN AFFILIATED NOT-FOR-PROFIT ENTITIES AND IS COLLECTIVELY REFERRED TO AS COXHEALTH COXHEALTH (THE HEALTH SYSTEM) OPERATES AS AN INTEGRATED DELIVERY SYSTEM INCLUDING FOUR HOSPITALS, A SURGICAL CENTER, AN INPATIENT REHABILITATION FACILITY, HOME CARE COMPANIES, PHYSICIAN SERVICES, MENTAL HEALTH SERVICES, INSURANCE COMPANIES AND A FOUNDATION COXHEALTH'S HOME CARE SERVICES ARE PROVIDED BY COXHEALTH AT HOME AND INCLUDE HOME HEALTH SERVICES, INFUSION THERAPY AND DURABLE MEDICAL EQUIPMENT COXHEALTH AT HOME SUPPORTED THE COMMUNITY THROUGH MONTHLY NUTRITION AND FALL PREVENTION SEMINARS AT 20 AREA SENIOR CENTERS THROUGHOUT SOUTHWEST MISSOURI THEY ALSO PROVIDED FREE BONE DENSITY SCREENINGS AT 34 COMMUNITY EVENTS, AND VITAL SIGN SCREENINGS AT MANY MORE THROUGH AN ANNUAL FAN DRIVE, COXHEALTH AT HOME COLLECTED AND DISTRIBUTED BOX FANS TO SENIORS AND THE DISABLED WHO LACK ADEQUATE ACCESS TO COOLING DURING THE SUMMER MONTHS INFUSION THERAPY RECEIVED A SECOND GRANT AWARD FROM THE MISSOURI FOUNDATION FOR HEALTH ORGANIZATION THIS GRANT ALLOWS US TO SERVE PATIENTS THAT FALL THROUGH THE CRACKS DUE TO HAVING NO REIMBURSEMENT OF ANY KIND, SERVING PATIENTS THROUGHOUT SOUTHERN MISSOURI ASSISTANCE TO COXHEALTH SYSTEM IN DEVELOPING AN INTEGRATED HEALTH SYSTEM, AND SERVICE TO MEDICAID PATIENTS COX-MONETT HOSPITAL SUPPORTS THE MONETT, MISSOURI AND SURROUNDING COMMUNITY BY PROVIDING A VARIETY OF SERVICES WHICH INCLUDE UROLOGY, ENT (EAR, NOSE AND THROAT), PULMONOLOGY, ORTHOPEDICS, CARDIOLOGY, PODIATRY, OBSTETRICS, RADIOLOGY (CT, MRI, NUCLEAR MEDICINE AND MAMMOGRAPHY), LABORATORY, 24-HOUR EMERGENCY CENTER, GENERAL SURGICAL SERVICES, SAME-DAY SURGERY, DIABETES CENTER, SLEEP CENTER, CARDIOPULMONARY REHAB, MEDICAL-SURGICAL UNIT, URGENT CARE, PHARMACY AND COMMUNITY WELLNESS COXHEALTH FOUNDATION SUPPORTS THE COMMUNITY BY RAISING FUNDS TO DISPERSE TO PATIENTS FOR THOSE NEEDS FOR WHICH THEY HAVE NO RESOURCES OR FUNDING, BUT WHICH ARE CRITICAL TO THE PATIENT'S HEALTH AND WELL BEING SKAGGS COMMUNITY HOSPITAL ASSOCIATION D/B/A COX MEDICAL CENTER BRANSON (CMCB) HAS BEEN SERVING SOUTHWEST MISSOURI RESIDENTS FOR MORE THAN 63 YEARS AND OFFERS OVER 25 MAJOR SERVICE AREAS THE HOSPITAL'S AVERAGE DAILY PATIENT CENSUS EXCEEDS 85 WITH 165 LICENSED HOSPITAL BEDS A STAFF OF OVER 1,100 PERSONNEL IS REQUIRED TO OPERATE THE HOSPITAL AND ITS NUMEROUS CLINICS COXHEALTH ADDED A FOURTH HOSPITAL IN 2018, COX BARTON COUNTY HOSPITAL (COX BARTON COUNTY) THE FACILITY WAS A COUNTY HOSPITAL OWNED AND OPERATED BY BARTON COUNTY MEMORIAL HOSPITAL (BCMh) IT WAS BUILT IN 2007 AND IS A 25-BED CRITICAL ACCESS HOSPITAL IN LAMAR, MISSOURI OFFERING AN EMERGENCY DEPARTMENT, AS WELL AS SPECIALIZED CARE IN DIABETES, RADIOLOGY, ORTHOPEDICS AND SPORTS MEDICINE, NEUROLOGY, WOMEN'S HEALTH AND MORE IN OCTOBER 2017, COXHEALTH SIGNED A LETTER OF INTENT WITH BCMH TO ACQUIRE ITS OPERATION AND TO LEASE ITS PROPERTY BCMH WAS STRUGGLING AS A RURAL HOSPITAL TO KEEP UP WITH DECLINING REVENUE COXHEALTH'S ACQUISITION ALLOWS FOR THE PATIENTS PREVIOUSLY SERVED BY BCMH TO BECOME A PART OF THE COXHEALTH SYSTEM COX BARTON COUNTY WILL CONTINUE THE SERVICES PREVIOUSLY PROVIDED BY BCMH AND INTENDS TO EXPAND THESE SERVICES FURTHER IN THE FUTURE AS WELL TO COMPLETE THE TRANSACTION, COXHEALTH FORMED TWO ENTITIES, COX BARTON COUNTY HOSPITAL, A MISSOURI NONPROFIT CORPORATION, AND CBCH, LLC, A MISSOURI LIMITED LIABILITY COMPANY BOTH ENTITIES HAVE THE SAME CORPORATE PARENT, COXHEALTH, WHICH IS A MISSOURI NONPROFIT CORPORATION THE OPERATION AND ASSETS OF THE HOSPITAL HAVE BEEN HELD BY CBCH, LLC SINCE JANUARY 1, 2018 AND WILL BE TRANSFERRED TO COX BARTON COUNTY HOSPITAL EFFECTIVE OCTOBER 1, 2019</p>

Additional Data

Software ID:
Software Version:
EIN: 44-0584290
Name: SKAGGS COMMUNITY HOSPITAL ASSOCIATION

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SKAGGS COMMUNITY HEALTH CENTER 251 SKAGGS RD BRANSON, MO 65616 WWW COXHEALTH COM 52-57	X	X					X			

