

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

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

**C** Name of organization  
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER  
% STUART GIPSON  
Doing business as  
YOUR COMMUNITY HEALTH CENTER

**D** Employer identification number  
26-2522083

**E** Telephone number  
(573) 426-6738

**G** Gross receipts \$ 6,180,051

**F** Name and address of principal officer:  
STUART GIPSON  
1081 EAST 18TH STREET  
ROLLA, MO 65401

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.YOUR-CHC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2007 **M** State of legal domicile: MO

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
IN 2019, YCHC PROVIDED PRIMARY CARE, BEHAVIORAL HEALTH AND DENTAL SERVICE TO 7,338 PATIENTS IN THE PHELPS COUNTY REGION.

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

|  |           |    |
|--|-----------|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 12 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 12 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | <b>5</b>  | 68 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 13 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | <b>7b</b> |    |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 1,995,514  | 2,833,094    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 2,054,346  | 3,346,217    |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 652        | 740          |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -14,210    | -21,504      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 4,036,302  | 6,158,547    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0          | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,800,791  | 3,800,260    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 1,418,812  | 2,844,550    |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 4,219,603  | 6,644,810    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -183,301   | -486,263     |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 3,619,903                 | 3,728,131   |
| <b>21</b> Total liabilities (Part X, line 26)                        | 2,663,389                 | 3,257,880   |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 956,514                   | 470,251     |

**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  
Date 2020-09-15

ANGIE NAPPIER BOARD CHAIR  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name Preparer's signature Date

Check  if self-employed PTIN P01248198

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

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

THE MISSION OF YOUR COMMUNITY HEALTH CENTER IS TO PROVIDE ACCESS TO HIGH-QUALITY, COMPASSIONATE, PATIENT-CENTERED HEALTHCARE TO EVERYONE REGARDLESS OF FINANCIAL, CULTURAL OR SOCIAL BARRIERS.

**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 \$ 3,513,401 including grants of \$ ) (Revenue \$ 775,268 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,772,187 including grants of \$ ) (Revenue \$ 2,545,680 )  
See Additional Data


















**4c** (Code: ) (Expenses \$ 41,237 including grants of \$ ) (Revenue \$ 25,269 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)