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	COMMUNITY INPUT IN 2017, A VARIETY OF ORGANIZATIONS ACROSS THE OZARKS RECONVENED UNDER THE UMBRELLA OF THE OZARKS HEALTH COMMISSION TO ASSESS THE HEALTH NEEDS OF OUR REGION BUILDING UPON THE SUCCESS OF THE 2016 REGIONAL HEALTH ASSESSMENT, PARTNERS AGAIN SOUGHT TO BETTER UNDERSTAND THE HEALTH STATUS, BEHAVIORS AND NEEDS OF THE POPULATIONS THEY SERVE THIS 2019 ASSESSMENT COMBINES MORE THAN 140 HOSPITAL AND COMMUNITY DATA INDICATORS AS WELL AS FEEDBACK FROM STAKEHOLDERS AND THE BROADER COMMUNITY THIS PROCESS RESULTED IN THREE PRIORITIES LUNG DISEASE, CARDIOVASCULAR DISEASE AND MENTAL HEALTH WEAVING AMONG THE ISSUES IDENTIFIED WERE FIVE COMMON THREADS ACCESS TO HEALTH CARE, MENTAL HEALTH, PHYSICAL ACTIVITY, SOCIAL DETERMINANTS OF HEALTH AND TOBACCO USE ADDITIONALLY, THE HEALTH STATUS OF POPULATIONS OF INTEREST - SUCH AS PEOPLE IN POVERTY, MINORITIES AND THE ELDERLY--WERE ALSO ANALYZED RECOGNIZING THE VALUE OF ASSESSING AND ACTING TOGETHER ON LOCAL HEALTH ISSUES, KEY PLAYERS FROM LOCAL HOSPITAL SYSTEMS, PUBLIC HEALTH ENTITIES, AND OTHERS FORMED A WORKING GROUP TO BEGIN THE TASK OF A REGIONAL HEALTH ASSESSMENT THIS GROUP GREW UNDER THE UMBRELLA OF THE LOCAL OZARKS HEALTH COMMISSION (OHC) AND PUBLISHED THE FIRST ASSESSMENTS IN 2016 SINCE THAT TIME, THE PROCESS HAS BEEN RECOGNIZED AT THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, HONORED AS A PROMISING PRACTICE BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS, AND AWARDED THE GROUP MERIT AWARD FROM THE MISSOURI PUBLIC HEALTH ASSOCIATION COLLECTIVELY, THE ASSESSMENTS SPAN FOUR STATES - MISSOURI, OKLAHOMA, ARKANSAS, AND KANSAS, 29 COUNTIES AND THREE HOSPITAL SYSTEMS THIS FOOTPRINT WILL BE REFERRED TO THROUGHOUT THE REPORT AS THE OHC REGION PRIORITIZATION PROCESS INCLUDED THE FOLLOWING STAKEHOLDERS CITY OF SPRINGFIELD - PLANNING DEPARTMENT -COMMUNITY PARTNERSHIP OF THE OZARKS -COXHEALTH -DREW LEWIS FOUNDATION -MERCY -MISSOURI ALLIANCE OF YMCA -MISSOURI STATE UNIVERSITY -MISSOURI JOB CENTER -OZARKS FOOD HARVEST -OZARK GREENWAYS -SPRINGFIELD AREA CHAMBER OF COMMERCE -SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT -SPRINGFIELD-GREENE COUNTY PARKS

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	CHNA CONDUCTED WITH OTHER HOSPITALS THE CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITY PARTNERS -FREEMAN HEALTH SYSTEM -MERCY -LESTER E COX MEDICAL CENTERS -COX-MONETT HOSPITAL, INC -COX BARTON COUNTY HOSPITAL

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	CHNA CONDUCTED WITH OTHER ORGANIZATIONS THE CHNA WAS ALSO CONDUCTED WITH THE FOLLOWING OTHER NON-HOSPITAL ORGANIZATIONS -JASPER COUNTY HEALTH DEPARTMENT -JOPLIN HEALTH DEPARTMENT -SPRINGFIELD GREENE COUNTY HEALTH DEPARTMENT -TANEY COUNTY HEALTH DEPARTMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	CHNA HOSPITAL FACILITY'S WEBSITE HTTPS //WWW COXHEALTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7B	CHNA OTHER WEBSITES HTTP //WWW OZARKSHEALTHCOMMISSION ORG HTTP //WWW MERCY NET HTTP //WWW COXHEALTH COM HTTP //WWW FREEMANHEALTH COM

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7D	OTHER METHODS TO MAKE THE CHNA REPORT AVAILABLE TO THE PUBLIC PRINTED COPIES ARE AVAILABLE BY REQUEST THROUGH HOSPITAL OR PUBLIC HEALTH PARTNERS OR AT OZARKSHEALTHCOMMISSION.ORG AND NEWS RELEASE WAS SENT OUT TO ENCOURAGE MEDIA COVERAGE WITH LINKS TO THE REPORT AND KEY MESSAGES FOR THE PUBLIC

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	IMPLEMENTATON STRATEGY WEBSITE HTTPS //WWW COXHEALTH COM/ABOUT-US/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS/

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>ADDRESSING IDENTIFIED NEEDS 1 INCREASE PATIENT ENGAGEMENT IN CHRONIC CONDITION SELF-MANAGEMENT -THE CENTER FOR HEALTH IMPROVEMENT EMPLOYS A SKILLED TEAM OF HEALTHCARE PROFESSIONALS WHO DELIVER SUPPORT AND EDUCATION FOR CHRONIC DISEASE MANAGEMENT, MEDICAL NUTRITION THERAPY, AND ADVANCE CARE PLANNING THEY PROVIDE TOOLS DESIGNED TO INCREASE SELF-MANAGEMENT OF CHRONIC CONDITIONS INCLUDING DIABETES, AUTOIMMUNE DISORDERS, METABOLIC SYNDROME, AND MORE -IN THE FIRST QUARTER CALENDAR YEAR 2018, A CURRENT STATE ASSESSMENT OF THE CENTER FOR HEALTH IMPROVEMENT WAS CONDUCTED TO DETERMINE THE EFFICACY OF VARIOUS PROGRAMS AS A RESULT OF THE ASSESSMENT, THE TEAM REFINED THE SCOPE OF OFFERINGS TO AN EVIDENCE-BASED, TARGETED PROGRAM SUITE THAT FOCUSES HEAVILY ON IMPROVING CHRONIC CONDITION MANAGEMENT OF PATIENTS -IN ADDITION TO THE PROGRAMS ALREADY OFFERED, THE CENTER FOR HEALTH IMPROVEMENT ADDED A NEW SIX-WEEK, EVIDENCE-BASED COURSE FOCUSED ON CHRONIC PAIN CONDITIONS -THE NURSING EDUCATION DEPARTMENT AND THE JOINT REPLACEMENT EDUCATORS AT MEYER ORTHOPEDIC CENTER DEVELOPED A PROCESS TO INCREASE TIGR VIDEO EDUCATION VIEWS MANDATORY EDUCATION WAS EXPANDED TO INCLUDE ALL ADULT PATIENTS WITH A DIAGNOSIS OF PNEUMONIA, HEART FAILURE, ACUTE MI, TOTAL HIP/KNEE REPLACEMENT, OR COPD TO HELP ACHIEVE BEST OUTCOMES WHILE REDUCING READMISSIONS -TIGR VIDEO VIEWS INCREASED FROM 4,694 VIEWS IN MAY 2018 TO 6,284 IN MAY 2019 2 REDUCE AVOIDABLE HOSPITAL READMISSIONS - COXHEALTH NURSING ADMINISTRATION BEGAN TRAINING NURSES ON LIGHT DUTY TO COMPLETE PATIENT READMISSION INTERVIEW FORMS IN 2018 WHEN A PATIENT IS READMITTED WITHIN THIRTY DAYS, A CASE MANAGER MEETS WITH THE PATIENT TO DISCUSS THE READMISSION TOPICS COVERED IN THE INTERVIEW INCLUDE >FREQUENCY OF GOOD COMMUNICATION IN THE HOSPITAL REGARDING DIAGNOSIS AND MEDICATIONS >COMMUNICATION ABOUT DISCHARGE INSTRUCTIONS AND ABILITY TO UNDERSTAND INSTRUCTIONS >MEDICATION COMPLIANCE AND REASONS FOR ANY DIFFICULTY REMAINING COMPLIANT >FOLLOW UP APPOINTMENTS WITH A PCP BEING SCHEDULED AND ATTENDED >REASONS FOR READMISSION, FROM THE PATIENT'S PERSPECTIVE >>THE INFORMATION GATHERED BY THE CASE MANAGER COMES DIRECTLY FROM THE PATIENT AND IS ENTERED INTO REPORTABLE FIELDS THAT ALLOW FOR DATA COLLECTION COMMON THEMES FOR AVOIDABLE READMISSIONS WILL BE EASIER TO IDENTIFY AND PREVENT THROUGH THIS PROCESS -EVIDENCE-BASED BEST PRACTICES TO REDUCE AVOIDABLE READMISSIONS HAVE BEEN IMPLEMENTED AND CONTINUE TO EXPAND >COXHEALTH HIRED TRANSITIONAL CARE PHARMACISTS WHO DEDICATE THEIR TIME WORKING WITH PATIENTS BEING DISCHARGED TO ENSURE THE PATIENT LEAVES THE HOSPITAL WITH THEIR MEDICATIONS >NEW EFFORTS ARE IN PLACE TO INCREASE THE NUMBER OF PATIENTS WHO LEAVE THE HOSPITAL WITH THEIR MEDICATIONS THROUGH THE USE OF A FOCUSED, FAST-PACED I-90 PROJECT >THE CLINIC SUPPORT TEAM HAS BEEN INSTRUMENTAL IN SCHEDULING FOLLOW-UP APPOINTMENTS WITH PATIENTS THE MAJORITY OF INPATIENT UNITS ARE COVERED BY THE CLINIC SUPPORT TEAM, WHICH MEANS MORE</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
SCHEDULE H, PART V, SECTION B, LINE 11	ST PATIENTS HAVE A FOLLOW UP APPOINTMENT SCHEDULED PRIOR TO LEAVING THE HOSPITAL >A SUBGR OUP COMPRISED OF FRONTLINE STAFF, LEADERS, AND QUALITY IMPROVEMENT EXPERTS HAS BEEN FORMED TO FOCUS SPECIFICALLY ON REDUCING HEART FAILURE READMISSIONS THE GROUP WILL USE DATA TO INFORM DECISIONS ON HOW TO BEST MANAGE OUR PATIENTS WITH FREQUENT INPATIENT STAYS DUE TO H EART FAILURE 3 INCREASE ACCESS TO TOBACCO CESSATION RESOURCES FOR PATIENTS AND FAMILIES PRESENTING TO OUR HOSPITALS AND CLINICS -AN ASSET ASSESSMENT AND GAP ANALYSIS OF THE SYSTE MS TOBACCO TREATMENT OFFERINGS WAS CONDUCTED RECOMMENDATIONS FROM THAT ASSESSMENT INCLUDE D CREATION AND IMPLEMENTATION OF A CLEARLY OUTLINED REFERRAL PROCESS AND DEFINED RESOURCES AND PROMOTION OF THE ASK, ADVISE, ACT/REFER MODEL TO INITIATE INTERVENTION -IN MAY 2018, WE PROVIDED TRAINING TO 12 KEY COXHEALTH STAFF MEMBERS AND 3 COMMUNITY EDUCATORS COMPLET ION OF THE UMASS MEDICAL SCHOOL EDUCATION CURRICULUM, REQUIRED EXAMS, AND PRACTICE HOURS M ADE CLASS PARTICIPANTS ELIGIBLE FOR CERTIFICATION AS TOBACCO TREATMENT SPECIALISTS AS A R ESULT OF THIS EDUCATION, THE NUMBER OF CESSATION RESOURCES AVAILABLE WITHIN THE SYSTEM INC REASED THE TRAINING WILL BE OFFERED AGAIN IN OCTOBER 2019 TO FURTHER INCREASE RESOURCES -THE QUIT RATE FOR OUR TOBACCO CESSATION PROGRAM HAS CONTINUED TO SHOW POSITIVE RESULTS SI NCE ITS INCEPTION IN 2013, WITH THE CURRENT QUIT RATE FOR 2019 TO DATE AT 64% AVERAGING A CROSS THE HISTORY OF THE PROGRAM, THE AGGREGATED QUIT RATE IS 55% -DUE TO THE SUCCESS OF THIS PROGRAM, FOLLOWING THE STONE AND TANAY COUNTY MFH TOBACCO GRANTS END ON MAY 31, 2018, WE WERE ABLE TO HIRE A FULL TIME TOBACCO CESSATION COORDINATOR WHO IS RESPONSIBLE FOR COO RDINATING SYSTEM EFFORTS TO STANDARDIZE POLICIES AND REFERRAL PROCESSES ACROSS ALL CAMPUSE S AND SETTINGS 4 DECREASE CHILDHOOD OBESITY -THE CARDIAC KIDS PROGRAM IS IMPLEMENTED IN 13 RURAL SCHOOLS IN THE COXHEALTH SERVICE AREA ITS MAIN OBJECTIVE IS TO SCREEN 5TH GRADE STUDENTS FOR HEALTH INDICATORS THAT PUT THEM AT HIGH RISK FOR DEVELOPING CARDIAC DISEASE SCREENING BY COXHEALTH STAFF INCLUDES HEIGHT AND WEIGHT MEASUREMENT, BMI CONSULT, AND HEAL TH/NUTRITION EDUCATION -APPROXIMATELY 400 CHILDREN ARE SCREENED ANNUALLY THOSE WHO ARE D EEMED HIGH RISK ARE REFERRED TO THE COMMITTED TO KIDS PROGRAM THIS 8-WEEK PROGRAM IS AN I NTENSIVE INTERVENTION FOR AT-RISK CHILDREN AND THEIR FAMILIES FOCUSING ON HEATHY BEHAVIOR AND NUTRITION EDUCATION 5 INCREASE THE NUMBER OF WOMEN WHO BREASTFEED THEIR INFANTS AFTE R DELIVERY -COXHEALTH AND THE SPRINGFIELD-GREENE COUNTY HEALTH DEPARTMENT ARE CURRENTLY EN GAGED IN A COMMUNITY BREASTFEEDING COALITION WITH THE GOAL OF STRATEGICALLY ALIGNING EFFOR TS TO HELP MOVE THE CHIP INITIATIVE FORWARD -IN ADDITION TO EDUCATION PRESENTED IN OUR GE NERAL PRENATAL CLASSES, THE COXHEALTH LACTATION CONSULTANTS FACILITATE A MONTHLY BREAST FE EDING SUPPORT GROUP CALLED THE LACTATION CLUB -THE ANNUAL COXHEALTH BABY FAIR IS A FREE E VENT THAT FEATURES VENDOR DISP