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

**4e Total program service expenses** ▶ 5,326,825

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |  |            |     |
|--|--|------------|-----|
| <b>2a</b> 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  |  | <b>2a</b>  | 68  |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)             |  | <b>2b</b>  | Yes |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  |  | <b>3a</b>  | No  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   |  | <b>3b</b>  |     |
| <b>4a</b> 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)? |  | <b>4a</b>  | No  |
| <b>b</b> If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |  |            |     |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |  | <b>5a</b>  | No  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |  | <b>5b</b>  | No  |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |  | <b>5c</b>  |     |
| <b>6a</b> 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?                                    |  | <b>6a</b>  | No  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |  | <b>6b</b>  |     |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |  |            |     |
| <b>a</b> 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?   |  | <b>7a</b>  | Yes |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   |  | <b>7b</b>  | Yes |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |  | <b>7c</b>  | No  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year   |  | <b>7d</b>  |     |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  | <b>7e</b>  | No  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |  | <b>7f</b>  | No  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |  | <b>7g</b>  |     |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |  | <b>7h</b>  |     |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |  | <b>8</b>   |     |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |  |            |     |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?  |  | <b>9a</b>  |     |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |  | <b>9b</b>  |     |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |  |            |     |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12  |  | <b>10a</b> |     |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |  | <b>10b</b> |     |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |  |            |     |
| <b>a</b> Gross income from members or shareholders   |  | <b>11a</b> |     |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |  | <b>11b</b> |     |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |  | <b>12a</b> |     |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |  | <b>12b</b> |     |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |  |            |     |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |  | <b>13a</b> |     |
| <b>b</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   |  | <b>13b</b> |     |
| <b>c</b> Enter the amount of reserves on hand  |  | <b>13c</b> |     |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  |  | <b>14a</b> | No  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |  | <b>14b</b> |     |
| <b>15</b> 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.                      |  | <b>15</b>  | No  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  |  | <b>16</b>  | No  |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MATTHEW PORTER<br>.....<br>MEDICAL DIRECTOR/ PHYSICIAN | 40.0<br>.....<br>0.0   |   |                       |         | X            |                              |        | 264,156  | 0   | 40,440  |
| (2) MARK BAGBY<br>.....<br>DENTAL DIRECTOR / DENTIST       | 40.0<br>.....<br>0.0   |   |                       |         | X            |                              |        | 193,448  | 0   | 10,473  |
| (3) ARTHUR KALFUS<br>.....<br>DENTIST                      | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 188,438  | 0   | 7,840   |
| (4) KIMBERLY JOHNSON<br>.....<br>PHYSICIAN                 | 36.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 166,811  | 0   | 14,348  |
| (5) CHLOE STUCK<br>.....<br>DENTIST                        | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 149,500  | 0   | 22,563  |
| (6) KELLY MILLER<br>.....<br>CEO END 10/2019               | 40.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 119,507  | 0   | 13,443  |
| (7) SEAN HARRIS<br>.....<br>COO/INTERIM CEO BEG 11/2019    | 40.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 119,396  | 0   | 6,463   |
| (8) ANGELA BROOKS<br>.....<br>PHARMACIST                   | 40.0<br>.....<br>0.0   |   |                       |         |              | X                            |        | 109,598  | 0   | 13,069  |
| (9) SABRINA MCAFEE<br>.....<br>CFO                         | 40.0<br>.....<br>0.0   |   |                       | X       |              |                              |        | 85,776   | 0   | 8,397   |
| (10) ANGIE NAPPIER<br>.....<br>BOARD CHAIR BEG 07/2019     | 1.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (11) DEBORAH FROST<br>.....<br>TREASURER                   | 1.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (12) JANE VICTOR<br>.....<br>VICE CHAIR                    | 1.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (13) STEPHANIE MARTENSEN<br>.....<br>SECRETARY BEG 09/2019 | 1.0<br>.....<br>0.0  | X   |                       | X       |              |                              |        | 0  | 0   | 0   |
| (14) JODI WALTMAN<br>.....<br>BOARD MEMBER BEG 09/2019     | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) TOM SHIPLEY<br>.....<br>BOARD MEMBER                  | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (16) TODD KURNZENBURGER<br>.....<br>BOARD MEMBER           | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (17) RACHEL JUNG<br>.....<br>BOARD MEMBER                  | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) DAVID DUNCAN<br>.....<br>BOARD MEMBER BEG 07/2019                   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) KELLIE BALES<br>.....<br>BOARD MEMBER                               | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) MATT KOYLU<br>.....<br>BOARD MEMBER BEG 12/2019                     | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (21) SUSAN CENTNER<br>.....<br>EX OFFICIO BEG 07/2019                    | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) AMY WHITAKER<br>.....<br>BOARD MEMBER END 07/2019                   | 1.0<br>.....<br>0.0  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 1,396,630  | 0   | 137,036   |

**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 ▶ **8**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       |     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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 ▶ **0**



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            | 36,980   |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |  |   |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            | 2,044,338  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 751,776  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f:\$                             | <b>1g</b>            | 606,491  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 2,833,094  |   |  |

| <b>Program Service Revenue</b>              |  |               | (A)       | (B)       | (C) | (D) |
|---|--|---------------|-----------|-----------|-----|-----|
|   |  | Business Code |           |           |     |     |
| <b>2a</b> NET PATIENT SERVICE REVENUE       |  | 621400        | 3,311,764 | 3,311,764 |     |     |
| <b>b</b> OTHER REVENUE                      |  | 621400        | 34,453    | 34,453    |     |     |
| <b>c</b>                                    |  |               |           |           |     |     |
| <b>d</b>                                    |  |               |           |           |     |     |
| <b>e</b>                                    |  |               |           |           |     |     |
| <b>f</b> All other program service revenue. |  |               |           |           |     |     |
| <b>g Total.</b> Add lines 2a-2f. . . . .    |  |               | 3,346,217 |           |     |     |