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>LAYS, DEMONSTRATIONS, DOOR PRIZES, AND CLASSES WITH A VARIETY OF TOPICS INCLUDING BREASTFE EDING</p> <p>6 INCREASE DETECTION AND TREATMENT OF THE EARLIEST STAGES OF LUNG CANCER NODULES - COXHEALTH OFFERS LOW-DOSE CT SCANS AS A DIAGNOSTIC SCREENING FOR LUNG CANCER LOW-DOSE CT SCANS USE LOWER AMOUNTS OF RADIATION TO HELP IDENTIFY LUNG NODULES IN THE EARLIEST STAGES OF LUNG CANCER WHEN IT IS MOST TREATABLE STUDIES HAVE SHOWN THAT PATIENTS WHO PARTICIPATE IN A LOW-DOSE CT LUNG CANCER PROGRAM ARE 20% LESS LIKELY TO DIE FROM LUNG CANCER THAN THOSE WHO WERE NOT SCREENED WHEN APPROPRIATE -SINCE THE PROGRAM BEGAN, THE NUMBER OF INDIVIDUALS WHO HAD A LOW-DOSE CT SCAN COMPLETED HAS CONTINUED TO INCREASE</p> <p>7 INCREASE REFERRALS TO COMMUNITY ORAL HEALTH RESOURCES FOR PATIENTS PRESENTING TO THE ED FOR DENTAL ISSUES -COMMUNITY PARTNERSHIPS WITH LOCAL RESOURCES HAVE BEEN STRENGTHENED AND REFINED TO ENSURE STAFF FEEL EMPOWERED TO REFER PATIENTS TO FACILITIES LIKE THE JORDAN VALLEY COMMUNITY HEALTH CENTER (JVCHC) FOR THE APPROPRIATE LEVEL OF CARE FOR ORAL HEALTH ISSUES -WHEN EVALUATING THE CHIEF COMPLAINTS OF PATIENTS THAT PRESENTED TO THE EMERGENCY DEPARTMENT (ED) FIVE OR MORE TIMES IN A 12-MONTH PERIOD FOR NON-EMERGENT CARE, DENTAL COMPLAINTS RANKED AMONG THE HIGHEST -PROTOCOLS WERE DEVELOPED FOR PATIENTS THAT PRESENT WITH TOOTH PAIN IN THE ED AFTER THE MEDICAL SCREENING EXAM COMPLETION, THE PATIENT IS TRANSITIONED TO JVCHC FOR IMMEDIATE DENTAL CARE -COXHEALTH WORKED IN COLLABORATION WITH JVCHC TO APPLY FOR A GRANT THAT ALLOWED FOR THE HIRE OF ADDITIONAL DENTISTS TO ENSURE SAME-DAY OR NEXT DAY APPOINTMENTS, THE DENTAL CLINIC EXPANDED TO ADD SATURDAY HOURS -QUICK ACCESS TO THE DENTAL CLINIC ALLOWED COXHEALTH ED PHYSICIANS TO DISCONTINUE PRESCRIBING NARCOTICS TO PATIENTS WHO PRESENTED WITH TOOTH PAIN</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
SCHEDULE H, PART V, SECTION B, LINE 13A	ELIGIBILITY FOR FREE CARE IN GENERAL, THE ORGANIZATION'S CHARITY CARE POLICY DOES NOT PROVIDE FOR DISCOUNTS OF 100% THEREFORE, IT IS EXPECTED THAT THE PATIENT OR GUARANTOR WILL HOLD A RESPONSIBILITY FOR PAYMENT OF AT LEAST A PORTION OF THE SERVICES, REGARDLESS OF THE LEVEL OF ELIGIBILITY IT IS OUR INTENTION TO WORK WITH INDIVIDUALS ON THEIR OUT-OF-POCKET RESPONSIBILITY TO ESTABLISH FEASIBLE MONTHLY PAYMENTS WHEN NECESSARY IN THE EVENT THAT A PATIENT OR GUARANTOR IS DETERMINED TO HAVE NO MEANS OF PAYING THE AMOUNT INDICATED AS THEIR RESPONSIBILITY DUE TO EXTENUATING CIRCUMSTANCES, CONSIDERATION MAY BE GIVEN TO WAIVING DEDUCTIBLES AND/OR INCREASING THE DISCOUNT AMOUNT UP TO A 100% DISCOUNT OF THE PATIENT PORTION THESE EXTENUATING CASES ARE SUBJECT TO THE DISCRETION AND APPROVAL OF THE PFS DIRECTOR AND/OR THE CHIEF FINANCIAL OFFICER WITHIN THE APPROVAL LIMITS DEFINED AT THE END OF THE POLICY

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	OTHER CRITERIA USED TO DETERMINE FINANCIAL ASSISTANCE ELIGIBILITY MEDICAL HARDSHIP MAY ALSO BE USED TO DETERMINE FINANCIAL ELIGIBILITY COXHEALTH SHALL MAKE A DECISION ABOUT A PATIENT/GUARANTOR'S MEDICAL HARDSHIP BY REVIEWING THE FINANCIAL ASSISTANCE APPLICATION, INCLUDING ACCOMPANYING FINANCIAL DOCUMENTATION, IN ADDITION TO OTHER RELEVANT DOCUMENTATION THAT SUPPORTS THE MEDICAL HARDSHIP OF THE PATIENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	FINANCIAL ASSISTANCE POLICY AVAILABILITY THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE AT THE FOLLOWING URL HTTPS //WWW COXHEALTH COM/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	FINANCIAL ASSISTANCE POLICY APPLICATION FORM AVAILABILITY THE FINANCIAL ASSISTANCE POLICY APPLICATION FORM IS AVAILABLE AT THE FOLLOWING URL HTTPS //WWW COXHEALTH COM/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY AVAILABILITY THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE AT THE FOLLOWING URL HTTPS //WWW COXHEALTH COM/PATIENTS-AND-VISITORS/FINANCIAL-ASSISTANCE/

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

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	MEASURES TO PUBLICIZE THE POLICY FINANCIAL ASSISTANCE AVAILABILITY IS PROACTIVELY COMMUNICATED TO UNINSURED PATIENTS BY CUSTOMER SERVICE STAFF AND BY OUR EARLY OUT AND BAD DEBT VENDORS, ANYONE RECOGNIZED AS UNINSURED IS TOLD ABOUT THE FA AVAILABILITY AND ENCOURAGED TO PARTICIPATE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
1 SKAGGS ORTHONEURO CENTER 101 CAHILL RD BRANSON, MO 65616	OUTPATIENT DEPTS PHYSICIAN CLINICS
1 COX HEART CENTER BRANSON 1150 STATE HWY 248 STE 202 BRANSON, MO 65616	CLINIC
2 COX HYPERBARIC MEDICINE AND WOUND CARE 101 SKAGGS ROAD SUITE 103 BRANSON, MO 65616	CLINIC
3 COXHEALTH CENTER BRANSON WEST 18452 BUSINESS HWY 13 BRANSON WEST, MO 65737	CLINIC
4 COXHEALTH CENTER FORSYTH 13852 US HWY 160 FORSYTH, MO 65653	CLINIC
5 COXHEALTH DIABETES & ENDOCRINOLOGY 121 CAHILL ROAD SUITE 201 BRANSON, MO 65616	CLINIC
6 COXHEALTH FAMILY MEDICINE & OB 525 BRANSON LANDING BLVD SUITE 50 BRANSON, MO 65616	CLINIC
7 COXHEALTH FAMILY MEDICINE 1150 STATE HWY 248 SUITE 202 BRANSON, MO 65616	CLINIC
8 COXHEALTH HOSPITALIST 525 BRANSON LANDING BLVD BRANSON, MO 65616	CLINIC
9 COXHEALTH INTERN MEDINFECTIOUS DISEASE 525 BRANSON LANDING SUITE 407 BRANSON, MO 65616	CLINIC
10 COXHEALTH OCCUPATIONAL MEDICINE 121 CAHILL ROAD SUITE 201 BRANSON, MO 65616	CLINIC
11 COXHEALTH ORTHOPEDICS 121 CAHILL ROAD SUITE 206 BRANSON, MO 65616	CLINIC
12 COXHEALTH PAIN & NEUROLOGY 121 CAHILL ROAD SUITE 204 BRANSON, MO 65616	CLINIC
13 COXHEALTH PHYSICAL MEDICINE AND REHAB 525 BRANSON LANDING BLVD SUITE 40 BRANSON, MO 65616	CLINIC
14 COXHEALTH PSYCHIATRY SERVICES BRANSON 525 BRANSON LANDING BLVD BRANSON, MO 65616	CLINIC

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 COXHEALTH PULMONOLOGY & SLEEP MEDICINE 525 BRANSON LANDING BLVD SUITE 30 BRANSON, MO 65616	CLINIC
1 COXHEALTH RHEUMATOLOGY 525 BRANSON LANDING SUITE 301 BRANSON, MO 65616	CLINIC
2 COXHEALTH URGENT CARE 525 BRANSON LANDING BLVD SUITE 10 BRANSON, MO 65616	CLINIC
3 COXHEALTH WOMEN'S CENTER BRANSON 525 BRANSON LANDING BLVD SUITE 40 BRANSON, MO 65616	CLINIC
4 MARY'S WELL HOUSE 5136 STATE HWY 265 BRANSON, MO 65616	PHYSICIAN CLINIC
5 CMCB OUTPATIENT CENTER 545 N BRANSON LANDING BLVD BRANSON, MO 65616	OUTPATIENT DEPTS PHYSICIAN CLINICS
6 COXHEALTH GENERAL SURGERY 525 BRANSON LANDING BLVD BRANSON, MO 65616	CLINIC
7 FITNESS CENTER BRANSON 1500 BRANSON HILLS PARKWAY BRANSON, MO 65616	FITNESS CENTER
8 COXHEALTH ACCESS CLINIC 1150 STATE HWY 248 STE 202 BRANSON, MO 65616	CLINIC
9 FDC UROLOGYGI 525 BRANSON LANDING BLVD BRANSON, MO 65616	CLINIC

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SKAGGS COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
44-0584290

Part I

General Information on Grants and Assistance

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MHA HEALTH INSTITUTE PO BOX 60 JEFFERSON CITY, MO 65102	43-0898947	501(C)(3)	16,736				SUPPORT
(2) BOYS & GIRLS CLUB OF THE OZARKS 1460 BEE CREEK ROAD BRANSON, MO 65616	43-1664669	501(C)(3)	10,000				SUPPORT

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

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S THE HOSPITAL MONITORS THE USE OF THE FUNDS DONATED TO COMMUNITY FOUNDATION OF THE OZARKS AND COXHEALTH FOUNDATION THROUGH GRANT MANAGEMENT AND OVERSIGHT OF DISBURSEMENTS AND REIMBURSEMENTS BY ORGANIZATION OFFICIALS

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization SKAGGS COMMUNITY HOSPITAL ASSOCIATION	Employer identification number 44-0584290
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input checked="" 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)		
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.		1b	Yes
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	Yes
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

See Additional Data Table

Schedule J (Form 990) 2018

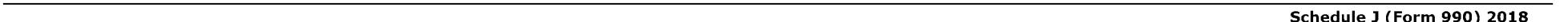
Part III **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	INFORMATION REGARDING BENEFITS PROVIDED. CHARTER TRAVEL IS PROVIDED FOR STEVE EDWARDS AND JACOB MCWAY FOR TRAVEL TO COLLABORATIVE MEETINGS REPRESENTING COXHEALTH FOR EXPEDIENCY. AS THERE WAS NO PERSONAL USE PORTION OF THIS BENEFIT, NONE WAS INCLUDED IN TAXABLE WAGES.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN STEVE EDWARDS, CHARITY ELMER, JACOB MCWAY, WILLIAM MAHONEY, AND DAVID STRONG PARTICIPATE IN A 457(F) NONQUALIFIED RETIREMENT PLAN THROUGH COXHEALTH AND RELATED AFFILIATES - STEVE EDWARDS RECEIVED AN EXECUTIVE 457(F) CONTRIBUTION OF \$255,977 - JACOB MCWAY RECEIVED AN EXECUTIVE 457(F) CONTRIBUTION OF \$113,098 - JACOB MCWAY RECEIVED A 457(F) DISTRIBUTION OF \$126,919, WHICH WAS REPORTED AS DEFERRED COMPENSATION ON A PRIOR FORM 990 - CHARITY ELMER RECEIVED AN EXECUTIVE 457(F) CONTRIBUTION OF \$71,194 - CHARITY ELMER RECEIVED A 457(F) DISTRIBUTION OF \$50,259, WHICH WAS REPORTED AS DEFERRED COMPENSATION ON A PRIOR FORM 990 - WILLIAM MAHONEY RECEIVED AN EXECUTIVE 457(F) CONTRIBUTION OF \$47,950 - WILLIAM MAHONEY RECEIVED A 457(F) DISTRIBUTION OF \$50,345, WHICH WAS REPORTED AS DEFERRED COMPENSATION ON A PRIOR FORM 990 - DAVID STRONG RECEIVED AN EXECUTIVE 457(F) CONTRIBUTION OF \$28,600 - DAVID STRONG RECEIVED A 457(F) DISTRIBUTION OF \$34,359, WHICH WAS REPORTED AS DEFERRED COMPENSATION ON A PRIOR FORM 990

Return Reference	Explanation
SCHEDULE J, PART I, LINE 6A	COMPENSATION CONTINGENT ON THE NET EARNINGS OF THE ORGANIZATION KEY EMPLOYEES HAVE NET EARNINGS AS ONE COMPONENT OF A BALANCED SCORECARD METRIC CONTAINED WITHIN A BONUS PROGRAM EMPLOYED PHYSICIANS ARE PAID BASED ON A SALARY, A FORMULA USING COLLECTIONS AND EXPENSES, AN AMOUNT PER RVU, OR A COMBINATION OF THESE EXECUTIVE LEVEL STAFF ARE ELIGIBLE FOR ADDITIONAL COMPENSATION BASED ON A VARIETY OF PERFORMANCE INDICATORS IN QUALITY, CUSTOMER AND EMPLOYEE SATISFACTION AND BUSINESS PERFORMANCE MEASURES



Additional Data

Software ID:
Software Version:
EIN: 44-0584290
Name: SKAGGS COMMUNITY HOSPITAL ASSOCIATION