|   |   |   |  |               |           |         |         |
|---|---|---|--|---------------|-----------|---------|---------|
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |   |  | 740           |           | 740     |         |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |   |  | 0             |           |         |         |
|   | <b>5</b> Royalties . . . . .  |   |  | 0             |           |         |         |
|   | <b>6a</b> Gross rents   |   | (i) Real                                 | (ii) Personal |           |         |         |
|   |   |   | <b>6a</b>                                |               |           |         |         |
|   |   | <b>b</b> Less: rental expenses                                  | <b>6b</b>                                |               |           |         |         |
|   |   | <b>c</b> Rental income or (loss)                                | <b>6c</b>                                | 0             | 0         |         |         |
|   | <b>d</b> Net rental income or (loss) . . . . .  |   |  |               | 0         |         |         |
|   | <b>7a</b> Gross amount from sales of assets other than inventory  |   | (i) Securities                           | (ii) Other    |           |         |         |
|   |   |   | <b>7a</b>                                |               |           |         |         |
|   |   | <b>b</b> Less: cost or other basis and sales expenses           | <b>7b</b>                                |               |           |         |         |
|   |   | <b>c</b> Gain or (loss)   | <b>7c</b>                                |               |           |         |         |
|   | <b>d</b> Net gain or (loss) . . . . .   |   |  |               | 0         |         |         |
|   | <b>8a</b> Gross income from fundraising events (not including \$ 36,980 of contributions reported on line 1c). See Part IV, line 18 . . . . . |   | <b>8a</b>                                | 0             |           |         |         |
|   |   |   | <b>b</b> Less: direct expenses . . . . . | <b>8b</b>     | 21,504    |         |         |
|   |   | <b>c</b> Net income or (loss) from fundraising events . . . . . |  |               |           | -21,504 | -21,504 |
|   | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .   |   | <b>9a</b>                                | 0             |           |         |         |
|   |   |   | <b>b</b> Less: direct expenses . . . . . | <b>9b</b>     | 0         |         |         |
|   |   | <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |               |           | 0       |         |
|   | <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .  |   | <b>10a</b>                               | 0             |           |         |         |
| <b>b</b> Less: cost of goods sold . . . . .                     |   |   | <b>10b</b>                               | 0             |           |         |         |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . |   |   |  |               | 0         |         |         |
| <b>11a</b> Miscellaneous Revenue                                |   | Business Code   |  |               |           |         |         |
| <b>b</b>  |   |   |  |               |           |         |         |
| <b>c</b>  |   |   |  |               |           |         |         |
| <b>d</b> All other revenue . . . . .                            |   |   |  |               |           |         |         |
| <b>e Total.</b> Add lines 11a-11d . . . . .                     |   |   |  | 0             |           |         |         |
| <b>12 Total revenue.</b> See instructions . . . . .             |   |   |  | 6,158,547     | 3,346,217 | -20,764 |         |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 0                            |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 0                            |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  | 0                            |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  | 0                            |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 861,499                      | 719,408                                | 142,091                                       |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  | 0                            |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 2,381,830                    | 1,991,344                              | 390,486                                       |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 63,388                       | 51,523                                 | 11,865  |                                    |
| <b>9</b> Other employee benefits . . . . .  | 271,200                      | 222,315                                | 48,885  |                                    |
| <b>10</b> Payroll taxes . . . . .   | 222,343                      | 182,265                                | 40,078  |                                    |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   | 0                            |  |   |                                    |
| <b>b</b> Legal . . . . .  | 19,732                       |  | 19,732  |                                    |
| <b>c</b> Accounting . . . . .   | 68,296                       |  | 68,296  |                                    |
| <b>d</b> Lobbying . . . . .   | 0                            |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 0                            |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   | 0                            |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 429,140                      | 265,664                                | 163,476                                       |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 244,559                      | 151,397                                | 93,162  |                                    |
| <b>13</b> Office expenses . . . . .   | 175,512                      | 121,966                                | 53,546  |                                    |
| <b>14</b> Information technology . . . . .  | 260,783                      | 161,440                                | 99,343  |                                    |
| <b>15</b> Royalties . . . . .   | 0                            |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 36,536                       | 22,618                                 | 13,918  |                                    |
| <b>17</b> Travel . . . . .  | 32,432                       | 20,077                                 | 12,355  |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                            |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 71,827                       | 44,465                                 | 27,362  |                                    |
| <b>20</b> Interest . . . . .  | 37,464                       | 23,192                                 | 14,272  |                                    |
| <b>21</b> Payments to affiliates . . . . .  | 0                            |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 221,871                      | 137,352                                | 84,519  |                                    |
| <b>23</b> Insurance . . . . .   | 18,031                       | 11,162                                 | 6,869   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> MEDICAL SUPPLIES & DRUGS   | 1,155,572                    | 1,155,572                              |   |                                    |
| <b>b</b> LICENSES, DUES, SUBSCRIPTIONS  | 51,781                       | 32,056                                 | 19,725  |                                    |
| <b>c</b> RECRUITING & RETENTION   | 21,014                       | 13,009                                 | 8,005   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 6,644,810                    | 5,326,825                              | 1,317,985                                     | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |           | (B)<br>End of year   |
|---|--|--------------------------|-----------|----------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 150                      | <b>1</b>  | 390,737              |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 1,360,501                | <b>2</b>  | 915,854              |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 49,984                   | <b>3</b>  | 65,095               |
|   | <b>4</b> Accounts receivable, net . . . . .  | 172,355                  | <b>4</b>  | 298,175              |
|   | <b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .  | 0                        | <b>5</b>  | 0                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | 0                        | <b>6</b>  | 0                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                        | <b>7</b>  | 0                    |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                        | <b>8</b>  | 0                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 75,278                   | <b>9</b>  | 79,135               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 2,459,398     |           |                      |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 585,824       | 1,961,635 | <b>10c</b> 1,873,574 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 0                        | <b>11</b> | 0                    |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                        | <b>12</b> | 0                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                        | <b>13</b> | 0                    |
|   | <b>14</b> Intangible assets . . . . .  | 0                        | <b>14</b> | 0                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 0                        | <b>15</b> | 105,561              |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . |  | 3,619,903                | <b>16</b> | 3,728,131            |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 283,127                  | <b>17</b> | 409,478              |
|   | <b>18</b> Grants payable . . . . .   | 0                        | <b>18</b> | 0                    |
|   | <b>19</b> Deferred revenue . . . . .   | 0                        | <b>19</b> | 0                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                        | <b>20</b> | 0                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | <b>21</b> | 0                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0                        | <b>22</b> | 0                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 1,380,262                | <b>23</b> | 1,348,402            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                        | <b>24</b> | 0                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 1,000,000                | <b>25</b> | 1,500,000            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   |                          | 2,663,389 | <b>26</b>            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |           |                      |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 946,867                  | <b>27</b> | 427,460              |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 9,647                    | <b>28</b> | 42,791               |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |           |                      |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b> |                      |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b> |                      |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b> |                      |
| <b>32</b> Total net assets or fund balances . . . . .                         |  | 956,514                  | <b>32</b> | 470,251              |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            |  | 3,619,903                | <b>33</b> | 3,728,131            |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |           |
|-----------|--|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 6,158,547 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 6,644,810 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -486,263  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 956,514   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |           |
| <b>7</b>  | Investment expenses  | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  |           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 470,251   |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-2522083