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				
WILLIAM MAHONEY PRESIDENT	(i)	469,500	68,731	58,535	61,700	16,435	674,901	50,345
	(ii)	0	0	0	0	0	0	0
DAVID STRONG CFO	(i)	139,123	19,251	20,825	21,175	8,268	208,642	17,180
	(ii)	139,122	19,251	20,824	21,175	8,267	208,639	17,179
HOLLY WHERRY BOARD MEMBER	(i)	358,967	0	300	2,594	50	361,911	0
	(ii)	0	0	0	0	0	0	0
CHARITY ELMER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	469,874	58,237	58,167	103,444	22,270	711,992	50,259
JAKE MCWAY BOARD MEMBER/COXHEALTH CFO	(i)	0	0	0	0	0	0	0
	(ii)	605,649	148,486	137,806	144,963	23,216	1,060,120	126,919
STEVE EDWARDS BOARD MEMBER/COXHEALTH CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,113,707	377,807	10,359	269,727	25,566	1,797,166	0
CHAD EFIRD PHYSICIAN	(i)	1,096,015	0	300	31,865	16,370	1,144,550	0
	(ii)	0	0	0	0	0	0	0
PATRICK FINKBONE PHYSICIAN	(i)	901,540	0	270	13,365	16,365	931,540	0
	(ii)	0	0	0	0	0	0	0
NARIN ARUNAKUL PHYSICIAN	(i)	651,953	0	1,290	32,250	16,535	702,028	0
	(ii)	0	0	0	0	0	0	0
PRASER VIJITBENJARONK PHYSICIAN	(i)	651,330	0	690	32,250	16,435	700,705	0
	(ii)	0	0	0	0	0	0	0
BRIAN CLONTS PHYSICIAN	(i)	657,946	0	1,136	32,250	16,509	707,841	0
	(ii)	0	0	0	0	0	0	0
SIMON WAJNBOLM VP	(i)	140,002	9,877	248	7,151	14,076	171,354	0
	(ii)	0	0	0	0	0	0	0
SHAWN USERY CMO	(i)	391,161	0	270	13,365	16,365	421,161	0
	(ii)	0	0	0	0	0	0	0
LYNNE YAGGY CNO	(i)	180,567	12,719	1,290	8,080	16,598	219,254	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

SKAGGS COMMUNITY HOSPITAL ASSOCIATION

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

Employer identification number

44-0584290

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	ORGANIZATION'S MISSION VISION THE HOSPITAL'S VISION IS TO BE THE BEST FOR THOSE WHO NEED US WE VALUE SAFETY, COMPASSION, RESPECT AND INTEGRITY THE HOSPITAL HAS BEEN SERVING SOUTHWEST MISSOURI FOR MORE THAN 65 YEARS AND OFFERS OVER 25 MAJOR SERVICE AREAS THE HOSPITAL'S AVERAGE DAILY PATIENT CENSUS EXCEEDS 80 PATIENTS WITH 157 LICENSED HOSPITAL BEDS A STAFF OF OVER 1,100 PERSONNEL OPERATE THE HOSPITAL AND ITS NUMEROUS CLINICS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACHIEVEMENT #1 CMCB DESIGNATED AS A LEVEL II STEMI CENTER BY THE MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES THIS MEANS THE HOSPITAL IS EQUIPPED TO PROVIDE CARE FOR A LARGE NUMBER OF STEMI PATIENTS, PERFORMS A MINIMUM NUMBER OF CARDIAC PROCEDURES A YEAR, HAS 24/7 CATH LAB SERVICES AVAILABLE AND HAS PROCESSES IN PLACE TO QUICKLY AND SAFELY TRANSFER PATIENTS FOR HEART SURGERY IF NEEDED CMCB RECEIVED ONE OF THE HIGHEST RECOGNITIONS FOR OUTSTANDING STROKE CARE BY RECEIVING THE AMERICAN HEART ASSOCIATION/STROKE ASSOCIATIONS GET WITH THE GUIDELINES STROKE GOLD PLUS ACHIEVEMENT AWARD WITH TARGET STROKE HONOR ROLL ELITE THE AWARD RECOGNIZES THE HOSPITALS COMMITMENT TO PROVIDING THE MOST APPROPRIATE STROKE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED RESEARCH-BASED GUIDELINES BASED ON THE LATEST SCIENTIFIC EVIDENCE CMCBS ACUTE REHAB UNIT WAS AWARDED A NUMBER ELEVEN RANKING AMONG 105 OTHER REHAB UNITS AT THE KINDRED REHABILITATION SERVICES NATIONAL MEETING THE RANKING IS BASED ON A PERFORMANCE EVALUATION MODEL (PEM) WHICH USES INDICATORS OF EFFICIENCY AND EFFECTIVENESS TO MEASURE HIGH-PERFORMING FACILITIES FOR THEIR DELIVERY OF QUALITY CARE WHEN COMPARED TO ALL FACILITIES CMCBS PUBLIC SAFETY TEAM HAS WAS THE FIRST HOSPITAL IN THE STATE TO RECEIVE THE INTERNATIONAL ASSOCIATION FOR HEALTHCARE SECURITY AND SAFETY'S PROGRAM OF DISTINCTION AWARD IN 2017 ONLY 49 HOSPITALS IN THE UNITED STATES AND CANADA HAVE RECEIVED THIS HONOR THIS MEANS THAT 70% OF THE HOSPITALS OFFICERS, GUARDS, MANAGERS AND DIRECTORS STUDIED AND PASSED THE IAHSS INTENSIVE CERTIFICATION EXAM U.S. NEWS & WORLD REPORT NAMES CMCB AS HIGH PERFORMING IN THE CARE OF PATIENTS WITH CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND HEART FAILURE COXHEALTH SYSTEM IS ISO-9001 QUALITY MANAGEMENT SYSTEM STANDARD CERTIFIED WHICH ASSESSES BUSINESS PRACTICE PERFORMANCE TO MEET CUSTOMER NEEDS WITH BEST PRACTICES AND CONTINUOUS PROCESS IMPROVEMENT COXHEALTH DIABETES AND ENDOCRINOLOGY IN BRANSON HAS EARNED RECOGNITION BY THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) AS A LEVEL III PATIENT-CENTERED SPECIALTY PRACTICE ACCORDING TO NCQA, LEVEL III STATUS IS THE HIGHEST LEVEL OF RECOGNITION FOR SPECIALTY PRACTICES THAT ARE COMMITTED TO ACCESS, COMMUNICATION AND CARE COORDINATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IV, LINE 24A	TAX EXEMPT BONDS LESTER E COX MEDICAL CENTERS, A RELATED ORGANIZATION, REPORTS BONDS RELATED TO COX BRANSON ON ITS FORM 990, SCHEDULE K AN ALLOCATION OF COX BRANSON'S PORTION OF RELATED BONDS IS REPORTED ON PART X, LINE 20

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BUSINESS RELATIONSHIPS BOARD MEMBERS WHO RECEIVE COMPENSATION, OFFICERS, AND KEY EMPLOYEE S ARE EMPLOYED BY COXHEALTH AND ITS AFFILIATES AND THEREFORE SHARE A BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS THE ORGANIZATION HAS ONLY ONE MEMBER - LESTER E COX MEDICAL CENTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBER'S POWER TO ELECT GOVERNING BODY THE BOARD SHALL BE ELECTED BY THE MEMBER NO LATER THAN SEPTEMBER 1 OF EACH YEAR, THE BOARD SHALL NOMINATE A SLATE OF PERSONS FOR ELECTION AS COX BRANSON DIRECTORS AND OFFICERS TO SUBMIT TO THE LESTER E COX MEDICAL CENTERS BOARD FOR APPOINTMENT THE LESTER E COX MEDICAL CENTERS BOARD WILL ACT IN GOOD FAITH AND NOT UNREASONABLY WITHHOLD APPOINTMENT IF FOR ANY REASON A NOMINATED PERSON IS NOT APPOINTED BY THE LESTER E COX MEDICAL CENTERS BOARD, THE BOARD HAS THE RIGHT TO NOMINATE ANOTHER PERSON FOR CONSIDERATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>GOVERNANCE DECISIONS RESERVED TO MEMBERS THE FOLLOWING CORPORATE POWERS AND RESPONSIBILITIES SHALL BE SOLELY AND SPECIFICALLY RESERVED TO THE MEMBER, A ELECTION, APPOINTMENT AND REMOVAL OF COX BRANSON BOARD OF DIRECTORS (BOARD) AFTER NOMINATION BY THE BOARD, B APPOINTMENT AND REMOVAL OF THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF COX BRANSON (PRESIDENT AND CEO OF COX BRANSON) AFTER RECOMMENDATION BY/CONSULTATION WITH THE BOARD, C APPROVAL OF COX BRANSON'S UNBUDGETED DEBT AND CAPITAL EXPENDITURES EXCEEDING \$250,000, D APPROVAL OF COX BRANSON'S OPERATING AND CAPITAL BUDGETS AND FINANCIAL REPORTS, MERGERS, CONSOLIDATIONS, ACQUISITIONS, AFFILIATIONS, AND REORGANIZATION OR DISPOSITION OF ASSETS EXCEEDING THE THEN FAIR VALUE OF \$250,000, E AMENDMENT, REPEAL OR ADOPTION OF COX BRANSON'S ARTICLES OF INCORPORATION AND BYLAWS EXCEPT AS OTHERWISE PROVIDED IN THE BYLAWS FINAL DECISIONS MADE BY THE BOARD OF THE DIRECTORS MUST ALSO BE APPROVED BY THE LESTER E COX MEDICAL CENTERS BOARD AS WELL THE MEMBER SHALL NOT EXERCISE ITS POWERS WITHOUT FIRST OBTAINING APPROVAL FROM TWO-THIRDS (2/3) MAJORITY OF THE BOARD IN THE FOLLOWING CIRCUMSTANCES A TRANSFER ANY OF ITS COX BRANSON MEMBERSHIP TO ANY OTHER ENTITY, B SELL OR LEASE ALL OR SUBSTANTIALLY ALL OF COX BRANSON'S ASSETS, AND C ENTER INTO A MANAGEMENT AGREEMENT FOR ALL OR SUBSTANTIALLY ALL OF COX BRANSON'S OPERATION THE MEMBER MAY NOT TERMINATE OR SUBSTANTIALLY LIMIT THE FOLLOWING COX BRANSON SERVICE LINES WITHOUT FIRST OBTAINING APPROVAL FROM TWO-THIRDS (2/3) MAJORITY OF THE BOARD EMERGENCY DEPARTMENT, CARDIOLOGY, ORTHOPEDICS, PRIMARY CARE, RADIATION AND MEDICAL ONCOLOGY, RADIOLOGY, PATHOLOGY, ANESTHESIA, GENERAL SURGERY, ICU, MEDICAL/SURGICAL SERVICES, ACUTE REHABILITATION SERVICES, WOMEN'S HEALTH SERVICES, GERIATRICS, NEUROSCIENCES, PAIN MANAGEMENT, PSYCHIATRY, UROLOGY AND ENDOCRINOLOGY NOTWITHSTANDING THE ABOVE MENTIONED LIMITATION, THESE SERVICE LINES MAY BE TERMINATED OR SUBSTANTIALLY LIMITED BY THE MEMBER WITHOUT TWO-THIRDS (2/3) MAJORITY OF THE COX BRANSON BOARD IF (I) THERE IS A LOSS OF A LICENSE OR ACCREDITATION REQUIRED TO MAINTAIN SUCH SERVICE, OR A LOSS OF MEDICARE OR MEDICAID CERTIFICATION REQUIRED FOR SUCH SERVICE, IN EACH CASE, OTHER THAN DUE TO THE ACTIONS OR INACTIONS OF THE MEMBER OR COX BRANSON OR (II) THERE IS DESTRUCTION OR MATERIAL DAMAGE TO A FACILITY (PENDING THE PERFORMANCE OR REPAIR OR REPLACEMENT EFFORTS) (PENDING THE PERFORMANCE OR REPAIR OR REPLACEMENT EFFORTS)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON THE AUDITED FINANCIAL STATEMENTS AND INFORMATION PROVIDED BY THE ACCOUNTING DEPARTMENT OF THE ORGANIZATION A DRAFT VERSION OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO SUBMISSION WHILE THE DRAFT IS PROVIDED TO ALL BOARD MEMBERS, IT IS THE MEMBERS OF THE FINANCE COMMITTEE THAT GO THROUGH AND REVIEW THE RETURN IN DETAIL UPON RECEIVING THE APPROVAL OF THE BOARD OF DIRECTORS, THE DRAFT IS THEN FINALIZED AND SUBMITTED TO THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY COXHEALTH OFFICERS, DIRECTORS AND KEY EMPLOYEES, AS WELL AS OFFICERS, DIRECTORS AND KEY EMPLOYEES OF THE COXHEALTH AFFILIATES AND/OR COMMITTEES WITH DELEGATED AUTHORITY TO MAKE DECISIONS, ARE ANNUALLY REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST FOLLOWING THE POLICY, SET FORTH BELOW THE POLICY REQUIRES THAT BOARD MEMBERS MAKE DECISIONS THAT ARE CONFLICT FREE, OR IF A CONFLICT IS PRESENT, THAT IT IS FULLY DISCLOSED FOR THE BOARD'S CONSIDERATION COXHEALTH'S EMPLOYEES AND BOARD MEMBERS MUST AVOID ALL ACTIVITIES, ASSOCIATIONS OR INTERESTS THAT CREATE A CONFLICT OF INTEREST CONFLICTS OF INTEREST FOR EMPLOYEES MUST BE REPORTED TO THE CORPORATE INTEGRITY DEPARTMENT A FILE WILL BE MAINTAINED OF ALL REPORTED CONFLICTS OF INTEREST FOR MEDICAL STAFF MEMBERS, THE CONFLICT OF INTEREST PROCESS MAY BE ACCESSED THROUGH THE MEDICAL STAFF OFFICE FOR BOARD MEMBERS, THE CONFLICT OF INTEREST PROCESS IS HANDLED THROUGH THE GOVERNANCE SUB-COMMITTEE OF COXHEALTH WITH THE ASSISTANCE OF THE EXECUTIVE OFFICE AND IS DEFINED IN THE CHARTER OF THE GOVERNANCE SUB-COMMITTEE IF ANY OFFICER OR DIRECTOR IS FOUND TO HAVE A CONFLICT OF INTEREST, SUCH PERSON SHALL NEITHER VOTE NOR USE HIS OR HER INFLUENCE TO AFFECT ANY DECISION RELATING TO THE CONFLICT, AND SUCH PERSON SHOULD NOT BE INCLUDED IN DETERMINING WHETHER A QUORUM PARTICIPATED IN THE DECISION SUCH PERSON IS PERMITTED TO BRIEFLY STATE HIS OR HER POSITION ON THE MATTER, AND ANSWER PERTINENT QUESTIONS ABOUT IT, IF HIS OR HER KNOWLEDGE OR EXPERTISE COULD ASSIST THOSE PARTICIPATING IN THE DECISION FOR VENDORS, THE POLICY IS DISTRIBUTED WITH THEIR INITIAL CONTRACT WITH COX MEDICAL CENTER BRANSON</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A & 15B	<p>COMPENSATION REVIEW COX MEDICAL CENTERS EMPLOY A DEFINED GOVERNANCE STRUCTURE AROUND EXECUTIVE COMPENSATION THE BOARD OF DIRECTORS MAINTAINS A COMPENSATION COMMITTEE THAT IS CHARGED WITH CARRYING OUT THE FUNCTIONS OF EVALUATING AND SETTING EXECUTIVE COMPENSATION THROUGH FORMAL DOCUMENTED MEETINGS THAT OCCUR SEVERAL TIMES DURING THE YEAR THE COMPENSATION COMMITTEE UTILIZES A WELL RESPECTED INDEPENDENT EXTERNAL ADVISOR TO PROVIDE THIRD PARTY ASSESSMENT AND RECOMMENDATIONS REGARDING COMPENSATION LEVELS AND BENEFIT PROGRAMS FOR THE TOP THREE EXECUTIVES TIERS OF THE ORGANIZATION, THE CEO, CFO AND SENIOR VPS TO ENSURE THE COMPENSATION PROGRAM IS COMPETITIVE AND WITHIN FAIR MARKET VALUE AFTER A FULL REVIEW OF THE DATA AND THOROUGH DISCUSSION THE COMMITTEE MAKES A SELF DETERMINATION OF COMPENSATION LEVELS SET JANUARY OF EACH YEAR ANNUALLY THE STEPS NECESSARY TO DOCUMENT REBUTTABLE PRESUMPTION ARE TAKEN AND RECORDED ADDITIONALLY, COMPENSATION LEVELS FOR THE VICE PRESIDENT TIER OF MANAGEMENT IS OVERSEEN BY THE CEO USING EXTERNAL COMPARABLE DATA FOR ASSESSMENT AND IS PROVIDED TO THE COMPENSATION COMMITTEE FOR REVIEW ON AN ANNUAL BASIS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENT DISCLOSURE THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	BOARD MEMBER COMPENSATION STEVE EDWARDS, JACOB MCWAY, HOLLY WHERRY, AND CHARITY ELMER ARE RECEIVING COMPENSATION RELATED TO THEIR ROLES AS EMPLOYEES UNDER COXHEALTH AND RELATED AF FILIATES NO BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR DUTIES AS BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS \$ (141,081) CHANGE IN BENEFICIAL INTEREST IN TRUST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONTRACTED SERVICES TOTAL FEES 25004879