**Name:** SOUTH CENTRAL MISSOURI COMMUNITY HEALTH  
CENTER

Form 990 (2019)

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

CLINIC: IN 2019, YOUR COMMUNITY HEALTH CENTER SERVICE 4,819 UNIQUE PRIMARY CARE PATIENTS WITH 12,187 ATTENDED APPOINTMENTS IN THE CLINIC. YCHC UTILIZED 1 FAMILY NURSE PRACTITIONER, 2 FAMILY MEDICINE DOCTORS, 1 PHYSICIAN ASSISTANT, 1 CLINICAL PHARMACIST, 1 LICENSE CERTIFIED SOCIAL WORKER, AND 2 COMMUNITY OUTREACH SPECIALISTS TO PROVIDE PATIENTS WITH NEEDED SERVICES.

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**Form 990, Part III, Line 4b:**

DENTAL: IN 2019, YCHC PROVIDED DENTAL SERVICES ON THE SMILE MOBILE (MOBILE DENTAL UNIT) AND DENTAL CLINIC. SERVING 3,875 UNIQUE PATIENTS WITH A TOTAL ATTENDED PATIENT APPOINTMENTS OF 9,536. THREE DENTISTS WERE SERVING THE PATIENTS (ONE IN SMILE MOBILE/2 IN CLINIC) AND 2 DENTAL HYGIENISTS.

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**Form 990, Part III, Line 4c:**

BEHAVIORAL: IN 2019, YCHC CONTINUED USE OF AN INTEGRATED HEALTH CARE TEAM TO PROVIDE 574 UNIQUE PATIENTS WITH ACCESS TO BEHAVIORAL HEALTH SERVICES. PATIENTS ATTENDED A TOTAL OF 1,228 APPOINTMENTS.

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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER

**Employer identification number**  
26-2522083

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

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

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

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



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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 1,347,303 | 1,788,327 | 2,017,747 | 1,995,514 | 2,833,094 | 9,981,985 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .  |           |           |           |           |           | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |           |           |           |           |           | 0         |
| <b>4 Total.</b> Add lines 1 through 3  | 1,347,303 | 1,788,327 | 2,017,747 | 1,995,514 | 2,833,094 | 9,981,985 |
| <b>5</b> 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) . . . |           |           |           |           |           | 336,913   |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 9,645,072 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2015  | (b) 2016  | (c) 2017  | (d) 2018  | (e) 2019  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>7</b> Amounts from line 4. . .  | 1,347,303 | 1,788,327 | 2,017,747 | 1,995,514 | 2,833,094 | 9,981,985 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | 126       | 296       | 380       | 652       | 740       | 2,194     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |           |           |           |           |           | 0         |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                 |           |           |           |           |           | 0         |
| <b>11 Total support.</b> Add lines 7 through 10  |           |           |           |           |           | 9,984,179 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |           |           |           |           | <b>12</b> | 8,860,719 |

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

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

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 96.604 % |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 92.196 % |

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.        |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (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**

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

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

- 1**  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.

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-2522083

**Name:** SOUTH CENTRAL MISSOURI COMMUNITY HEALTH  
CENTER

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

**Facts And Circumstances Test**

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER

Employer identification number 26-2522083

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year. Includes questions about donor notification and grant fund usage.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a-d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.



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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> 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:
- |  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>(i)</b> unrelated organizations . . . . .   |            |           |
| <b>(ii)</b> related organizations . . . . .  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      | 459,000                         | 80,325                       | 378,675        |
| <b>c</b> Leasehold improvements  |                                      | 1,203,936                       | 208,907                      | 995,029        |
| <b>d</b> Equipment . . . . .   |                                      | 796,462                         | 296,592                      | 499,870        |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,873,574      |

**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<br>(including name of security)   | (b)<br>Book<br>value | (c) Method of valuation:<br>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)   |                      |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market<br>value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |   |

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   | 0              |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 1,500,000      |

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

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

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

|          |  |           |           |           |
|----------|--|-----------|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 6,146,907 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |           |           |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |           |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 14,276    |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b> | 14,276    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>  | 6,132,631 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 25,916    |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b> | 25,916    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>  | 6,158,547 |

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

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

|          |   |           |           |           |
|----------|---|-----------|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 6,666,314 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |           |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |           |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |           |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |           |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 21,504    |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b> | 21,504    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>  | 6,644,810 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |           |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |           |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b> |           |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>  | 6,644,810 |

**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 |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
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|                  |             |
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|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-2522083

**Name:** SOUTH CENTRAL MISSOURI COMMUNITY HEALTH  
CENTER

## 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. |

## Supplemental Information

| Return Reference             | Explanation   |
|------------------------------|---|
| SCHEDULE D, PART XI, LINE 2D | AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART VIII, LINE 12: \$ 14,276 NET ASSETS RELEASED FROM RESTRICTION |

# Supplemental Information

| Return Reference             | Explanation  |
|------------------------------|--|
| SCHEDULE D, PART XI, LINE 4B | AMOUNTS INCLUDED ON FORM 990, PART IX, LINE 25, BUT NOT ON LINE 1: \$( 21,504) SPECIAL EVEN<br>T EXPENSE 47,420 TEMPORARILY RESTRICTED CONTRIBUTIONS ----- \$ 25,916 |

## Supplemental Information

| Return Reference              | Explanation   |
|-------------------------------|---|
| SCHEDULE D, PART XII, LINE 2D | AMOUNTS INCLUDED ON LINE 1, BUT NOT ON FORM 990, PART IX, LINE 25: \$ 21,504 SPECIAL EVENTS EXPENSE |



SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER

Employer identification number 26-2522083

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue  |   | (a) Event #1                           | (b) Event #2 | (c) Other events           | (d) Total events                |
|--|---|--|--------------|----------------------------|---------------------------------|
|  |   | <b>ANNUAL FUNDRAIS</b><br>(event type) | (event type) | <b>0</b><br>(total number) | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts . . . . .   | 36,980                                 |              |                            | 36,980                          |
|  | <b>2</b> Less: Contributions . . . . .  | 36,980                                 |              |                            | 36,980                          |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             |  |              |                            |                                 |
| Direct Expenses  | <b>4</b> Cash prizes . . . . .  |  |              |                            |                                 |
|  | <b>5</b> Noncash prizes . . . . .   |  |              |                            |                                 |
|  | <b>6</b> Rent/facility costs . . . . .  | 9,699                                  |              |                            | 9,699                           |
|  | <b>7</b> Food and beverages . . . . .   |  |              |                            |                                 |
|  | <b>8</b> Entertainment . . . . .  | 375                                    |              |                            | 375                             |
|  | <b>9</b> Other direct expenses . . . . .  | 11,430                                 |              |                            | 11,430                          |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |  |              |                            | 21,504                          |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |  |              | -21,504                    |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue   |  | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c)) |
|---|--|---|---|---|--|
|   |  | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes . . . . .           |   |   |   |  |
|   | <b>3</b> Noncash prizes . . . . .        |   |   |   |  |
|   | <b>4</b> Rent/facility costs . . . . .   |   |   |   |  |
|   | <b>5</b> Other direct expenses . . . . . |   |   |   |  |
|   | <b>6</b> Volunteer labor . . . . .       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |  |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |  |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER

Employer identification number  
26-2522083

**Part I Questions Regarding Compensation**

|   | Yes       | No |
|---|-----------|----|
| <b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |           |    |
| <input type="checkbox"/> First-class or charter travel<br><input type="checkbox"/> Travel for companions<br><input type="checkbox"/> Tax idemnification and gross-up payments<br><input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use<br><input type="checkbox"/> Payments for business use of personal residence<br><input type="checkbox"/> Health or social club dues or initiation fees<br><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |           |    |
| <b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | <b>1b</b> |    |
| <b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?   | <b>2</b>  |    |
| <b>3</b> 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 type="checkbox"/> Compensation committee<br><input type="checkbox"/> Independent compensation consultant<br><input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract<br><input checked="" type="checkbox"/> Compensation survey or study<br><input checked="" type="checkbox"/> Approval by the board or compensation committee  |           |    |
| <b>4</b> 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:   |           |    |
| <b>a</b> Receive a severance payment or change-of-control payment?  | <b>4a</b> | No |
| <b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?  | <b>4b</b> | No |
| <b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?   | <b>4c</b> | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |           |    |
| <b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>   |           |    |
| <b>5</b> 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:   |           |    |
| <b>a</b> The organization?  | <b>5a</b> | No |
| <b>b</b> Any related organization?  | <b>5b</b> | No |
| If "Yes," on line 5a or 5b, describe in Part III.   |           |    |
| <b>6</b> 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:   |           |    |
| <b>a</b> The organization?  | <b>6a</b> | No |
| <b>b</b> Any related organization?  | <b>6b</b> | No |
| If "Yes," on line 6a or 6b, describe in Part III.   |           |    |
| <b>7</b> 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.   | <b>7</b>  | No |
| <b>8</b> 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.   | <b>8</b>  | No |
| <b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   | <b>9</b>  |    |

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

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

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

| (A) Name and Title  |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|   |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> MATTHEW PORTER<br>MEDICAL DIRECTOR/<br>PHYSICIAN | (i)  | 264,156  | 0                                   | 0                                   | 10,826   | 29,614                  | 304,596                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>2</b> MARK BAGBY<br>DENTAL DIRECTOR /<br>DENTIST       | (i)  | 193,448  | 0                                   | 0                                   | 3,954  | 6,519                   | 203,921                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>3</b> KIMBERLY JOHNSON<br>PHYSICIAN                    | (i)  | 166,811  | 0                                   | 0                                   | 4,000  | 10,348                  | 181,159                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>4</b> ARTHUR KALFUS<br>DENTIST                         | (i)  | 188,438  | 0                                   | 0                                   | 7,840  | 0                       | 196,278                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>5</b> CHLOE STUCK<br>DENTIST                           | (i)  | 149,500  | 0                                   | 0                                   | 6,021  | 16,542                  | 172,063                         | 0   |
|   | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |
|   |      |  |                                     |                                     |  |                         |                                 |   |