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED LABOR TOTAL FEES 11701018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED BILLING SERVICES TOTAL FEES 1094161

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED RADIOLOGY SERVICES TOTAL FEES 621066

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED EQUIPMENT SERVICES TOTAL FEES 522308

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED LAUNDRY SERVICES TOTAL FEES 359336

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED LAB SERVICES TOTAL FEES 251561

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED HOUSEKEEPING TOTAL FEES 182584

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED COLLECTION SERVICES TOTAL FEES 166590

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED CONSULTING SERVICES TOTAL FEES 95101

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACTED COURIER SERVICES TOTAL FEES 85928

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SKAGGS COMMUNITY HOSPITAL ASSOCIATION

Employer identification number
44-0584290

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
(1) SKAGGS EMERGENCY PHYSICISNS PO BOX 650 BRANSON, MO 65615 35-2275232	BILLING	MO	0	0	CMCB
(2) BRANSON HEART CENTER PO BOX 650 BRANSON, MO 65615 30-0497209	BILLING	MO	0	0	CMCB
(3) SKAGGS OCCUPATIONAL HEALTH PO BOX 650 BRANSON, MO 65615 38-3774737	BILLING	MO	0	0	CMCB
(4) BRANSON FAMILY MEDICINE CLINIC PO BOX 650 BRANSON, MO 65615 32-2331834	BILLING	MO	0	0	CMCB
(5) BRANSON ORTHONEURO CENTER LLC PO BOX 650 BRANSON, MO 65615 17-1952089	MED BLDG	MO	0	0	CMCB

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

See Additional Data Table

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

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

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

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) MEDICAL DEVELOPMENTS INC 1423 N JEFFERSON SPRINGFIELD, MO 65802 43-1622182	PHARMACY	MO	LESTER E COX	C CORP					No
(2) COX TAXABLE CLOSE CORPORATION 1423 N JEFFERSON SPRINGFIELD, MO 65802 47-2573263	MEDICAL CLINIC	MO	COX MED GROUP	C CORP					No
(3) FERRELL-DUNCAN CLINIC INC 1001 E PRIMROSE SPRINGFIELD, MO 65808 43-0991578	PHYSICIANS	MO	CTCC	C CORP					No
(4) INSURANCE CO OF SPRINGFIELD INC GRAND PAVILION CORPORATE CENTRE GRAND CAYMAN KY1-110 CJ 43-0991578	CAPTIVE INSURANCE	CJ	LESTER E COX	C CORP					No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

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

Schedule R (Form 990) 2018

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 44-0584290

Name: SKAGGS COMMUNITY HOSPITAL ASSOCIATION

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
PO BOX 10939 SPRINGFIELD, MO 65808 43-1641925	HOME HEALTH	MO	501(C)(3)	10	LESTER E COX		No
3525 S NATIONAL STE 204 SPRINGFIELD, MO 65807 43-6810485	FUNDRAISING	MO	501(C)(3)	12 A I	LESTER E COX		No
PO BOX 10939 SPRINGFIELD, MO 65808 26-4781194	HOME HEALTH	MO	501(C)(3)	10	LESTER E COX		No
2220 W SUNSET SPRINGFIELD, MO 65807 43-1641927	HOME HEALTH	MO	501(C)(3)	10	LESTER E COX		No
801 N LINCOLN AVE MONETT, MO 65708 43-1656689	HOSPITAL	MO	501(C)(3)	3	LESTER E COX		No
3801 S NATIONAL SPRINGFIELD, MO 65807 36-3263313	MED SERVICES	MO	501(C)(3)	7	LESTER E COX		No
PO BOX 10939 SPRINGFIELD, MO 65808 43-1641928	HOME HEALTH	MO	501(C)(3)	10	LESTER E COX		No
1115 E PRIMROSE SPRINGFIELD, MO 65807 43-1183783	SUPPORT	MO	501(C)(3)	12 A I	LESTER E COX		No
1423 N JEFFERSON SPRINGFIELD, MO 65802 36-6668576	SELF INSURANC	MO	501(C)(3)	12 A I	LESTER E COX		No
1423 N JEFFERSON SPRINGFIELD, MO 65802 47-1087427	HOLDING CO	MO	501(C)(3)	12 B II	NA		No
1423 N JEFFERSON SPRINGFIELD, MO 65802 47-1087566	PHYSICIANS	MO	501(C)(3)	10	COXHEALTH		No
1423 N JEFFERSON SPRINGFIELD, MO 65802 44-0577118	HOSPITAL	MO	501(C)(3)	3	COXHEALTH		No
PO BOX 5750 SPRINGFIELD, MO 658015750 43-1757075	HMO	MO	501(C)(4)		LESTER E COX		No
1423 N JEFFERSON SPRINGFIELD, MO 65802 47-5148345	EDUCATION	MO	501(C)(3)	2	LESTER E COX		No
3801 S NATIONAL SPRINGFIELD, MO 65807 37-1830627	HEALTHCARE	MO	501(C)(3)	10	COXHEALTH		No
PO BOX 5750 SPRINGFIELD, MO 65801 43-1684044	INSURANCE	MO	501(C)(4)		LESTER E COX		No
1423 N JEFFERSON SPRINGFIELD, MO 65802 82-3300758	HOSPITAL	MO	501(C)(3)	3	COXHEALTH		No