**Part III** **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER

Employer identification number  
26-2522083

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               |                            |   |  |   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              | X                          | 3   | 606,491  | FMV   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 26 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 27 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |
| 28 Other ▶ ( _____ ) . . . . .                                       |                            |   |  |   |

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

|  | Yes | No |
|--|-----|----|
| <b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | No |
| <b>b</b> If "Yes," describe the arrangement in Part II.  |     |    |
| <b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | Yes |    |
| <b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | No |
| <b>b</b> If "Yes," describe in Part II.  |     |    |
| <b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference                        | Explanation  |
|---|--|
| SCHEDULE M, PART I, LINE 20, COLUMN (B) | NUMBER OF CONTRIBUTIONS: THE NUMBERS ENTERED IN COLUMN B REPRESENT THE NUMBER OF DONORS WHO CONTRIBUTED THESE ITEMS DURING THE YEAR. |



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

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

▶ Attach to Form 990 or 990-EZ.

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

**2019**  
**Open to Public Inspection**

Department of the Treasury

Name of the organization

SOUTH CENTRAL MISSOURI COMMUNITY HEALTH CENTER

Employer identification number

26-2522083

**990 Schedule O, Supplemental Information**

| Return Reference           | Explanation  |
|----------------------------|--|
| FORM 990, PART VI, LINE 1A | EXECUTIVE COMMITTEE AUTHORITY: THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS AS MAY BE NECESSARY AND APPROPRIATE FOR THE OPERATION OF THE HEALTH CENTER BETWEEN REGULAR OR SPECIAL MEETINGS OF THE FULL BOARD. THE EXECUTIVE COMMITTEE SHALL BE AUTHORIZED TO ACT ON BEHALF OF THE BOARD, CONSISTENT WITH ESTABLISHED BOARD POLICIES AND DIRECTION, AT ANY SUCH MEETINGS HELD BY THE EXECUTIVE COMMITTEE IN ALL RESPECTS, WITH THE EXCEPTION OF THE FOLLOWING AREAS OF AUTHORITY WHICH REQUIRE THE ACTION OF THE FULL BOARD: THE HIRING AND TERMINATION OF THE EXECUTIVE DIRECTOR; THE DISSOLUTION OF THE CORPORATION; THE ACQUISITION OR DISPOSITION OF REAL PROPERTY; APPROVAL OR AMENDMENT TO THE BUDGET; AND THE EXECUTION OF LOANS OR INCURRENCE OF INDEBTEDNESS AS REFERENCED IN ARTICLE IX, SECTION 1. THE EXECUTIVE COMMITTEE SHALL REPORT ITS ACTIONS AT THE NEXT MEETING OF THE FULL BOARD. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | REVIEW OF THE 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. THE FULL BOARD OF DIRECTORS REVIEWS THE PUBLIC DISCLOSURE COPY OF THE FORM 990 AT THE BOARD MEETING BEFORE FILING. THE PUBLIC DISCLOSURE COPY DOES NOT LIST THE NAMES OR ADDRESSES OF THE DONORS TO RESPECT THE CONFIDENTIALITY OF THE DONORS. |

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>CONFLICT OF INTEREST POLICY: YOUR COMMUNITY HEALTH CENTER REQUIRES FULL DISCLOSURE IN WRITING BY ANY INTERESTED PARTIES TO THE FULL BOARD OF DIRECTORS IN ALL CONFLICTS OF INTEREST, INCLUDING BUT NOT LIMITED TO THE FOLLOWING: - A BOARD MEMBER IS RELATED TO ANOTHER BOARD MEMBER OR STAFF MEMBER BY BLOOD, MARRIAGE OR DOMESTIC PARTNERSHIP. - A STAFF MEMBER IN A SUPERVISORY CAPACITY IS RELATED TO ANOTHER STAFF MEMBER WHOM SHE/HE SUPERVISES. - A BOARD MEMBER OR THEIR ORGANIZATION STANDS TO BENEFIT FROM A TRANSACTION OR STAFF MEMBER OF SUCH ORGANIZATION RECEIVES PAYMENT FROM YOUR COMMUNITY HEALTH CENTER FOR ANY SUBCONTRACT, GOODS, OR SERVICES OTHER THAN AS PART OF HER/HIS REGULAR JOB RESPONSIBILITIES OR AS REIMBURSEMENT FOR REASONABLE EXPENSES INCURRED AS PROVIDED IN THE BYLAWS AND BOARD POLICY. - A BOARD MEMBER'S ORGANIZATION RECEIVES GRANT FUNDING FROM YOUR COMMUNITY HEALTH CENTER. - A BOARD MEMBER OR STAFF MEMBER IS A MEMBER OF THE GOVERNING BODY OF A CONTRIBUTOR TO YOUR COMMUNITY HEALTH CENTER. - A VOLUNTEER WORKING ON BEHALF OF YOUR COMMUNITY HEALTH CENTER WHO MEETS ANY OF THE SITUATIONS OR CRITERIA LISTED ABOVE. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST OR ANY CONDITION LISTED ABOVE, THE BOARD SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT THE PARTNERSHIP'S BEST INTERESTS. BOTH VOTES SHALL BE BY A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS DISINTERESTED. A BOARD MEMBER OR COMMITTEE MEMBER WHO IS FORMALLY CONSIDERING EMPLOYMENT WITH YOUR COMMUNITY HEALTH CENTER MUST TAKE A TEMPORARY LEAVE OF ABSENCE UNTIL THE POSITION IS FILLED. SUCH A LEAVE WILL BE TAKEN WITHIN THE BOARD MEMBER'S ELECTED TERM, WHICH WILL NOT BE EXTENDED BECAUSE OF THE LEAVE. A BOARD MEMBER OR COMMITTEE MEMBER WHO IS FORMALLY CONSIDERING EMPLOYMENT WITH YOUR COMMUNITY HEALTH CENTER MUST SUBMIT A WRITTEN REQUEST FOR A TEMPORARY LEAVE OF ABSENCE TO THE SECRETARY OF THE BOARD INDICATING THE TIME PERIOD OF THE LEAVE. THE SECRETARY OF YOUR COMMUNITY HEALTH CENTER WILL INFORM THE CHAIR OF THE BOARD OF SUCH A REQUEST. THE CHAIR WILL BRING THE REQUEST TO THE BOARD FOR ACTION. THE REQUEST AND ANY ACTION TAKEN SHALL BE REFLECTED IN THE OFFICIAL MINUTES OF THE BOARD MEETING. AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER SHALL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, THEY MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING THE PARTNERSHIP</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | P'S RESOURCES (I.E., TRANSACTIONS SUCH AS PURCHASES CONTRACTS)-WHO ALSO STANDS TO BENEFIT FROM THAT DECISION-HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT); S/HE SHOULD NOT PARTICIPATE IN ANY FINAL DECISIONS. A COPY OF THIS POLICY SHALL BE GIVEN TO ALL BOARD MEMBERS, STAFF MEMBERS, VOLUNTEERS OR OTHER KEY STAKEHOLDERS UPON COMMENCEMENT OF SUCH PERSON'S RELATIONSHIP WITH YOUR COMMUNITY HEALTH CENTER OR AT THE OFFICIAL ADOPTION OF STATED POLICY. EACH BOARD MEMBER, OFFICER, STAFF MEMBER AND VOLUNTEER SHALL SIGN AND DATE THE POLICY AT THE BEGINNING OF HER/HIS TERM OF SERVICE OR EMPLOYMENT AND EACH YEAR THEREAFTER. FAILURE TO SIGN DOES NOT NULLIFY THE POLICY. THIS POLICY AND DISCLOSURE FORM MUST BE FILED ANNUALLY BY ALL SPECIFIED PARTIES. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                                  | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A &<br>15B | COMPENSATION REVIEW: YOUR COMMUNITY HEALTH CENTER USES MPCA DATA FOR COMPARISON WHEN DETERMINING COMPENSATION FOR THE CEO AND OFFICERS. THE COMPENSATION IS THEN REVIEWED BY THE BOARD. |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | DOCUMENT DISCLOSURE: YOUR COMMUNITY HEALTH CENTER MAKES ITS CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. |